

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 UTAH

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					Other/ Unknown
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	
All	23,472	10,478	12,387	602	5	188,485	84,610	99,316	4,537	22	0
Age											
5 and younger	1	0	0	0	1	12	0	0	0	12	0
6-14	4	0	3	0	1	39	0	36	0	3	0
15-20	52	0	47	3	2	443	0	419	20	4	0
21-44	5,969	1	5,664	303	1	47,643	12	45,316	2,312	3	0
45-64	6,346	9	6,095	242	0	51,060	78	49,082	1,900	0	0
65-74	4,628	4,051	525	52	0	35,929	31,626	4,005	298	0	0
75-84	3,816	3,768	46	2	0	30,992	30,569	416	7	0	0
85 and older	2,656	2,649	7	0	0	22,367	22,325	42	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	14,159	7,546	6,318	291	4	115,776	61,924	51,649	2,193	10	0
Male	9,313	2,932	6,069	311	1	72,709	22,686	47,667	2,344	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	19,833	8,308	11,001	521	3	161,174	67,894	89,313	3,949	18	0
African American	300	105	185	10	0	2,161	823	1,256	82	0	0
Other/unknown	3,339	2,065	1,201	71	2	25,150	15,893	8,747	506	4	0
Use of Nursing Facilities^c											
Entire year	2,830	2,435	395	0	0	27,477	23,129	4,348	0	0	0
Part year	1,733	1,378	355	0	0	14,900	11,582	3,318	0	0	0
None	18,909	6,665	11,637	602	5	146,108	49,899	91,650	4,537	22	0
Maintenance Assistance Status											
Cash	6,465	2,424	3,872	169	0	50,472	19,013	30,293	1,166	0	0
Medically needy	2,397	1,042	1,315	40	0	15,538	6,607	8,713	218	0	0
Poverty-related	6,562	2,635	3,899	26	2	50,317	20,626	29,509	169	13	0
Other/unknown	8,048	4,377	3,301	367	3	72,158	38,364	30,801	2,984	9	0
Dual Medicare Status^d											
Full dual, all year	22,731	10,126	12,004	596	5	181,856	81,364	95,980	4,490	22	0
Full dual, part year	741	352	383	6	0	6,629	3,246	3,336	47	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	16,852	8,070	8,252	527	3	163,410	75,203	83,965	4,226	16	0
FFS part year, with Rx claims	5,617	1,965	3,591	59	2	19,410	6,730	12,431	243	6	0
FFS part year, no Rx claims	484	184	291	9	0	1,609	589	986	34	0	0
MC all year, with FFS Rx claims	519	259	253	7	0	4,056	2,088	1,934	34	0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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, UTAH, 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
						\$64	23.8 %	
All	86.9 %	48.6	\$3,100	\$64	\$12,998			23,472
Age								
5 and younger	100.0	61.0	11,844	194	303,673		3.9	1
6-14	100.0	63.3	5,699	90	10,387		54.9	4
15-20	82.7	28.4	2,215	78	19,244		11.5	52
21-44	85.1	38.8	3,458	89	13,712		25.2	5,969
45-64	87.5	57.6	3,975	69	13,958		28.5	6,346
65-74	82.7	47.1	2,506	53	9,156		27.4	4,628
75-84	89.5	50.9	2,461	48	12,563		19.6	3,816
85 and older	92.8	48.6	2,167	45	16,190		13.4	2,656
Unknown	0.0	0.0	0	0	0		0.0	0
Basis of Eligibility^e								
Aged	87.9	48.9	2,413	49	12,044		20.0	10,478
Disabled	86.9	50.2	3,805	76	14,309		26.6	12,387
Adults	69.1	8.5	553	65	2,215		25.0	602
Children	80.0	30.2	3,036	101	62,959		4.8	5
Unknown	0.0	0.0	0	0	0		0.0	0
Gender								
Female	90.0	54.5	3,172	58	12,684		25.0	14,159
Male	82.0	39.5	2,991	76	13,475		22.2	9,313
Unknown	0.0	0.0	0	0	0		0.0	0
Race								
White	87.3	51.5	3,322	65	13,983		23.8	19,833
African American	88.7	34.6	2,208	64	10,642		20.7	300
Other/unknown	84.2	32.2	1,859	58	7,356		25.3	3,339
Use of Nursing Facilities^f								
Entire year	98.1	74.1	3,981	54	30,029		13.3	2,830
Part year	96.9	65.3	3,427	53	20,475		16.7	1,733
None	84.3	43.2	2,938	68	9,764		30.1	18,909
Maintenance Assistance Status								
Cash	89.1	45.9	3,031	66	6,879		44.1	6,465
Medically needy	69.8	34.2	2,514	74	7,355		34.2	2,397
Poverty related	86.6	45.4	3,050	67	6,392		47.7	6,562
Other/unknown	90.4	57.6	3,370	59	24,980		13.5	8,048

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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, UTAH, 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	6.0	\$386	23.8 %	13.1 %	14.3 %	7.9 %	20.3 %	22.1 %	22.2 %	\$1,619	23,472	188,485
Age												
5 and younger	5.1	987	3.9	0.0	0.0	0.0	100.0	0.0	0.0	25,306	1	12
6-14	6.5	585	54.9	0.0	0.0	25.0	0.0	50.0	25.0	1,065	4	39
15-20	3.3	260	11.5	17.3	36.5	5.8	13.5	13.5	13.5	2,259	52	443
21-44	4.9	433	25.2	14.9	19.8	9.5	19.5	16.9	19.5	1,718	5,969	47,643
45-64	7.2	494	28.5	12.5	12.6	6.9	18.2	21.9	27.9	1,735	6,346	51,060
65-74	6.1	323	27.4	17.3	13.9	7.5	17.9	20.7	22.7	1,179	4,628	35,929
75-84	6.3	303	19.6	10.5	11.9	7.0	22.5	25.7	22.5	1,547	3,816	30,992
85 and older	5.8	257	13.4	7.2	9.6	9.1	28.5	31.8	13.8	1,923	2,656	22,367
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	6.1	299	20.0	12.1	12.1	7.8	22.4	25.2	20.4	1,492	10,478	84,610
Disabled	6.3	475	26.6	13.1	14.5	8.1	19.1	20.4	24.7	1,785	12,387	99,316
Adults	1.1	73	25.0	30.9	47.0	8.3	8.3	3.3	2.2	294	602	4,537
Children	6.9	690	4.8	20.0	20.0	0.0	20.0	20.0	20.0	14,309	5	22
