

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	187,445	277	17,735	32,445	136,988	0	1,720,361	2,864	186,217	222,487	1,308,793	0	1,720,361	2,864	186,217	222,487	1,308,793	0	
Age																			
5 and younger	60,622	0	1,422	0	59,200	0	564,029	0	14,689	0	549,340	0	564,029	0	14,689	0	549,340	0	0
6-14	60,687	0	3,317	0	57,370	0	610,335	0	36,636	0	573,699	0	610,335	0	36,636	0	573,699	0	0
15-20	25,757	0	2,154	3,318	20,285	0	231,759	0	23,191	23,160	185,408	0	231,759	0	23,191	23,160	185,408	0	0
21-44	33,435	0	5,683	27,626	126	0	248,008	0	59,529	188,142	337	0	248,008	0	59,529	188,142	337	0	0
45-64	6,643	0	5,153	1,483	7	0	63,308	0	52,137	11,162	9	0	63,308	0	52,137	11,162	9	0	0
65-74	179	165	4	10	0	0	1,742	1,694	33	15	0	0	1,742	1,694	33	15	0	0	0
75-84	83	76	2	5	0	0	841	834	2	5	0	0	841	834	2	5	0	0	0
85 and older	39	36	0	3	0	0	339	336	0	3	0	0	339	336	0	3	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																			
Female	104,938	185	9,106	27,810	67,837	0	938,616	1,950	96,329	192,201	648,136	0	938,616	1,950	96,329	192,201	648,136	0	0
Male	82,507	92	8,629	4,635	69,151	0	781,745	914	89,888	30,286	660,657	0	781,745	914	89,888	30,286	660,657	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																			
White	162,386	216	16,284	28,876	117,010	0	1,486,212	2,256	170,610	204,457	1,108,889	0	1,486,212	2,256	170,610	204,457	1,108,889	0	0
African American	1,768	1	131	260	1,376	0	16,471	12	1,360	1,725	13,374	0	16,471	12	1,360	1,725	13,374	0	0
Other/unknown	23,291	60	1,320	3,309	18,602	0	217,678	596	14,247	16,305	186,530	0	217,678	596	14,247	16,305	186,530	0	0
Use of Nursing Facilities^c																			
Entire year	180	37	143	0	0	0	1,750	358	1,392	0	0	0	1,750	358	1,392	0	0	0	0
Part year	269	12	244	8	5	0	2,744	120	2,482	88	54	0	2,744	120	2,482	88	54	0	0
None	186,996	228	17,348	32,437	136,983	0	1,715,867	2,386	182,343	222,399	1,308,739	0	1,715,867	2,386	182,343	222,399	1,308,739	0	0
Maintenance Assistance Status																			
Cash	45,259	112	16,290	10,463	18,394	0	430,293	1,238	170,612	82,726	175,717	0	430,293	1,238	170,612	82,726	175,717	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	118,163	1	3	12,129	106,030	0	1,077,625	12	22	64,748	1,012,843	0	1,077,625	12	22	64,748	1,012,843	0	0
Other/unknown	24,023	164	1,442	9,853	12,564	0	212,443	1,614	15,583	75,013	120,233	0	212,443	1,614	15,583	75,013	120,233	0	0
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	187,445	277	17,735	32,445	136,988	0	1,720,361	2,864	186,217	222,487	1,308,793	0	1,720,361	2,864	186,217	222,487	1,308,793	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0

Table ND2

Nondual 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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL 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	63.4 %	7.0	\$395	\$57	\$2,910	13.6 %	187,445
Age							
5 and younger	66.0	3.3	135	41	1,704	7.9	60,622
6-14	57.6	3.8	227	60	1,686	13.4	60,687
15-20	61.0	5.7	339	60	2,832	12.0	25,757
21-44	67.5	12.4	735	59	5,355	13.7	33,435
45-64	80.1	45.3	2,753	61	12,513	22.0	6,643
65-74	72.6	38.7	1,855	48	14,718	12.6	179
75-84	69.9	50.9	2,287	45	16,632	13.7	83
85 and older	79.5	38.9	1,473	38	18,405	8.0	39
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	77.3	44.7	2,053	46	16,005	12.8	277
Disabled	81.2	33.1	2,350	71	15,155	15.5	17,735
Adults	64.6	7.7	354	46	2,885	12.3	32,445
Children	60.7	3.3	149	45	1,304	11.4	136,988
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	64.9	7.9	423	53	2,960	14.3	104,938
Male	61.4	5.8	360	63	2,846	12.7	82,507
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	64.1	7.4	424	58	3,042	13.9	162,386
African American	58.1	4.6	265	58	1,946	13.6	1,768
Other/unknown	58.9	4.4	208	47	2,063	10.1	23,291
Use of Nursing Facilities^f							
Entire year	97.2	90.2	5,212	58	56,923	9.2	180
Part year	96.7	84.0	4,966	59	55,371	9.0	269
None	63.3	6.8	384	57	2,783	13.8	186,996
Maintenance Assistance Status							
Cash	71.7	17.1	1,106	65	6,935	16.0	45,259
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	59.8	3.2	131	42	1,420	9.3	118,163
Other/unknown	65.0	6.7	354	53	2,658	13.3	24,023

