

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

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 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	21,130	11,222	9,778	126	4	0	218,957	111,020	106,894	1,014	29	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	7	0	7	0	0	0	84	0	84	0	0	0
15-20	74	0	72	0	2	0	810	0	786	0	24	0
21-44	4,640	0	4,542	96	2	0	50,672	0	49,933	734	5	0
45-64	5,107	0	5,077	30	0	0	55,659	0	55,379	280	0	0
65-74	3,824	3,752	72	0	0	0	39,922	39,293	629	0	0	0
75-84	3,934	3,927	7	0	0	0	38,795	38,714	81	0	0	0
85 and older	3,544	3,543	1	0	0	0	33,015	33,013	2	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	12,956	7,949	4,915	89	3	0	134,366	79,743	53,894	712	17	0
Male	8,174	3,273	4,863	37	1	0	84,591	31,277	53,000	302	12	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	19,633	10,353	9,158	119	3	0	202,841	101,767	100,089	968	17	0
African American	83	31	50	2	0	0	839	310	516	13	0	0
Other/unknown	1,414	838	570	5	1	0	15,277	8,943	6,289	33	12	0
Use of Nursing Facilities^c												
Entire year	2,792	2,579	213	0	0	0	26,804	24,577	2,227	0	0	0
Part year	1,698	1,491	207	0	0	0	15,877	13,711	2,166	0	0	0
None	16,640	7,152	9,358	126	4	0	176,276	72,732	102,501	1,014	29	0
Maintenance Assistance Status												
Cash	11,587	2,003	9,510	74	0	0	127,607	22,614	104,317	676	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	630	349	254	23	4	0	5,251	2,657	2,440	125	29	0
Other/unknown	8,913	8,870	14	29	0	0	86,099	85,749	137	213	0	0
Dual Medicare Status^d												
Full dual, all year	20,250	10,720	9,404	122	4	0	210,984	106,789	103,194	972	29	0
Full dual, part year	880	502	374	4	0	0	7,973	4,231	3,700	42	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	21,130	11,222	9,778	126	4	0	218,957	111,020	106,894	1,014	29	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Idaho, 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, IDAHO, 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
All	89.5 %	54.9	\$3,172	\$58	\$18,055	17.6 %	21,130
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	55.7	5,627	101	16,400	34.3	7
15-20	85.1	24.6	2,028	82	21,174	9.6	74
21-44	87.5	41.5	3,449	83	17,146	20.1	4,640
45-64	91.5	65.4	4,258	65	18,987	22.4	5,107
65-74	88.2	56.1	2,829	51	14,184	19.9	3,824
75-84	87.7	55.9	2,559	46	17,711	14.4	3,934
85 and older	92.8	55.6	2,315	42	22,401	10.3	3,544
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.5	56.0	2,580	46	18,064	14.3	11,222
Disabled	89.5	53.9	3,858	72	18,173	21.2	9,778
Adults	88.1	38.4	2,766	72	8,585	32.2	126
Children	75.0	14.5	3,330	230	4,025	82.7	4
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.4	61.7	3,334	54	18,129	18.4	12,956
Male	85.0	44.2	2,916	66	17,938	16.3	8,174
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.7	56.0	3,231	58	18,504	17.5	19,633
African American	83.1	48.4	3,043	63	15,028	20.2	83
Other/unknown	87.8	40.3	2,364	59	12,001	19.7	1,414
Use of Nursing Facilities^f							
Entire year	96.3	72.1	3,353	47	38,297	8.8	2,792
Part year	91.6	61.1	2,922	48	24,962	11.7	1,698
None	88.2	51.4	3,168	62	13,954	22.7	16,640
Maintenance Assistance Status							
Cash	89.9	54.0	3,652	68	16,736	21.8	11,587
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	87.3	33.3	1,893	57	12,339	15.3	630
Other/unknown	89.3	57.6	2,639	46	20,175	13.1	8,913

Source: Data for this table are from the MAX 2003 file for Idaho, 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, IDAHO, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number				
			Rx \$ as a Percentage of All Medicaid FFS ^c	17.6 %	10.5 %	None	More than 0, but 1 or Less	14.1 %			More than 1, but 2 or Less	8.7 %	More than 2, but 5 or Less	26.2 %
All	5.3	\$306	17.6 %	10.5 %	None	14.1 %	8.7 %	26.2 %	28.4 %	12.2 %	\$1,742	21,130	218,957	
Age														
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
6-14	4.6	469	34.3	0.0	0.0	0.0	14.3	57.1	28.6	0.0	1,367	7	84	
15-20	2.2	185	9.6	14.9	39.2	17.6	16.2	25.9	9.5	2.7	1,934	74	810	
21-44	3.8	316	20.1	12.5	25.0	11.9	25.9	25.1	18.4	6.3	1,570	4,640	50,672	
45-64	6.0	391	22.4	8.5	12.0	9.0	25.1	25.2	29.5	15.9	1,742	5,107	55,659	
65-74	5.4	271	19.9	11.8	14.5	7.8	26.3	27.6	31.8	13.2	1,359	3,824	39,922	
75-84	5.7	260	14.4	12.3	9.5	6.7	29.0	37.2	24.05	12.4	1,796	3,934	38,795	
85 and older	6.0	249	10.3	7.2	7.3	6.9	0.0	0.0	0.0	0.0	2,405	3,544	33,015	
Unknown	0.0	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	5.7	261	14.3	10.5	10.5	7.1	26.8	32.1	24.1	11.3	1,826	11,222	111,020	
Disabled	4.9	353	21.2	10.5	18.3	10.5	25.4	29.4	25.4	5.6	1,662	9,778	106,894	
Adults	4.8	344	32.2	11.9	21.4	6.3	25.0	0.0	0.0	0.0	1,067	126	1,014	
Children	2.0	459	82.7	25.0	25.0	25.0	0.0	0.0	0.0	0.0	555	4	29	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender														