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.7	388	25.0	10.0	12.5	7.7	20.8	24.2	24.8	1,551	14,159	115,776
Male	5.1	383	22.2	18.0	16.9	8.3	19.6	18.9	18.2	1,726	9,313	72,709
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	6.3	409	23.8	12.7	12.9	7.6	20.4	23.4	23.0	1,721	19,833	161,174
African American	4.8	307	20.7	11.3	20.7	11.7	19.3	19.0	18.0	1,477	300	2,161
Other/unknown	4.3	247	25.3	15.8	21.6	9.9	19.9	14.9	17.9	977	3,339	25,150
use of nursing Facilities^f												
Entire year	7.6	410	13.3	1.9	4.9	5.5	25.1	40.0	22.6	3,093	2,830	27,477
Part year	7.6	399	16.7	3.1	6.8	6.9	25.0	33.2	24.9	2,381	1,733	14,900
None	5.6	380	30.1	15.7	16.4	8.4	19.1	18.4	21.9	1,264	18,909	146,108
Maintenance Assistance Status												
Cash	5.9	388	44.1	10.9	16.7	8.8	19.4	18.9	25.2	881	6,465	50,472
Medically needy	5.3	388	34.2	30.2	13.1	7.6	18.6	17.1	13.4	1,135	2,397	15,538
Poverty related	5.9	398	47.7	13.4	16.3	8.2	19.7	18.0	24.3	834	6,562	50,317
Other/unknown	6.4	376	13.5	9.6	11.0	7.1	22.0	29.6	20.7	2,786	8,048	72,158

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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, UTAH, 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	6.0	\$386	\$64	2.8	\$299	\$107	0.2	\$12	\$49	3.0	\$75	\$25
Age												
5 and younger	5.1	987	194	2.5	493	197	0.7	386	579	1.9	108	56
6-14	6.5	585	90	2.8	472	170	0.2	67	328	3.5	45	13
15-20	3.3	260	78	1.7	211	123	0.1	10	104	1.5	38	25
21-44	4.9	433	89	2.4	350	146	0.2	16	74	2.3	68	30
45-64	7.2	494	69	3.3	380	114	0.3	18	64	3.5	96	27
65-74	6.1	323	53	2.8	247	88	0.2	7	32	3.0	68	23
75-84	6.3	303	48	2.8	229	82	0.2	6	24	3.2	68	21
85 and older	5.8	257	45	2.4	192	79	0.3	5	21	3.1	59	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	6.1	299	49	2.7	226	84	0.2	6	26	3.1	66	21
Disabled	6.3	475	76	3.0	373	125	0.3	17	67	3.0	84	28
Adults	1.1	73	65	0.5	55	120	0.0	1	31	0.6	17	28
Children	6.9	690	101	3.7	399	108	0.4	211	579	2.8	80	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.7	388	58	3.1	299	98	0.3	10	39	3.3	78	24
Male	5.1	383	76	2.4	301	126	0.2	14	71	2.5	69	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	6.3	409	65	2.9	317	108	0.3	13	50	3.1	79	25
African American	4.8	307	64	2.2	245	109	0.1	4	39	2.4	57	23
Other/unknown	4.3	247	58	2.0	193	96	0.1	5	37	2.2	49	23
Use of Nursing Facilities^e												
Entire year	7.6	410	54	3.4	314	93	0.2	6	28	4.1	90	22
Part year	7.6	399	53	3.3	302	91	0.3	8	27	4.0	89	22
None	5.6	380	68	2.6	296	112	0.2	13	55	2.7	70	26
Maintenance Assistance Status												
Cash	5.9	388	66	2.7	302	111	0.2	13	54	2.9	73	25
Medically needy	5.3	388	74	2.5	303	123	0.2	12	64	2.6	73	28
Poverty related	5.9	398	67	2.8	310	111	0.2	14	59	2.9	74	26
Other/unknown	6.4	376	59	2.9	290	99	0.3	9	37	3.2	76	24

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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 Utah, 0.7 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, UTAH, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.2	\$37	\$31	\$0	\$6	\$82	\$137	\$66	\$26	47,333	\$3,863,119	11,841	50.4 %	103,644
Biologics	0.1	0.1	0.0	0.0	28	2	13	12	213	21	1,301	526	1,054	224,323	773	3.3	8,153
Antineoplastic Agents	0.7	0.3	0.0	0.3	173	155	3	16	260	520	117	46	2,785	724,915	483	2.1	4,185
Endocrine/Metabolic Drugs	1.4	0.7	0.2	0.6	58	44	3	12	41	64	18	21	126,713	5,251,608	10,493	44.7	90,142
Cardiovascular Agents	2.0	0.8	0.1	1.1	72	51	1	20	36	64	18	18	206,884	7,466,337	12,211	52.0	103,424
Respiratory Agents	1.0	0.6	0.0	0.4	50	41	1	8	53	74	64	21	75,704	3,977,634	9,211	39.2	79,389
Gastrointestinal Agents	1.0	0.5	0.0	0.4	80	60	1	19	82	114	121	43	77,134	6,353,484	9,250	39.4	79,309
Genitourinary Agents	0.7	0.5	0.0	0.1	42	39	0	3	63	75	37	20	20,211	1,271,164	3,407	14.5	30,531
CNS Drugs	2.0	1.1	0.0	0.9	188	155	6	27	94	141	148	32	232,041	21,855,516	13,708	58.4	116,176
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	72	53	6	13	110	151	97	54	2,842	311,613	494	2.1	4,303
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	121	121	0	1	170	174	0	41	5,878	1,000,473	933	4.0	8,239
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	74	56	2	15	59	126	93	20	139,514	8,217,381	13,157	56.1	111,787
Neuromuscular Agents	1.4	0.6	0.1	0.7	105	80	3	22	75	125	45	32	97,651	7,304,135	8,120	34.6	69,340
Nutritional Products	0.8	0.0	0.0	0.8	15	0	0	14	19	19	32	19	31,247	603,786	4,527	19.3	40,040
Hematological Agents	0.9	0.3	0.1	0.5	54	43	3	8	57	162	22	15	31,014	1,778,623	3,783	16.1	33,166
Topical Products	0.5	0.2	0.0	0.3	19	12	1	5	38	60	36	21	34,998	1,339,273	8,095	34.5	72,188
Miscellaneous Products	0.7	0.3	0.0	0.3	143	107	12	25	213	325	304	81	5,256	1,118,442	881	3.8	7,808
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	21	0	0	0	63	0	0	0	1,561	98,231	530	2.3	4,712