Female	5.9	322	18.4	7.6	11.3	7.8	26.8	31.9	22.7	14.6	1,748	12,956	134,366	
Male	4.3	282	16.3	15.0	18.7	10.2	25.2	22.7	0.0	8.3	1,733	8,174	84,591	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race														
White	5.4	313	17.5	10.3	13.4	8.5	26.0	29.1	26.5	12.6	1,791	19,633	202,841	
African American	4.8	301	20.2	16.9	16.9	3.6	26.5	39.3	18.7	9.6	1,487	83	839	
Other/unknown	3.7	219	19.7	12.2	23.9	11.2	27.7	25.2	26.4	6.2	1,111	1,414	15,277	
use of nursing Facilities^f														
Entire year	7.5	349	8.8	3.7	3.6	4.5	25.1	40.4	25.2	22.6	3,989	2,792	26,804	
Part year	6.5	313	11.7	8.4	5.4	6.2	25.7	39.3	26.4	15.0	2,670	1,698	15,877	
None	4.9	299	22.7	11.8	16.8	9.6	26.4	25.2	26.4	10.1	1,317	16,640	176,276	
Maintenance Assistance Status														
Cash	4.9	332	21.8	10.1	17.7	10.3	26.4	24.8	26.4	10.7	1,520	11,587	127,607	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	4.0	227	15.3	12.7	23.0	9.5	23.8	19.4	23.8	11.6	1,480	630	5,251	
Other/unknown	6.0	273	13.1	10.7	8.8	6.6	26.0	33.7	26.0	14.2	2,089	8,913	86,099	

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Idaho, 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, IDAHO, 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	5.3	\$306	\$58	2.3	\$234	\$103	0.2	\$7	\$34	2.8	\$65	\$23
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.6	469	101	2.6	361	140	0.2	58	348	1.9	50	26
15-20	2.2	185	82	1.0	147	142	0.0	4	80	1.2	35	30
21-44	3.8	316	83	1.8	257	142	0.1	6	58	1.9	52	28
45-64	6.0	391	65	2.7	302	113	0.2	8	41	3.1	80	26
65-74	5.4	271	51	2.3	201	87	0.2	6	31	2.8	63	22
75-84	5.7	260	46	2.3	189	81	0.3	8	27	3.0	62	20
85 and older	6.0	249	42	2.2	176	79	0.3	8	25	3.4	64	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.7	261	46	2.3	190	83	0.3	7	27	3.1	63	21
Disabled	4.9	353	72	2.3	279	124	0.2	7	46	2.5	66	26
Adults	4.8	344	72	2.0	258	131	0.1	8	115	2.7	76	28
Children	2.0	459	230	0.9	379	423	0.0	0	0	1.1	80	73
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.9	322	54	2.5	244	96	0.2	8	31	3.1	69	22
Male	4.3	282	66	1.9	218	118	0.1	6	42	2.3	57	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.4	313	58	2.3	239	103	0.2	7	34	2.9	66	23
African American	4.8	301	63	2.0	240	120	0.2	5	32	2.6	56	21
Other/unknown	3.7	219	59	1.7	167	101	0.1	5	37	1.9	46	24
Use of Nursing Facilities^e												
Entire year	7.5	349	47	2.9	254	87	0.4	10	27	4.2	84	20
Part year	6.5	313	48	2.6	229	87	0.3	8	26	3.6	75	21
None	4.9	299	62	2.1	231	108	0.2	7	38	2.5	61	24
Maintenance Assistance Status												
Cash	4.9	332	68	2.2	260	117	0.2	7	43	2.5	64	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	4.0	227	57	1.6	173	106	0.2	4	28	2.2	50	23
Other/unknown	6.0	273	46	2.4	199	83	0.3	8	27	3.2	66	20

Source: Data for this table are from the MAX 2003 file for Idaho, 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 Idaho, 1.1 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, IDAHO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	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	\$24	\$18	\$0	\$5	\$65	\$114	\$67	\$26	48,114	\$3,139,292	11,970	56.6 %	130,896
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	21	15	0	49	411	8,728	373	1.8	4,181
Antineoplastic Agents	0.6	0.3	0.0	0.3	166	148	1	17	260	475	56	55	3,620	940,697	542	2.6	5,666
Endocrine/Metabolic Drugs	1.2	0.6	0.2	0.5	51	40	3	7	41	66	20	16	138,080	5,719,393	10,432	49.4	111,918
Cardiovascular Agents	1.9	0.7	0.1	1.1	67	45	1	21	35	62	20	19	249,295	8,745,844	12,279	58.1	129,913
Respiratory Agents	0.8	0.4	0.0	0.4	44	35	1	8	57	85	58	23	71,549	4,050,097	8,400	39.8	91,836
Gastrointestinal Agents	0.8	0.3	0.0	0.6	46	29	1	16	55	106	161	28	74,617	4,069,990	8,183	38.7	88,354
Genitourinary Agents	0.6	0.5	0.0	0.1	39	36	0	2	64	73	40	22	23,230	1,478,829	3,536	16.7	38,315
CNS Drugs	1.6	0.9	0.0	0.7	134	115	1	19	84	127	80	27	218,360	18,285,584	12,773	60.4	136,140
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.4	47	27	4	17	72	105	114	46	2,788	201,865	384	1.8	4,252
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	135	134	0	1	184	190	0	28	7,078	1,299,877	955	4.5	9,642
Analgesics and Anesthetics	1.0	0.3	0.0	0.7	59	41	1	17	59	148	57	24	128,047	7,560,738	11,965	56.6	128,503
Neuromuscular Agents	1.1	0.5	0.1	0.6	84	64	3	18	75	124	46	33	92,072	6,921,391	7,499	35.5	81,953
Nutritional Products	0.7	0.0	0.0	0.7	12	0	0	11	17	37	43	16	31,968	527,512	4,341	20.5	45,240
Hematological Agents	0.9	0.2	0.2	0.5	53	41	5	7	61	189	25	15	32,502	1,967,203	3,583	17.0	37,372
Topical Products	0.4	0.2	0.0	0.2	14	10	0	4	39	59	37	21	30,465	1,175,001	7,414	35.1	82,036
Miscellaneous Products	0.8	0.4	0.1	0.3	211	146	34	31	249	399	227	94	3,077	765,860	339	1.6	3,633
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	34	0	0	0	5,086	172,130	1,427	6.8	15,796
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,160,359	67,030,031	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Idaho, 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 Idaho, 1.1 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, IDAHO, 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	\$10,196,425	6,898	32.6 %	75,161	0.8	\$164
ANTIDEPRESSANTS	6,696,962	13,601	64.4	147,234	0.7	61
ANTICONVULSANT	5,419,811	6,297	29.8	69,213	0.9	91
ANALGESICS - Narcotic	4,696,922	14,817	70.1	160,118	0.5	55
ANTIDIABETIC	3,637,478	7,142	33.8	77,456	0.8	60
ULCER DRUGS	3,142,550	8,790	41.6	96,415	0.6	56
ANTIASTHMATIC	2,860,345	8,257	39.1	89,912	0.5	63
ANTHYPERLIPIDEMIC	2,764,407	4,372	20.7	48,384	0.7	79
ANTHYPERTENSIVE	2,434,621	8,003	37.9	86,185	0.8	38
ANALGESICS - ANTI-INFLAMMATORY	2,199,464	6,193	29.3	69,261	0.5	68
Total	44,048,985	84,370		919,339	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Idaho, 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, IDAHO, 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 of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month
All	610,074	\$44,048,985	6,898	32.6 %	75,161	0.8	\$136	13,601	64.4 %	147,234	0.7	\$46					
Female	402,644	27,696,338	3,961	30.6	42,931	0.8	121	9,379	72.4	101,551	0.8	45					
Disabled	176,855	14,137,444	2,148	43.7	24,452	0.8	135	4,527	92.1	51,143	0.7	48					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	12	157	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	549	45,405	8	25.8	94	0.8	107	20	64.5	233	0.7	42					
21-44	59,560	5,279,059	1,060	53.1	12,006	0.8	132	1,773	88.7	19,992	0.7	47					
45-64	116,051	8,775,544	1,075	37.7	12,292	0.8	138	2,723	95.4	30,797	0.8	49					
65-74	638	35,924	5	19.2	60	1.4	104	10	38.5	109	0.5	25					
75-84	34	1,054	0	0.0	0	0.0	0	1	33.3	12	0.3	22					
85 and older	11	301	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	225,789	13,558,894	1,813	22.5	18,479	0.7	103	4,852	60.3	50,408	0.8	43					
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	32	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,338	91,596	19	25.7	165	0.3	42	74	100.0	707	0.5	37					
45-64	603	38,032	5	29.4	60	0.6	39	28	164.7	304	0.6	43					
65-74	77,530	4,867,383	421	17.4	4,478	0.7	102	1,496	61.7	16,354	0.7	39					
75-84	78,991	4,745,225	634	23.4	6,615	0.8	110	1,575	58.1	16,537	0.8	43					
85 and older	67,325	3,816,626	734	26.1	7,161	0.7	98	1,679	59.6	16,506	0.8	46					
Male	207,430	16,352,647	2,937	35.9	32,230	0.9	155	4,222	51.7	45,683	0.7	46					
Disabled	133,910	11,936,541	2,213	45.5	25,344	0.9	170	2,837	58.3	32,080	0.8	49					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	40	1,010	0	0.0	0	0.0	0	1	25.0	12	0.9	44					
15-20	365	24,729	10	24.4	109	0.5	83	11	26.8	118	0.6	29					
21-44	58,945	5,897,754	1,300	51.1	14,912	0.9	169	1,516	59.6	17,196	0.7	49					
45-64	73,510	5,953,088	902	40.6	10,316	1.0	171	1,295	58.2	14,631	0.8	48					
65-74	999	57,268	1	2.2	7	0.1	2	14	30.4	123	0.5	22					
75-84	51	2,692	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	73,520	4,416,106	724	21.9	6,886	0.7	102	1,385	41.8	13,603	0.7	39					
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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	518	60,897	8	33.3	62	0.7	107	22	91.7	199	0.6	30					
45-64	408	33,737	4	30.8	48	0.8	191	10	76.9	100	0.7	45					
65-74	32,231	2,106,346	244	18.4	2,473	0.7	117	492	37.0	5,209	0.7	39					
75-84	25,473	1,437,890	275	22.6	2,617	0.7	95	511	42.0	4,938	0.7	37					
85 and older	14,890	777,236	193	26.5	1,686	0.7	89	350	48.1	3,157	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 2003 file for Idaho, 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.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.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, IDAHO, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTI-DIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	6,297	29.8 %	69,213	0.9	\$78	14,817	70.1 %	160,118	0.5	\$29	7,142	33.8 %	77,456	0.8	\$47
Female	3,813	29.4	41,804	0.8	74	10,257	79.2	111,241	0.5	28	4,722	36.4	51,589	0.8	47
Disabled	2,311	47.0	26,270	0.9	88	4,404	89.6	50,094	0.5	29	1,664	33.9	18,716	0.8	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	2	66.7	24	0.2	2	0	0.0	0	0.0	0
15-20	9	29.0	108	1.4	174	20	64.5	225	0.2	9	6	19.4	64	0.2	10
21-44	1,071	53.6	12,190	0.9	97	1,654	82.8	18,853	0.4	23	438	21.9	4,973	0.7	49
45-64	1,229	43.1	13,948	0.8	80	2,707	94.9	30,799	0.6	33	1,210	42.4	13,568	0.8	53
65-74	2	7.7	24	0.6	23	18	69.2	177	0.7	27	10	38.5	111	1.1	64
75-84	0	0.0	0	0.0	0	1	33.3	12	0.1	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	200.0	4	1.8	27	0	0.0	0	0.0	0
Other Eligibles	1,502	18.7	15,534	0.8	49	5,853	72.8	61,147	0.6	28	3,058	38.0	32,873	0.8	44
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	100.0	12	0.1	2	0	0.0	0	0.0	0