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.	1,139,820	72,760,057	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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.medisp.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 Utah, 0.7 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.medisp.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, UTAH, 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	\$10,103,587	6,413	27.3 %	63,848	0.9	\$184
ANTIDEPRESSANTS	5,250,219	11,190	47.7	110,129	0.7	64
ANTICONVULSANT	4,532,172	5,651	24.1	55,956	0.9	88
ULCER DRUGS	4,379,318	7,376	31.4	73,355	0.7	91
ANALGESICS - Narcotic	3,677,883	12,083	51.5	118,597	0.6	53
ANTIDIABETIC	2,552,700	5,595	23.8	54,567	0.8	60
ANALGESICS - ANTI-INFLAMMATORY	2,268,688	6,694	28.5	68,323	0.5	69
ANTHYPERLIPIDEMIC	2,180,072	3,733	15.9	36,715	0.7	83
ANTIASTHMATIC	1,705,516	5,394	23.0	53,765	0.5	63
ANTHYPERTENSIVE	1,637,726	6,441	27.4	62,887	0.7	36
Total	38,287,881	70,570		698,142	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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, UTAH, 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 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	481,262	\$38,287,881	6,413	27.3 %	63,848	0.9	\$158	11,190	47.7 %	110,129	0.7	\$48					
Female																	
Disabled	314,191	23,551,173	3,512	24.8	35,111	0.8	135	7,684	54.3	76,306	0.7	47					
5 and younger	152,484	13,043,515	1,966	31.1	19,891	0.9	155	3,996	63.2	40,449	0.8	52					
6-14	6	329	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	276	18,034	4	14.3	39	0.4	32	19	67.9	197	0.4	28					
21-44	47,649	4,628,071	893	35.5	8,920	0.8	155	1,455	57.9	14,897	0.7	52					
45-64	97,551	7,907,547	1,001	28.9	10,218	0.9	158	2,375	68.6	23,962	0.8	52					
65-74	6,476	448,571	65	22.7	678	0.8	114	142	49.7	1,345	0.8	41					
75-84	487	37,420	3	14.3	36	0.7	192	5	23.8	48	1.0	59					
85 and older	39	3,543	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	161,707	10,507,658	1,546	19.7	15,220	0.7	108	3,688	47.0	35,857	0.7	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	7	539	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,005	92,419	18	11.3	174	0.3	50	100	62.9	945	0.2	17					
45-64	506	30,577	4	3.6	31	0.4	60	51	45.5	413	0.3	18					
65-74	57,103	3,898,297	411	15.2	4,232	0.7	124	1,111	41.1	11,084	0.7	42					
75-84	58,863	3,762,034	573	21.2	5,601	0.7	113	1,278	47.3	12,296	0.8	45					
85 and older	44,223	2,723,792	540	25.0	5,182	0.7	91	1,148	53.1	11,119	0.8	45					
Male																	
Disabled	167,071	14,736,708	2,901	31.2	28,737	1.0	187	3,506	37.6	33,823	0.8	48					
5 and younger	114,800	11,290,777	2,240	36.9	22,686	1.0	206	2,397	39.5	23,637	0.8	52					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	21	967	0	0.0	0	0.0	0	1	50.0	12	0.1	6					
21-44	254	17,835	3	15.8	30	1.2	228	5	26.3	59	0.7	39					
45-64	51,613	5,710,376	1,311	41.6	13,309	1.0	207	1,225	38.9	12,096	0.8	53					
65-74	58,246	5,240,245	898	34.1	9,068	1.0	206	1,104	42.0	10,834	0.8	51					
75-84	4,235	298,292	26	10.9	264	1.1	160	52	21.8	531	0.7	52					
85 and older	408	22,107	1	4.0	12	0.5	56	8	32.0	96	0.8	49					
Other Eligibles	52,271	3,445,931	661	20.4	6,051	0.7	118	1,109	34.2	10,186	0.7	41					
5 and younger	13	918	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	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	693	58,053	30	20.5	261	0.3	62	52	35.6	413	0.3	17					
45-64	625	42,584	9	6.5	74	0.3	110	43	30.9	432	0.2	14					
65-74	22,694	1,562,299	237	16.9	2,365	0.8	144	359	25.6	3,413	0.7	44					
75-84	20,029	1,271,018	253	23.7	2,216	0.7	103	447	41.8	4,077	0.7	43					
85 and older	8,215	511,040	132	27.2	1,135	0.7	106	208	42.8	1,851	0.7	41					
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 Utah, released by CMS in 07/2007. 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, UTAH, 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	5,651	24.1%	55,956	0.9	7,376	31.4%	73,355	0.7	12,083	51.5%	118,597	0.6	\$31
Female	3,418	24.1	33,847	0.9	5,009	35.4	49,999	0.6	8,307	58.7	82,183	0.6	31
Disabled	2,225	35.2	22,300	0.9	2,271	35.9	23,297	0.6	3,926	62.1	39,981	0.6	35
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.4	1	100.0	12	0.1	2	0.0	0	0.0	0
15-20	11	39.3	123	0.6	6	21.4	68	0.4	10	35.7	84	0.3	2
21-44	932	37.1	9,358	0.9	747	29.7	7,678	0.5	1,356	54.0	13,696	0.5	33
45-64	1,218	35.2	12,205	0.9	1,404	40.5	14,413	0.7	2,408	69.5	24,670	0.6	36
65-74	59	20.6	560	1.1	102	35.7	1,012	0.7	134	46.9	1,336	0.5	16
75-84	4	19.0	42	0.8	10	47.6	102	0.5	18	85.7	195	0.5	25
85 and older	0	0.0	0	0.0	1	20.0	12	1.0	0	0.0	0	0.0	0
Other Eligibles	1,193	15.2	11,547	0.8	2,738	34.9	26,702	0.7	4,381	55.9	42,202	0.6	27
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	46	28.9	430	0.3	31	19.5	282	0.2	106	66.7	970	0.4	45
45-64	22	19.6	146	0.3	22	19.6	187	0.3	54	48.2	480	0.2	12
65-74	414	15.3	4,161	0.8	927	34.3	9,358	0.6	1,325	49.1	13,390	0.6	25
75-84	471	17.4	4,556	0.8	945	35.0	9,094	0.7	1,503	55.6	14,341	0.6	27
85 and older	240	11.1	2,254	0.7	813	37.6	7,781	0.7	1,393	64.4	13,021	0.7	29
Male	2,233	24.0	22,109	1.0	2,367	25.4	23,356	0.7	3,776	40.5	36,414	0.5	32
Disabled	1,774	29.2	17,816	1.0	1,438	23.7	14,712	0.7	2,404	39.6	23,874	0.6	37
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	2	100.0	24	0.3	1	50.0	12	0.3	3
15-20	3	15.8	36	1.6	6	31.6	65	0.4	10	52.6	111	0.4	9
21-44	954	30.3	9,479	1.1	618	19.6	6,366	0.6	1,153	36.6	11,593	0.5	33
45-64	783	29.8	7,950	1.0	730	27.7	7,456	0.7	1,129	42.9	11,076	0.6	44
65-74	30	12.6	321	0.9	74	31.0	720	0.7	101	42.3	995	0.6	23
75-84	3	12.0	27	0.6	8	32.0	81	0.6	8	32.0	81	0.7	11
85 and older	1	50.0	3	0.7	0	0.0	0	0.0	2	100.0	6	1.0	20
Other Eligibles	459	14.1	4,293	0.7	929	28.6	8,644	0.7	1,372	42.3	12,540	0.5	21
5 and younger	0	0.0	0	0.0	2	200.0	24	0.3	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	41	28.1	393	0.3	20	13.7	173	0.2	66	45.2	568	0.3	19
45-64	22	15.8	206	0.4	16	11.5	155	0.3	58	41.7	590	0.3	20
65-74	179	12.8	1,761	0.8	358	25.5	3,398	0.7	526	37.5	5,001	0.5	21
75-84	163	15.2	1,435	0.8	371	34.7	3,510	0.6	488	45.7	4,462	0.6	21
85 and older	54	11.1	498	0.8	162	33.3	1,384	0.8	234	48.1	1,919	0.6	24
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 Utah, released by CMS in 07/2007. 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 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.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, UTAH, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	5,595	23.8%	54,567	0.8	6,694	28.5%	68,323	0.5	3,733	15.9%	36,715	0.7	\$59
Female	3,750	26.5	36,812	0.8	4,765	33.7	48,709	0.5	2,342	16.5	23,195	0.7	59
Disabled	1,410	22.3	14,156	0.8	2,212	35.0	22,999	0.4	1,009	16.0	10,294	0.7	61
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	1	3.6	8	0.3	2	7.1	24	0.3	2	7.1	24	0.3	25
21-44	291	11.6	3,003	0.8	713	28.4	7,336	0.3	193	7.7	1,959	0.7	60
45-64	1,025	29.6	10,230	0.8	1,370	39.5	14,386	0.5	734	21.2	7,489	0.7	62
65-74	86	30.1	849	0.7	115	40.2	1,118	0.5	72	25.2	737	0.8	65
75-84	7	33.3	66	0.9	12	57.1	135	0.6	7	33.3	73	0.6	62
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	1	20.0	12	1.0	118
Other Eligibles	2,340	29.8	22,656	0.8	2,553	32.6	25,710	0.6	1,333	17.0	12,901	0.7	58
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	4	2.5	32	0.3	40	25.2	377	0.2	3	1.9	27	0.2	17
45-64	13	11.6	138	0.3	20	17.9	175	0.2	7	6.3	69	0.1	12
65-74	997	36.9	9,942	0.8	933	34.5	9,670	0.5	641	23.7	6,377	0.7	58
75-84	891	33.0	8,551	0.8	905	33.5	8,948	0.6	488	18.1	4,554	0.8	61
85 and older	435	20.1	3,993	0.8	655	30.3	6,540	0.7	194	9.0	1,874	0.7	52
Male	1,845	19.8	17,755	0.8	1,929	20.7	19,614	0.4	1,391	14.9	13,520	0.7	59
Disabled	958	15.8	9,465	0.8	1,240	20.4	12,771	0.4	834	13.7	8,253	0.7	60
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	1	50.0	12	0.2	1
15-20	1	5.3	6	1.0	2	10.5	24	0.1	3	15.8	24	1.0	44
21-44	293	9.3	2,879	0.8	523	16.6	5,448	0.3	258	8.2	2,592	0.7	53
45-64	589	22.4	5,848	0.8	628	23.9	6,426	0.4	513	19.5	5,093	0.8	63
65-74	73	30.5	708	0.8	78	32.6	783	0.6	55	23.0	493	0.8	69
75-84	2	8.0	24	1.0	8	32.0	87	0.5	4	16.0	39	0.8	88
85 and older	0	0.0	0	0.0	1	50.0	3	0.3	0	0.0	0	0.0	0
Other Eligibles	887	27.3	8,290	0.8	689	21.2	6,843	0.5	557	17.2	5,267	0.7	58
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	1	100.0	12	0.1	0	0.0	0	0.0	0
21-44	13	8.9	120	0.2	19	13.0	166	0.2	5	3.4	39	0.2	27
45-64	35	25.2	294	0.3	22	15.8	214	0.2	8	5.8	92	0.2	17
65-74	393	28.0	3,698	0.8	283	20.2	2,937	0.5	292	20.8	2,766	0.7	61
75-84	341	31.9	3,248	0.8	238	22.3	2,367	0.5	201	18.8	1,917	0.7	58
85 and older	105	21.6	930	0.7	126	25.9	1,147	0.7	51	10.5	453	0.7	49
Unknown	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 Utah, released by CMS in 07/2007. 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, UTAH, 2003

Beneficiary Characteristics	ANTIASTHMATIC				ANTIHYPERTENSIVE				Number of Beneficiaries	Mean Benefit per Month	Mean Rx \$ per Month	Number of Benefit Months	Mean Benefit per Month	Mean Rx \$ per Month	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Benefit per Month	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Benefit per Month	Mean Rx \$ per Month							
All	5,394	23.0 %	53,765	0.5	6,441	27.4 %	62,887	0.7	\$26	\$26	23,472	188,485			
Female	3,627	25.6	36,312	0.5	4,287	30.3	42,057	0.7	26	26	14,159	115,776			
Disabled	1,812	28.7	18,313	0.5	1,271	20.1	12,854	0.7	25	25	6,318	51,649			
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	12			
15-20	10	35.7	99	0.2	4	14.3	48	0.2	5	5	28	244			
21-44	533	21.2	5,311	0.4	236	9.4	2,385	0.7	22	22	2,513	20,529			
45-64	1,202	34.7	12,214	0.5	919	26.5	9,338	0.7	26	26	3,464	28,455			
65-74	66	23.1	677	0.4	104	36.4	1,011	0.8	32	32	286	2,175			
75-84	1	4.8	12	0.3	6	28.6	55	0.7	30	30	21	201			
85 and older	0	0.0	0	0.0	2	40.0	17	0.8	42	42	5	33			