21-44	31	41.9	283	0.7	75	72	97.3	691	0.5	23	7	9.5	72	0.6	44
45-64	10	58.8	99	0.5	58	24	141.2	263	0.8	30	4	23.5	42	0.6	58
65-74	516	21.3	5,542	0.8	55	1,750	72.2	19,295	0.5	26	1,277	52.7	14,326	0.8	49
75-84	547	20.2	5,648	0.8	49	1,980	73.0	20,976	0.6	28	1,100	40.6	11,717	0.8	42
85 and older	398	14.1	3,962	0.8	39	2,026	72.0	19,910	0.6	29	670	23.8	6,716	0.8	40
Male	2,484	30.4	27,409	0.9	85	4,560	55.8	48,877	0.5	32	2,420	29.6	25,867	0.8	47
Disabled	1,899	39.0	21,466	0.9	94	2,828	58.2	31,644	0.5	35	1,189	24.4	13,207	0.8	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	2	50.0	24	0.1	1	0	0.0	0	0.0	0
15-20	9	22.0	91	0.8	45	22	53.7	255	0.2	15	1	2.4	12	0.1	13
21-44	1,056	41.5	12,017	0.9	97	1,331	52.3	15,050	0.4	31	341	13.4	3,792	0.8	50
45-64	829	37.3	9,308	1.0	91	1,438	64.7	15,976	0.6	39	836	37.6	9,306	0.8	53
65-74	5	10.9	50	0.7	83	34	73.9	327	0.6	17	11	23.9	97	0.6	40
75-84	0	0.0	0	0.0	0	1	25.0	12	0.2	3	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	585	17.7	5,943	0.8	54	1,732	52.3	17,233	0.5	26	1,231	37.2	12,660	0.7	41
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	12	50.0	103	0.7	96	21	87.5	191	0.7	160	4	16.7	36	0.8	28
45-64	5	38.5	59	0.8	85	15	115.4	135	0.8	68	4	30.8	48	0.7	16
65-74	245	18.4	2,653	0.9	64	696	52.4	7,409	0.5	27	598	45.0	6,414	0.7	45
75-84	199	16.4	1,970	0.8	46	609	50.1	5,926	0.5	24	412	33.9	4,110	0.8	38
85 and older	124	17.0	1,158	0.8	37	391	53.7	3,572	0.5	16	213	29.3	2,052	0.8	37
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 2003 file for Idaho, 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, IDAHO, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	8,790	41.6%	96,415	\$33	0.6	8,257	39.1%	89,912	\$32	0.5	4,372	20.7%	48,384	\$57	0.7
Female	5,916	45.7	64,826	33	0.6	5,586	43.1	61,462	32	0.5	2,780	21.5	30,912	58	0.7
Disabled	2,329	47.4	26,512	33	0.5	2,483	50.5	28,298	30	0.5	1,085	22.1	12,405	57	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	3	9.7	34	36	0.5	10	32.3	120	20	0.4	0	0.0	0	0	0.0
21-44	750	37.5	8,571	28	0.5	849	42.5	9,647	26	0.4	209	10.5	2,408	51	0.7
45-64	1,558	54.6	17,735	35	0.6	1,615	56.6	18,445	33	0.5	870	30.5	9,930	58	0.7
65-74	15	57.7	146	36	0.5	8	30.8	74	13	0.3	6	23.1	67	76	0.8
75-84	2	66.7	24	17	0.5	1	33.3	12	12	0.1	0	0.0	0	0	0.0
85 and older	1	100.0	2	14	0.5	0	0.0	0	0	0.0	0	0.0	0	0	0.0
Other Eligibles	3,587	44.6	38,314	33	0.6	3,103	38.6	33,164	33	0.5	1,695	21.1	18,507	58	0.7
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	23.0	186	32	0.4	31	41.9	256	22	0.4	3	4.1	34	79	1.0
45-64	8	47.1	82	30	0.4	4	23.5	42	28	0.4	3	17.6	32	0.5	
65-74	1,137	46.9	12,700	34	0.6	1,253	51.7	13,826	36	0.5	802	33.1	8,988	27	0.7
75-84	1,209	44.6	12,939	32	0.6	1,051	38.8	11,145	34	0.5	651	24.0	6,998	59	0.7
85 and older	1,216	43.2	12,407	32	0.7	764	27.1	7,895	29	0.5	236	8.4	2,455	56	0.8
Male	2,874	35.2	31,589	33	0.6	2,671	32.7	28,450	32	0.5	1,592	19.5	17,472	56	0.7
Disabled	1,673	34.4	19,088	34	0.6	1,356	27.9	14,977	28	0.5	931	19.1	10,548	54	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	2	50.0	24	5	0.5	1	25.0	12	1	0.1	0	0.0	0	0	0.0
15-20	4	9.8	48	50	0.9	3	7.3	36	1	0.1	1	2.4	12	0.8	
21-44	723	28.4	8,240	31	0.5	558	21.9	6,323	19	0.3	287	11.3	3,254	46	0.7
45-64	925	41.6	10,576	36	0.6	765	34.4	8,279	34	0.5	628	28.2	7,117	58	0.7
65-74	17	37.0	176	34	0.6	28	60.9	315	52	0.7	15	32.6	165	61	0.6
75-84	2	50.0	24	15	0.5	1	25.0	12	57	1.0	0	0.0	0	0	0.0
85 and older	0	0.0	0	31	0.6	0	0.0	0	0	0.0	0	0.0	0	0	0.0
Other Eligibles	1,201	36.3	12,501	31	0.6	1,315	39.7	13,473	35	0.6	661	20.0	6,924	59	0.7
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	10	41.7	88	19	0.4	6	25.0	51	8	0.3	6	25.0	57	0.5	
45-64	6	46.2	59	18	0.3	5	38.5	56	36	0.5	1	7.7	2	0.5	
65-74	499	37.5	5,462	31	0.6	555	41.8	6,062	40	0.6	376	28.3	4,143	61	0.7
75-84	418	34.4	4,341	31	0.6	475	39.1	4,670	34	0.6	210	17.3	2,107	59	0.7
85 and older	268	36.8	2,551	32	0.7	274	37.6	2,634	29	0.6	68	9.3	615	55	0.8
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 Idaho, 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 Mo(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, IDAHO, 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	8,003	37.9 %	86,185	0.8	6,193	29.3 %	69,261	0.5	\$32	21,130	218,957
Female	5,288	40.8	57,086	0.8	4,251	32.8	47,529	0.5	36	12,956	134,366
Disabled	1,336	27.2	15,136	0.7	2,022	41.1	23,128	0.5	36	4,915	53,894
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
6-14	1	33.3	12	0.7	0	0.0	0	0.0	0	3	36
15-20	2	6.5	24	0.4	6	19.4	3	0.4	5	31	345
21-44	264	13.2	3,041	0.6	698	34.9	8,022	0.4	28	1,998	22,041
45-64	1,061	37.2	11,980	0.7	1,307	45.8	14,922	0.5	40	2,853	31,219
65-74	6	23.1	65	0.6	9	34.6	99	0.4	17	26	218
75-84	1	33.3	12	1.1	1	33.3	12	0.3	2	3	33
85 and older	1	100.0	2	0.5	1	100.0	2	1.0	63	1	2