Other Eligibles	1,815	23.1	17,999	0.5	3,016	38.5	29,203	0.7	27	27	7,841	64,127			
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	1	3			
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0	4	12			
21-44	21	13.2	188	0.3	8	5.0	77	0.2	6	6	159	1,223			
45-64	17	15.2	130	0.2	20	17.9	182	0.3	7	7	112	871			
65-74	776	28.7	8,041	0.5	1,007	37.3	9,818	0.7	28	28	2,701	21,291			
75-84	626	23.2	6,021	0.5	1,124	41.6	10,914	0.8	27	27	2,701	22,134			
85 and older	375	17.3	3,619	0.4	857	39.6	8,212	0.8	26	26	2,163	18,593			
Male	1,767	19.0	17,453	0.5	2,154	23.1	20,830	0.7	25	25	9,313	72,709			
Disabled	1,000	16.5	9,915	0.5	1,089	17.9	10,855	0.7	26	26	6,069	47,667			
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	2	100.0	24	0.3	8	8	2	24			
15-20	1	5.3	12	0.1	4	21.1	46	0.4	30	30	19	175			
21-44	345	10.9	3,411	0.4	355	11.3	3,542	0.7	24	24	3,151	24,787			
45-64	579	22.0	5,695	0.6	654	24.9	6,486	0.7	27	27	2,631	20,627			
65-74	66	27.6	707	0.5	67	28.0	679	0.7	26	26	239	1,830			
75-84	9	36.0	90	0.4	6	24.0	72	0.9	29	29	25	215			
85 and older	0	0.0	0	0.0	1	50.0	6	1.0	17	17	2	9			
Other Eligibles	767	23.6	7,538	0.6	1,065	32.8	9,975	0.7	25	25	3,244	25,042			
5 and younger	3	300.0	36	0.1	0	0.0	0	0.0	0	0	1	12			
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0			
15-20	1	100.0	12	0.1	0	0.0	0	0.0	0	0	1	12			
21-44	13	8.9	129	0.2	16	11.0	132	0.4	15	15	146	1,104			
45-64	9	6.5	87	0.1	23	16.5	200	0.2	5	5	139	1,107			
65-74	341	24.3	3,451	0.6	463	33.0	4,451	0.7	26	26	1,402	10,633			
75-84	277	25.9	2,733	0.6	401	37.5	3,775	0.7	25	25	1,069	8,442			
85 and older	123	25.3	1,090	0.5	162	33.3	1,417	0.8	25	25	486	3,732			
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0			

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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, UTAH, 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	
				7.6	2,830
All	\$410				27,477
Age					
0-64	632	9.3	369		4,092
65-74	510	9.0	412		4,183
75-84	404	7.9	930		8,835
85 and older	287	6.2	1,119		10,367
Unknown	0	0.0	0		0
Gender					
Female	395	7.7	1,958		19,157
Male	446	7.5	872		8,320
Unknown	0	0.0	0		0
Race					
White	412	7.7	2,660		25,717
African American	432	6.7	31		328
Other/unknown	373	6.3	139		1,432
Basis of Eligibility^c					
Aged	369	7.3	2,435		23,129
Disabled	626	9.4	395		4,348
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 Utah, released by CMS in 07/2007. 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 1,733 beneficiaries who were in nursing facilities for part of their enrollment and their 14,900 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, UTAH, 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	0.4	0.2	0.0	0.2	\$21	\$17	\$0	\$4	\$50	\$60	\$22	7,773	\$390,729	1,810	64.0 %	18,664
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	19	17	0	268	4,980	246	8.7	2,739
Antineoplastic Agents	0.5	0.2	0.0	0.3	136	111	2	23	251	528	140	446	112,123	82	2.9	826
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	53	41	2	11	40	64	17	21,679	860,238	1,586	56.0	16,106
Cardiovascular Agents	1.9	0.5	0.1	1.4	54	30	1	24	28	58	13	37,440	1,054,997	1,969	69.6	19,497
Respiratory Agents	0.9	0.5	0.0	0.4	41	32	1	8	47	71	55	9,923	468,977	1,112	39.3	11,471
Gastrointestinal Agents	1.0	0.5	0.0	0.5	68	53	0	15	67	98	41	14,789	993,887	1,447	51.1	14,611
Genitourinary Agents	0.7	0.5	0.0	0.2	42	38	0	4	62	75	19	5,165	318,445	714	25.2	7,498
CNS Drugs	1.8	1.1	0.0	0.6	155	133	1	20	88	121	62	39,737	3,506,074	2,265	80.0	22,668
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.5	30	22	0	8	49	144	0	272	13,297	40	1.4	436
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	112	112	0	0	147	148	0	2,548	374,896	337	11.9	3,342
Analgesics and Anesthetics	1.4	0.6	0.0	0.8	70	58	1	11	50	96	66	26,468	1,336,357	1,927	68.1	19,101
Neuromuscular Agents	1.3	0.5	0.0	0.7	84	52	1	31	64	96	44	14,935	951,572	1,086	38.4	11,342
Nutritional Products	0.8	0.0	0.0	0.8	16	0	0	16	20	36	35	9,635	190,699	1,169	41.3	11,613
Hematological Agents	1.1	0.3	0.1	0.7	43	33	1	9	40	120	11	9,864	390,231	893	31.6	9,057
Topical Products	0.5	0.2	0.0	0.3	16	10	1	5	32	52	35	7,915	250,762	1,523	53.8	16,127
Miscellaneous Products	0.4	0.1	0.0	0.3	17	4	3	10	49	65	238	717	34,884	208	7.3	2,036
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	48	0	0	245	11,849	71	2.5	771
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.	209,819	11,264,997	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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 1,733 beneficiaries who were in nursing facilities for part of their enrollment and their 14,900 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 Utah, 0.7 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, UTAH, 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	
			51.2 %	79.7					
ANTIPSYCHOTICS	\$2,090,718	1,450	51.2 %	14,854	0.8	\$170	\$141		
ANTIDEPRESSANTS	1,216,792	2,255	79.7	23,066	0.9	62	53		
ULCER DRUGS	908,565	1,388	49.0	14,138	0.8	80	64		
ANALGESICS - Narcotic	758,414	2,159	76.3	21,279	0.8	43	36		
ANTICONVULSANT	629,560	928	32.8	9,709	1.0	66	65		
ANALGESICS - ANTI-INFLAMMATORY	539,606	1,008	35.6	10,548	0.7	71	51		
ANTI-DIABETIC	499,236	1,119	39.5	11,427	0.9	50	44		
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	374,930	340	12.0	3,377	0.8	147	111		
ANTIHYPERTENSIVE	344,095	1,210	42.8	12,062	0.8	34	29		
ANTI-ASTHMATIC	293,970	896	31.7	9,269	0.6	53	32		
Total	7,655,886	12,753		129,729	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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 1,733 beneficiaries who were in nursing facilities for part of their enrollment and their 14,900 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); 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, UTAH, 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	106,573	\$7,655,886	1,450	51.2 %	14,854	0.8	\$141	2,255	79.7 %	23,066	0.9	\$53
Female	72,637	5,046,574	917	46.8	9,459	0.8	124	1,579	80.6	16,345	0.9	52
Disabled	10,170	806,952	102	55.4	1,140	0.9	150	192	104.3	2,174	0.9	57
64 or younger	9,440	754,175	93	54.4	1,042	0.9	153	181	105.8	2,057	0.9	57
65-74	592	44,157	9	75.0	98	1.0	122	11	91.7	117	1.0	58
75-84	138	8,620	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	62,467	4,239,622	815	45.9	8,319	0.8	120	1,387	78.2	14,171	0.8	52
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12,140	922,111	159	73.6	1,758	0.9	152	219	101.4	2,367	0.9	52
75-84	25,093	1,687,726	337	53.2	3,390	0.8	125	543	85.6	5,529	0.9	53
85 and older	25,234	1,629,785	319	34.5	3,171	0.7	98	625	67.6	6,275	0.8	50
Male	33,936	2,609,312	533	61.1	5,395	0.9	170	676	77.5	6,721	0.9	54
Disabled	11,799	1,055,294	166	78.7	1,894	1.0	229	180	85.3	1,979	0.9	62
64 or younger	11,107	1,008,312	153	77.3	1,767	1.0	237	169	85.4	1,866	0.9	62
65-74	549	39,759	11	110.0	112	1.0	134	7	70.0	74	1.0	74
75-84	132	6,751	1	50.0	12	0.3	12	3	150.0	36	1.1	82
85 and older	11	472	1	100.0	3	0.3	58	1	100.0	3	0.3	21
Other Eligibles	22,137	1,554,018	367	55.5	3,501	0.9	138	496	75.0	4,742	0.8	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,229	534,959	119	68.4	1,225	0.9	172	134	77.0	1,356	0.9	57
75-84	9,895	693,706	168	57.3	1,550	0.8	120	231	78.8	2,148	0.9	52
85 and older	5,013	325,353	80	41.2	726	0.8	122	131	67.5	1,238	0.7	40
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 Utah, released by CMS in 07/2007. 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 1,733 beneficiaries who were in nursing facilities for part of their enrollment and their 14,900 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 D10A

Dual Eligible Beneficiaries

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, UTAH, 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	1,388	49.0 %	14,138	0.8	\$64	2,159	76.3 %	21,279	0.8	\$36	928	32.8 %	9,709	1.0	\$65
Female	946	48.3	9,696	0.8	64	1,592	81.3	15,805	0.9	39	585	29.9	6,125	0.9	60
Disabled	112	60.9	1,239	0.8	69	174	94.6	1,975	1.0	51	139	75.5	1,548	1.1	94
64 or younger	105	61.4	1,158	0.8	69	161	94.2	1,822	1.0	51	131	76.6	1,462	1.1	95
65-74	6	50.0	69	0.7	69	10	83.3	117	0.6	36	7	58.3	74	1.0	78
75-84	1	100.0	12	1.2	50	3	300.0	36	2.1	120	1	100.0	12	1.3	109
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	834	47.0	8,457	0.8	64	1,418	79.9	13,830	0.8	37	446	25.1	4,577	0.9	48
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	136	63.0	1,469	0.8	70	191	88.4	2,020	1.0	54	112	51.9	1,239	1.0	64
75-84	315	49.7	3,172	0.8	65	513	80.9	4,967	0.9	33	212	33.4	2,130	0.9	50
85 and older	383	41.5	3,816	0.8	60	714	77.3	6,843	0.8	36	122	13.2	1,208	0.8	30
Male	442	50.7	4,442	0.8	64	567	65.0	5,474	0.7	26	343	39.3	3,584	1.0	73
Disabled	124	58.8	1,383	0.8	63	140	66.4	1,556	0.8	29	174	82.5	1,921	1.1	88
64 or younger	117	59.1	1,308	0.8	63	134	67.7	1,502	0.8	29	167	84.3	1,856	1.1	90
65-74	5	50.0	51	0.7	38	4	40.0	48	1.2	31	5	50.0	50	1.3	50
75-84	2	100.0	24	1.1	82	0	0.0	0	0.0	0	1	50.0	12	1.0	50
85 and older	0	0.0	0	0.0	0	2	200.0	6	1.0	20	1	100.0	3	0.7	12
Other Eligibles	318	48.1	3,059	0.8	65	427	64.6	3,918	0.7	24	169	25.6	1,663	0.9	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	90	51.7	898	0.8	60	126	72.4	1,246	0.7	19	61	35.1	634	1.0	64
75-84	148	50.5	1,401	0.8	71	189	64.5	1,711	0.7	27	78	26.6	727	0.9	56
85 and older	80	41.2	760	0.8	61	112	57.7	961	0.7	26	30	15.5	302	0.9	38
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 Utah, released by CMS in 07/2007. 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 1,733 beneficiaries who were in nursing facilities for part of their enrollment and their 14,900 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, UTAH, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	1,008	35.6 %	10,548	0.7	\$51	1,119	39.5 %	11,427	0.9	\$44	340	12.0 %	3,377	0.8	\$111