Other Eligibles	3,952	49.1	41,950	0.8	2,229	27.7	24,401	0.5	37	8,041	80,472
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	1	100.0	12	0.1	1	1	12
21-44	5	6.8	43	0.8	26	35.1	268	0.3	10	74	548
45-64	3	17.6	26	1.0	3	17.6	35	0.2	20	17	169
65-74	1,264	52.2	14,049	0.7	824	34.0	9,349	0.5	41	2,423	25,740
75-84	1,425	52.6	15,223	0.8	740	27.3	8,073	0.5	36	2,711	27,359
85 and older	1,255	44.6	12,609	0.8	635	22.6	6,664	0.6	33	2,815	26,644
Male	2,715	33.2	29,099	0.7	1,942	23.8	21,732	0.4	22	8,174	84,591
Disabled	1,230	25.3	13,763	0.7	1,259	25.9	14,374	0.4	18	4,863	53,000
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
6-14	3	75.0	36	0.4	0	0.0	0	0.0	0	4	48
15-20	5	12.2	60	0.8	6	14.6	60	0.1	1	41	441
21-44	358	14.1	4,010	0.7	597	23.5	6,830	0.3	12	2,544	27,892
45-64	843	37.9	9,442	0.8	646	29.0	7,370	0.5	24	2,224	24,160
65-74	18	39.1	179	0.8	9	19.6	102	0.6	28	46	411
75-84	3	75.0	36	0.4	1	25.0	12	0.9	75	4	48
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,485	44.9	15,336	0.7	683	20.6	7,358	0.5	30	3,311	31,591
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	12
21-44	6	25.0	44	0.6	8	33.3	89	0.4	23	24	191
45-64	7	53.8	75	0.7	7	53.8	64	0.2	7	13	111
65-74	670	50.4	7,200	0.7	328	24.7	3,657	0.5	28	1,329	13,553
75-84	525	43.2	5,314	0.7	209	17.2	2,175	0.5	32	1,216	11,355
85 and older	277	38.0	2,703	0.8	131	18.0	1,373	0.6	33	728	6,369
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 2003 file for Idaho, 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, IDAHO, 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	
				7.5	2,792
All	\$349				26,804
Age					
0-64	553	8.7	209		2,203
65-74	446	8.9	356		3,498
75-84	352	7.7	866		8,332
85 and older	286	6.8	1,361		12,771
Unknown	0	0.0	0		0
Gender					
Female	347	7.6	1,984		19,392
Male	355	7.3	808		7,412
Unknown	0	0.0	0		0
Race					
White	349	7.5	2,734		26,253
African American	418	7.3	8		81
Other/unknown	336	6.9	50		470
Basis of Eligibility^c					
Aged	331	7.4	2,579		24,577
Disabled	550	8.6	213		2,227
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 Idaho, 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 1,698 beneficiaries who were in nursing facilities for part of their enrollment and their 15,877 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, IDAHO, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.5	0.2	0.0	0.2	\$22	\$16	\$1	\$5	\$49	\$74	\$46	\$23	8,868	\$431,394	1,922	68.8 %	19,705
Biologicals	0.1	0.1	0.0	0.1	2	1	0	1	18	14	0	21	53	954	48	1.7	465
Antineoplastic Agents	0.7	0.3	0.1	0.4	121	94	1	26	177	353	21	73	792	139,847	125	4.5	1,155
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.6	48	37	3	8	34	59	17	13	22,069	743,066	1,539	55.1	15,401
Cardiovascular Agents	2.1	0.5	0.1	1.5	53	24	2	27	25	52	16	18	41,172	1,037,478	2,017	72.2	19,672
Respiratory Agents	0.8	0.4	0.0	0.5	39	28	1	10	46	77	47	21	9,442	433,015	1,114	39.9	11,195
Gastrointestinal Agents	1.1	0.3	0.0	0.8	40	23	1	16	37	81	70	21	15,096	560,951	1,388	49.7	14,000
Genitourinary Agents	0.8	0.6	0.0	0.2	43	39	0	4	58	67	33	24	5,504	316,714	716	25.6	7,335
CNS Drugs	1.7	1.1	0.0	0.6	131	115	3	13	78	107	68	24	35,223	2,741,782	2,121	76.0	20,932
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.0	0.8	20	3	0	17	23	71	0	21	235	5,377	27	1.0	264
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	118	117	0	0	143	146	0	26	2,278	326,450	285	10.2	2,771
Analgesics and Anesthetics	1.3	0.4	0.0	0.8	58	43	1	14	46	99	26	17	21,866	996,418	1,761	63.1	17,269
Neuromuscular Agents	1.3	0.6	0.1	0.7	83	51	3	28	62	91	37	42	14,484	901,283	1,075	38.5	10,922
Nutritional Products	0.9	0.0	0.0	0.9	13	0	0	13	15	23	49	15	8,460	130,937	1,000	35.8	9,811
Hematological Agents	1.2	0.3	0.2	0.7	49	35	4	10	42	135	20	14	8,153	339,787	713	25.5	6,931
Topical Products	0.5	0.2	0.0	0.3	16	10	0	5	34	52	38	21	6,433	219,597	1,309	46.9	13,670
Miscellaneous Products	0.3	0.0	0.0	0.3	8	1	0	8	28	33	0	28	225	6,278	76	2.7	750
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	30	0	0	0	1,026	30,337	243	8.7	2,489
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.	201,379	9,361,665	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Idaho, 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 1,698 beneficiaries who were in nursing facilities for part of their enrollment and their 15,877 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 Idaho, 1.1 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, IDAHO, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users				
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Total Medicaid Rx \$	Number of Users	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,507,970	1,195	42.8 %	12,185	\$147	0.8	\$124		
ANTIDEPRESSANTS	1,109,523	2,127	76.2	21,362	57	0.9	52		
ANALGESICS - Narcotic	744,227	2,133	76.4	20,861	45	0.8	36		
ANTICONVULSANT	574,158	849	30.4	8,646	65	1.0	66		
ULCER DRUGS	427,148	1,299	46.5	13,353	42	0.8	32		
ANTIDIABETIC	419,317	954	34.2	9,704	47	0.9	43		
ANTIHYPERTENSIVE	330,636	1,105	39.6	11,103	33	0.9	30		
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	326,450	286	10.2	2,783	143	0.8	117		
ASTHMATIC	317,047	1,028	36.8	10,316	51	0.6	31		
ANTIPARKINSONIAN	232,033	497	17.8	5,154	60	0.7	45		
Total	5,988,509	11,473		115,467	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2003 file for Idaho, 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 1,698 beneficiaries who were in nursing facilities for part of their enrollment and their 15,877 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, IDAHO, 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	96,194	\$5,988,509	1,195	42.8 %	12,185	0.8	\$124	2,127	76.2 %	21,362	0.9	\$52
Female	68,815	4,292,878	827	41.7	8,616	0.8	125	1,580	79.6	16,121	0.9	52
Disabled	5,016	374,258	68	69.4	762	0.8	141	113	115.3	1,276	1.0	58
64 or younger	4,956	369,104	67	70.5	750	0.8	138	112	117.9	1,269	1.0	58
65-74	51	4,979	1	50.0	12	1.8	284	1	50.0	7	0.6	19
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	9	175	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	63,799	3,918,620	759	40.2	7,854	0.8	124	1,467	77.8	14,845	0.9	52
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,794	641,097	111	52.1	1,186	0.8	124	188	88.3	1,898	0.9	54
75-84	22,447	1,418,596	264	45.2	2,790	0.9	136	474	81.2	4,942	0.9	53
85 and older	31,558	1,858,927	384	35.3	3,878	0.8	115	805	73.9	8,005	0.9	50
Male	27,379	1,695,631	368	45.5	3,569	0.9	121	547	67.7	5,241	0.9	52
Disabled	5,205	423,188	72	62.6	775	0.9	131	90	78.3	950	1.0	60
64 or younger	5,205	423,188	72	63.2	775	0.9	131	90	78.9	950	1.0	60
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	22,174	1,272,443	296	42.7	2,794	0.8	118	457	65.9	4,291	0.9	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,761	372,181	75	53.6	759	0.8	129	108	77.1	1,080	1.0	56
75-84	9,274	512,937	115	40.8	1,092	0.9	122	169	59.9	1,629	0.9	48
85 and older	7,139	387,325	106	39.1	943	0.8	103	180	66.4	1,582	0.9	47
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 Idaho, 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 1,698 beneficiaries who were in nursing facilities for part of their enrollment and their 15,877 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, IDAHO, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ULCER DRUGS				
	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	2,133	76.4 %	20,861	0.8	\$36	849	30.4 %	8,646	1.0	\$66	1,299	46.5 %	13,353	0.8	\$32
Female	1,603	80.8	15,906	0.8	39	549	27.7	5,584	1.0	60	931	46.9	9,627	0.8	32
Disabled	87	88.8	936	1.0	39	67	68.4	740	1.2	85	53	54.1	577	0.7	35
64 or younger	82	86.3	906	1.0	39	67	70.5	740	1.2	85	51	53.7	568	0.7	35
65-74	3	150.0	26	0.8	42	0	0.0	0	0.0	0	1	50.0	7	0.6	49
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	2	200.0	4	1.8	27	0	0.0	0	0.0	0	1	100.0	2	0.5	14
Other Eligibles	1,516	80.4	14,970	0.8	39	482	25.6	4,844	1.0	56	878	46.6	9,050	0.8	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	191	89.7	1,940	0.9	46	111	52.1	1,098	1.0	74	103	48.4	1,083	0.8	37
75-84	465	79.6	4,764	0.8	40	181	31.0	1,886	1.0	59	276	47.3	2,872	0.8	32
85 and older	860	79.0	8,266	0.8	36	190	17.4	1,860	0.9	41	499	45.8	5,095	0.8	31
Male	530	65.6	4,955	0.7	26	300	37.1	3,062	1.1	79	368	45.5	3,726	0.8	31
Disabled	78	67.8	824	0.8	41	95	82.6	992	1.2	116	64	55.7	694	0.8	39
64 or younger	78	68.4	824	0.8	41	95	83.3	992	1.2	116	64	56.1	694	0.8	39
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	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	452	65.2	4,131	0.7	23	205	29.6	2,070	1.0	61	304	43.9	3,032	0.7	29
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	94	67.1	932	0.6	29	69	49.3	737	1.1	84	77	55.0	808	0.8	31
75-84	170	60.3	1,544	0.7	23	76	27.0	781	1.0	54	122	43.3	1,257	0.8	27
85 and older	188	69.4	1,655	0.7	20	60	22.1	552	0.9	41	105	38.7	967	0.7	30
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Idaho, 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 1,698 beneficiaries who were in nursing facilities for part of their enrollment and their 15,877 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, IDAHO, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
All	954	34.2 %	9,704	0.9	1,105	39.6 %	11,103	0.9	286	10.2 %	2,783	0.8
Female												
Disabled	649	32.7	6,736	0.9	776	39.1	7,858	0.9	208	10.5	2,101	0.8
64 or younger	19	19.4	214	1.1	27	27.6	278	0.8	8	8.2	96	0.7
65-74	19	20.0	214	1.1	26	27.4	276	0.8	8	8.4	96	0.7
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	630	33.4	6,522	0.9	749	39.7	7,580	0.9	200	10.6	2,005	0.8
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	114	53.5	1,202	1.0	82	38.5	884	0.9	24	11.3	246	0.8