Female															
Disabled	754	38.5	7,929	0.7	54	726	37.1	7,378	0.9	44	220	11.2	2,211	0.8	116
64 or younger	88	47.8	1,006	0.6	43	76	41.3	830	1.0	47	22	12.0	244	0.6	226
65-74	83	48.5	953	0.6	43	68	39.8	744	1.0	48	20	11.7	220	0.6	238
75-84	4	33.3	41	0.7	47	7	58.3	74	0.7	35	1	8.3	12	0.9	97
85 and older	1	100.0	12	0.4	33	1	100.0	12	1.3	35	1	100.0	12	1.0	130
Other Eligibles	666	37.5	6,923	0.8	55	650	36.6	6,548	0.9	43	198	11.2	1,967	0.8	103
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	96	44.4	1,023	0.8	54	147	68.1	1,552	0.9	46	34	15.7	346	0.8	110
75-84	258	40.7	2,646	0.8	54	300	47.3	3,106	0.8	43	82	12.9	801	0.8	104
85 and older	312	33.8	3,254	0.8	56	203	22.0	1,890	0.9	42	82	8.9	820	0.8	98
Male															
Disabled	254	29.1	2,619	0.7	44	393	45.1	4,049	0.9	44	120	13.8	1,166	0.7	101
64 or younger	79	37.4	902	0.6	37	104	49.3	1,191	0.9	55	21	10.0	246	0.7	155
65-74	75	37.9	863	0.6	34	94	47.5	1,080	1.0	55	21	10.6	246	0.7	155
75-84	3	30.0	36	1.2	97	8	80.0	87	0.8	59	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	100.0	24	1.0	23	0	0.0	0	0.0	0
Other Eligibles	175	26.5	1,717	0.7	48	289	43.7	2,858	0.8	39	99	15.0	920	0.7	87
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	39	22.4	417	0.6	32	99	56.9	973	0.9	44	19	10.9	173	0.7	81
75-84	77	26.3	746	0.7	54	129	44.0	1,295	0.8	38	51	17.4	487	0.7	92
85 and older	59	30.4	554	0.7	51	61	31.4	590	0.7	32	29	14.9	260	0.7	82
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 Utah, released by CMS in 07/2007. 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 1,733 beneficiaries who were in nursing facilities for part of their enrollment and their 14,900 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, UTAH, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIASTHMATIC				Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Mean Rx \$
All	1,210	42.8 %	12,062	0.8	896	31.7 %	9,269	0.6	\$32	27,477
Female	837	42.7	8,360	0.8	560	28.6	5,764	0.5	30	19,157
Disabled	62	33.7	669	0.9	64	34.8	715	0.5	33	2,057
64 or younger	52	30.4	575	0.9	62	36.3	694	0.5	33	1,929
65-74	10	83.3	94	1.0	2	16.7	21	0.2	23	116
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	12
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	775	43.7	7,691	0.8	496	28.0	5,049	0.5	29	17,100
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
65-74	99	45.8	1,079	0.9	105	48.6	1,119	0.6	40	2,243
75-84	289	45.6	2,831	0.8	212	33.4	2,103	0.6	29	6,200
85 and older	387	41.9	3,781	0.8	179	19.4	1,827	0.4	23	8,657
Male	373	42.8	3,702	0.9	336	38.5	3,505	0.7	35	8,320
Disabled	77	36.5	863	0.8	93	44.1	997	0.9	33	2,291
64 or younger	74	37.4	836	0.8	85	42.9	901	0.9	32	198
65-74	2	20.0	15	0.9	6	60.0	72	1.1	59	101
75-84	1	50.0	12	1.0	2	100.0	24	0.7	10	24
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	3
Other Eligibles	296	44.8	2,839	0.9	243	36.8	2,508	0.6	36	6,029
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
65-74	90	51.7	899	0.9	83	47.7	890	0.7	37	1,723
75-84	128	43.7	1,215	0.8	100	34.1	1,036	0.8	40	2,599
85 and older	78	40.2	725	0.9	60	30.9	582	0.5	27	1,707
Unknown	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 Utah, released by CMS in 07/2007. 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 1,733 beneficiaries who were in nursing facilities for part of their enrollment and their 14,900 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}
 UTAH, 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 \$	3.2 %
All	13,060	55.6 %	5.4	127,623	\$101	\$2,359,159	\$18		23,472
Age									
5 and younger	1	100.0	24.0	24	1,620	1,620	68	13.7	1
6-14	3	75.0	9.5	38	108	433	11	1.9	4
15-20	23	44.2	4.1	213	65	3,378	16	2.9	52
21-44	2,807	47.0	4.0	23,982	98	584,169	24	2.8	5,969
45-64	3,675	57.9	6.5	41,125	137	870,472	21	3.5	6,346
65-74	2,382	51.5	4.8	22,326	76	349,556	16	3.0	4,628
75-84	2,335	61.2	5.8	22,131	82	314,653	14	3.4	3,816
85 and older	1,834	69.1	6.7	17,784	88	234,878	13	4.1	2,656
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	6,220	59.4	5.6	58,906	81	847,397	14	3.4	10,478
Disabled	6,680	53.9	5.5	68,219	121	1,502,841	22	3.2	12,387
Adults	158	26.2	0.8	473	12	7,291	15	2.2	602
Children	2	40.0	5.0	25	326	1,630	65	10.7	5
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	8,735	61.7	6.2	88,294	110	1,556,591	18	3.5	14,159
Male	4,325	46.4	4.2	39,329	86	802,568	20	2.9	9,313
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	11,328	57.1	5.9	116,153	110	2,191,477	19	3.3	19,833
African American	132	44.0	3.1	921	60	17,885	19	2.7	300
Other/unknown	1,600	47.9	3.2	10,549	45	149,797	14	2.4	3,339
Use of Nursing Facilities^d									
Entire year	2,282	80.6	10.3	29,250	142	403,216	14	3.6	2,830
Part year	1,381	79.7	8.7	15,088	128	221,839	15	3.7	1,733
None	9,397	49.7	4.4	83,285	92	1,734,104	21	3.1	18,909
Maintenance Assistance Status									
Cash	3,502	54.2	4.7	30,359	95	616,884	20	3.1	6,465
Medically needy	1,038	43.3	3.6	8,680	74	177,876	20	3.0	2,397
Poverty related	3,272	49.9	4.4	28,606	92	604,806	21	3.0	6,562
Other/unknown	5,248	65.2	7.5	59,978	119	959,593	16	3.5	8,048

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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}
 UTAH, 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	0.7	\$13	\$18	\$0	\$5	188,485
Age						
5 and younger	2.0	135	68	0	0	12
6-14	1.0	11	11	0	0	39
15-20	0.5	8	16	0	4	443
21-44	0.5	12	24	0	6	47,643
45-64	0.8	17	21	0	7	51,060
65-74	0.6	10	16	0	3	35,929
75-84	0.7	10	14	0	3	30,992
85 and older	0.8	11	13	0	3	22,367
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	10	14	0	3	84,610
Disabled	0.7	15	22	0	6	99,316
Adults	0.1	2	15	0	1	4,537
Children	1.1	74	65	0	0	22
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.8	13	18	0	5	115,776
Male	0.5	11	20	0	4	72,709
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	14	19	0	5	161,174
African American	0.4	8	19	0	3	2,161
Other/unknown	0.4	6	14	0	2	25,150
Use of Nursing Facilities^d						
Entire year	1.1	15	14	0	4	27,477
Part year	1.0	15	15	0	5	14,900
None	0.6	12	21	0	5	146,108
Maintenance Assistance Status						
Cash	0.6	12	20	0	5	50,472
Medically needy	0.6	11	20	0	5	15,538
Poverty related	0.6	12	21	0	5	50,317
Other/unknown	0.8	13	16	0	5	72,158

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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}
 UTAH, 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 %			
All	21,491	\$110	\$2,359,159	100.0 %	100.0 %	127,623	\$18	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0.0
Fertility drugs	1	1,606	1,606	0.1	0.1	5	321	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0.0	0	0	0.0
Cough and cold medications	4,433	92	406,630	17.2	17.2	13,833	29	10.8
Vitamins and minerals	4,390	135	592,080	25.1	25.1	30,342	20	23.8
Non-prescription drugs	5,764	31	177,118	7.5	7.5	34,120	5	26.7
Barbiturates	263	65	17,118	0.7	0.7	2,696	6	2.1
Benzodiazepines	6,100	146	889,297	37.7	37.7	43,687	20	34.2
Other Part D Excl Rx Drugs	540	510	275,310	11.7	11.7	2,940	94	2.3

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	23,595	10,512	12,467	611	0	238,644	102,246	131,358	5,000	0
Age										
5 and younger	1	0	0	0	0	12	0	0	0	0
6-14	4	0	3	0	0	48	0	36	0	0
15-20	52	0	47	3	0	553	0	520	20	0
21-44	6,023	1	5,711	310	0	63,877	12	61,200	2,662	0
45-64	6,378	9	6,125	244	0	65,964	101	63,859	2,004	0
65-74	4,650	4,070	528	52	0	46,317	40,828	5,182	307	0
75-84	3,825	3,777	46	2	0	37,501	37,001	493	7	0
85 and older	2,662	2,655	7	0	0	24,372	24,304	68	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	14,204	7,566	6,338	296	0	145,435	75,064	67,870	2,473	0
Male	9,391	2,946	6,129	315	0	93,209	27,182	63,488	2,527	0
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	19,919	8,321	11,068	527	0	200,640	79,390	116,898	4,325	0
African American	305	105	188	12	0	3,085	1,072	1,921	92	0
Other/unknown	3,371	2,086	1,211	72	0	34,919	21,784	12,539	583	0
Use of Nursing Facilities^c										
Entire year	2,830	2,435	395	0	0	27,478	23,130	4,348	0	0
Part year	1,733	1,378	355	0	0	16,168	12,485	3,683	0	0
None	19,032	6,699	11,717	611	0	194,998	66,631	123,327	5,000	0
Maintenance Assistance Status										
Cash	6,526	2,442	3,911	173	0	71,566	27,112	42,997	1,457	0
Medically needy	2,402	1,042	1,320	40	0	16,958	6,865	9,857	236	0
Poverty related	6,608	2,646	3,932	28	0	68,997	27,631	41,132	221	0
Other/unknown	8,059	4,382	3,304	370	0	81,123	40,638	37,372	3,086	0
Dual Status^d										
Full dual, all year	22,854	10,160	12,084	605	0	231,706	98,881	127,832	4,953	0
Full dual, part year	741	352	383	6	0	6,938	3,365	3,526	47	0
Managed Care (MC) Status										
Fee-for-service (FFS) all year	16,852	8,070	8,252	527	0	163,410	75,203	83,965	4,226	0
FFS part year, with Rx claims	5,617	1,965	3,591	59	0	65,322	22,726	41,928	644	0
FFS part year, no Rx claims	484	184	291	9	0	5,389	2,092	3,231	66	0
MC all year, with Rx claims	519	259	253	7	0	4,056	2,088	1,934	34	0
MC all year, no Rx claims	123	34	80	9	0	467	137	300	30	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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, UTAH, 2003

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Included in Cell G of Table 1 Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	23,595	23,472	188,485	0	50,159
Fee-for-service (FFS) all year	16,852	16,852	163,410	0	0
FFS part year, with Rx claims	5,617	5,617	19,410	0	45,912
FFS part year, with no Rx claims	484	484	1,609	0	3,780
Managed care (MC) all year, with Rx claims	519	519	4,056	0	0
MC all year, with no Rx claims	123	0	0	0	467

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. 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.