75-84	244	41.8	2,567	0.9	248	42.5	2,546	0.9	73	12.5	736	0.9
85 and older	272	25.0	2,753	0.9	419	38.5	4,150	0.9	103	9.5	1,023	0.8
Male												
Disabled	305	37.7	2,968	0.9	329	40.7	3,245	0.9	78	9.7	682	0.8
64 or younger	31	27.0	312	1.0	32	27.8	342	1.0	7	6.1	60	0.8
65-74	31	27.2	312	1.0	32	28.1	342	1.0	7	6.1	60	0.8
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	274	39.5	2,656	0.9	297	42.9	2,903	0.9	71	10.2	622	0.8
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	70	50.0	734	0.9	64	45.7	627	1.0	7	5.0	71	0.6
75-84	129	45.7	1,191	0.9	122	43.3	1,211	0.9	33	11.7	295	0.8
85 and older	75	27.7	731	0.9	111	41.0	1,065	0.9	31	11.4	256	0.9
Unknown	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 Idaho, 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 1,698 beneficiaries who were in nursing facilities for part of their enrollment and their 15,877 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, IDAHO, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-PARKINSONIAN				Benefit Months Among All-Year			
	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-Year Nursing Facility Residents	Nursing Facility Residents
All	1,028	36.8 %	10,316	0.6	\$31	497	17.8 %	5,154	0.7	\$45	2,792	26,804
Female	680	34.3	6,982	0.6	29	326	16.4	3,401	0.7	43	1,984	19,392
Disabled	39	39.8	442	0.5	28	18	18.4	212	0.8	28	98	1,070
64 or younger	39	41.1	442	0.5	28	18	18.9	212	0.8	28	95	1,049
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
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	1	2
Other Eligibles	641	34.0	6,540	0.6	29	308	16.3	3,189	0.7	44	1,886	18,322
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	115	54.0	1,161	0.6	35	41	19.2	462	1.0	65	213	2,160
75-84	220	37.7	2,204	0.6	30	117	20.0	1,232	0.7	41	584	5,758
85 and older	306	28.1	3,175	0.5	26	150	13.8	1,495	0.6	40	1,089	10,404
Male	348	43.1	3,334	0.7	34	171	21.2	1,753	0.8	49	808	7,412
Disabled	43	37.4	414	0.7	34	22	19.1	236	0.9	49	115	1,157
64 or younger	43	37.7	414	0.7	34	22	19.3	236	0.9	49	114	1,154
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
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	305	44.0	2,920	0.7	34	149	21.5	1,517	0.8	49	693	6,255
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	69	49.3	721	0.7	38	35	25.0	358	0.7	42	140	1,316
75-84	127	45.0	1,146	0.9	39	73	25.9	734	0.8	55	282	2,574
85 and older	109	40.2	1,053	0.6	26	41	15.1	425	0.7	43	271	2,365
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 Idaho, 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 1,698 beneficiaries who were in nursing facilities for part of their enrollment and their 15,877 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}
 IDAHO, 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		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
All	10,235	48.4 %	4.0	85,050	\$76	\$1,595,647	\$19	2.4 %	21,130	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	
6-14	5	71.4	8.3	58	183	1,278	22	3.2	7	
15-20	25	33.8	1.4	100	28	2,091	21	1.4	74	
21-44	1,990	42.9	2.9	13,592	64	298,268	22	1.9	4,640	
45-64	2,657	52.0	4.8	24,426	100	512,283	21	2.4	5,107	
65-74	1,771	46.3	3.9	15,028	73	279,127	19	2.6	3,824	
75-84	1,893	48.1	4.1	16,078	69	271,349	17	2.7	3,934	
85 and older	1,894	53.4	4.4	15,768	65	231,251	15	2.8	3,544	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	5,523	49.2	4.2	46,691	69	778,346	17	2.7	11,222	
Disabled	4,650	47.6	3.9	38,042	83	811,724	21	2.2	9,778	
Adults	62	49.2	2.5	317	44	5,577	18	1.6	126	
Children	0	0.0	0.0	0	0	0	0	0.0	4	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	6,919	53.4	4.7	60,349	85	1,103,842	18	2.6	12,956	
Male	3,316	40.6	3.0	24,701	60	491,805	20	2.1	8,174	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	9,631	49.1	4.1	81,231	78	1,526,152	19	2.4	19,633	
African American	40	48.2	4.1	341	78	6,498	19	2.6	83	
Other/unknown	564	39.9	2.5	3,478	45	62,997	18	1.9	1,414	
Use of Nursing Facilities^d										
Entire year	1,595	57.1	5.5	15,296	88	244,468	16	2.6	2,792	
Part year	1,037	61.1	4.7	8,027	78	133,101	17	2.7	1,698	
None	7,603	45.7	3.7	61,727	73	1,218,078	20	2.3	16,640	
Maintenance Assistance Status										
Cash	5,484	47.3	3.9	44,945	81	941,516	21	2.2	11,587	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	287	45.6	2.6	1,607	44	27,417	17	2.3	630	
Other/unknown	4,464	50.1	4.3	36,498	70	626,714	16	2.7	8,913	

Source: Data for this table are from the MAX 2003 file for Idaho, 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}
 IDAHO, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$7	\$19	\$0	\$3	218,957
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.7	15	22	0	0	84
15-20	0.1	3	21	0	1	810
21-44	0.3	6	22	0	4	50,672
45-64	0.4	9	21	0	5	55,659
65-74	0.4	7	19	0	3	39,922
75-84	0.4	7	17	0	2	38,795
85 and older	0.5	7	15	0	2	33,015
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	7	17	0	2	111,020
Disabled	0.4	8	21	0	4	106,894
Adults	0.3	6	18	0	3	1,014
Children	0.0	0	0	0	0	29
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	8	18	0	3	134,366
Male	0.3	6	20	0	3	84,591
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	8	19	0	3	202,841
African American	0.4	8	19	0	3	839
Other/unknown	0.2	4	18	0	1	15,277
Use of Nursing Facilities^d						
Entire year	0.6	9	16	0	3	26,804
Part year	0.5	8	17	0	3	15,877
None	0.4	7	20	0	3	176,276
Maintenance Assistance Status						
Cash	0.4	7	21	0	4	127,607
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	5	17	0	2	5,251
Other/unknown	0.4	7	16	0	2	86,099

Source: Data for this table are from the MAX 2003 file for Idaho, 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}
 IDAHO, 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
All	14,204	\$112	\$1,595,647	100.0 %	85,050	\$19	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	6	36	216	0.0	21	10	0.0
Cough and cold medications	3,468	75	260,353	16.3	10,217	25	12.0
Vitamins and minerals	4,206	124	521,542	32.7	31,340	17	36.8
Non-prescription drugs	1,077	32	34,859	2.2	4,176	8	4.9
Barbiturates	177	93	16,402	1.0	1,952	8	2.3
Benzodiazepines	5,030	139	698,693	43.8	35,891	19	42.2
Other Part D Excl Rx Drugs	240	265	63,582	4.0	1,453	44	1.7

Source: Data for this table are from the MAX 2003 file for Idaho, 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 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 IDAHO, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 3,934
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$10,067,302
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,559

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	484	12.3 %	0	0.0 %
1-500	524	13.3	120,103	1.2
501-1,000	404	10.3	300,115	3.0
1,001-1,500	374	9.5	461,900	4.6
1,501-2,000	280	7.1	491,902	4.9
2,001-2,500	291	7.4	653,149	6.5
2,501-3,000	264	6.7	724,848	7.2
3,001-3,500	209	5.3	679,853	6.8
3,501-4,000	185	4.7	691,470	6.9
4,001-4,500	152	3.9	644,192	6.4
4,501-5,000	138	3.5	655,428	6.5
5,001-5,500	118	3.0	618,799	6.1
5,501-6,000	87	2.2	499,514	5.0
6,001-6,500	85	2.2	530,615	5.3
6,501-7,000	77	2.0	520,316	5.2
7,001-7,500	45	1.1	326,282	3.2
7,501-8,000	46	1.2	354,868	3.5
8,001-8,500	39	1.0	322,167	3.2
8,501-9,000	26	0.7	227,076	2.3
9,001-9,500	19	0.5	174,046	1.7
9,501-10,000	20	0.5	194,786	1.9
10,001+	67	1.7	875,873	8.7

Source: Data for this table are from the MAX 2003 file for Idaho, 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, IDAHO, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	21,130	11,222	9,778	126	4	218,957	111,020	106,894	1,014	29	0
Age											
5 and younger	0	0	0	0	0	0	0	0	0	0	0
6-14	7	0	7	0	0	84	0	84	0	0	0
15-20	74	0	72	0	2	810	0	786	0	24	0
21-44	4,640	0	4,542	96	2	50,672	0	49,933	734	5	0
45-64	5,107	0	5,077	30	0	55,659	0	55,379	280	0	0
65-74	3,824	3,752	72	0	0	39,922	39,293	629	0	0	0
75-84	3,934	3,927	7	0	0	38,795	38,714	81	0	0	0
85 and older	3,544	3,543	1	0	0	33,015	33,013	2	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	12,956	7,949	4,915	89	3	134,366	79,743	53,894	712	17	0
Male	8,174	3,273	4,863	37	1	84,591	31,277	53,000	302	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	19,633	10,353	9,158	119	3	202,841	101,767	100,089	968	17	0
African American	83	31	50	2	0	839	310	516	13	0	0
Other/unknown	1,414	838	570	5	1	15,277	8,943	6,289	33	12	0
Use of Nursing Facilities^c											
Entire year	2,792	2,579	213	0	0	26,804	24,577	2,227	0	0	0
Part year	1,698	1,491	207	0	0	15,877	13,711	2,166	0	0	0
None	16,640	7,152	9,358	126	4	176,276	72,732	102,501	1,014	29	0
Maintenance Assistance Status											
Cash	11,587	2,003	9,510	74	0	127,607	22,614	104,317	676	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	630	349	254	23	4	5,251	2,657	2,440	125	29	0
Other/unknown	8,913	8,870	14	29	0	86,099	85,749	137	213	0	0
Dual Status^d											
Full dual, all year	20,250	10,720	9,404	122	4	210,984	106,789	103,194	972	29	0
Full dual, part year	880	502	374	4	0	7,973	4,231	3,700	42	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	21,130	11,222	9,778	126	4	218,957	111,020	106,894	1,014	29	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Idaho, 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 Mo(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, IDAHO, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1				Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months
All	21,130	218,957	21,130	218,957	0	0	0	0
Fee-for-service (FFS) all year	21,130	218,957	21,130	218,957	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Idaho, 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.