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K 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 ND.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			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	0.8	\$43	13.6 %	36.6 %	52.2 %	4.7 %	4.1 %	1.7 %	0.6 %	\$317	187,445	1,720,361
Age												
5 and younger	0.4	15	7.9	34.0	62.9	2.3	0.7	0.1	0.0	183	60,622	564,029
6-14	0.4	23	13.4	42.4	51.9	3.1	2.3	0.3	0.0	168	60,687	610,335
15-20	0.6	38	12.0	39.0	50.1	6.0	4.1	0.8	0.0	315	25,757	231,759
21-44	1.7	99	13.7	32.5	42.2	9.9	10.0	4.2	1.2	722	33,435	248,008
45-64	4.8	289	22.0	19.9	18.3	9.6	22.7	18.9	10.6	1,313	6,643	63,308
65-74	4.0	191	12.6	27.4	19.6	9.5	19.0	15.6	8.9	1,512	179	1,742
75-84	5.0	226	13.7	30.1	10.8	12.0	13.3	18.1	15.7	1,641	83	841
85 and older	4.5	169	8.0	20.5	12.8	10.3	28.2	17.9	10.3	2,117	39	339
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	4.3	199	12.8	22.7	17.3	11.2	19.9	17.7	11.2	1,548	277	2,864
Disabled	3.2	224	15.5	18.8	31.0	11.3	20.5	12.7	5.6	1,443	17,735	186,217
Adults	1.1	52	12.3	35.4	45.6	9.0	7.4	2.1	0.5	421	32,445	222,487
Children	0.3	16	11.4	39.3	56.6	2.8	1.2	0.1	0.0	137	136,988	1,308,793
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.9	47	14.3	35.1	52.2	5.2	4.6	2.0	0.9	331	104,938	938,616
Male	0.6	38	12.7	38.6	52.2	4.1	3.6	1.2	0.3	300	82,507	781,745
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.8	46	13.9	35.9	52.1	5.0	4.5	1.8	0.7	332	162,386	1,486,212
African American	0.5	28	13.6	41.9	51.5	2.8	3.1	0.6	0.2	209	1,768	16,471
Other/unknown	0.5	22	10.1	41.1	53.1	2.7	2.0	0.8	0.3	221	23,291	217,678
Use of Nursing Facilities^f												
Entire year	9.3	536	9.2	2.8	4.4	4.4	19.4	33.3	35.6	5,855	180	1,750
Part year	8.2	487	9.0	3.3	7.4	4.5	23.8	28.3	32.7	5,428	269	2,744
None	0.7	42	13.8	36.7	52.3	4.7	4.1	1.6	0.5	303	186,996	1,715,867
Maintenance Assistance Status												
Cash	1.8	116	16.0	28.3	44.1	8.2	11.0	6.0	2.5	729	45,259	430,293
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	14	9.3	40.2	55.6	2.9	1.2	0.1	0.0	156	118,163	1,077,625
Other/unknown	0.8	40	13.3	35.0	50.8	6.8	5.8	1.3	0.2	301	24,023	212,443

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary	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	0.8	\$43	\$57	0.3	\$34	\$102	0.0	\$1	\$47	0.4	\$9	\$21
Age												
5 and younger	0.4	15	41	0.1	11	82	0.0	1	48	0.2	3	15
6-14	0.4	23	60	0.2	18	94	0.0	1	68	0.2	4	21
15-20	0.6	38	60	0.3	30	101	0.0	1	65	0.3	7	21
21-44	1.7	99	59	0.7	77	113	0.0	2	39	0.9	21	22
45-64	4.8	289	61	2.0	222	109	0.1	5	37	2.6	62	24
65-74	4.0	191	48	1.5	140	91	0.1	3	30	2.3	47	20
75-84	5.0	226	45	2.0	163	83	0.2	4	20	2.8	58	20
85 and older	4.5	169	38	1.4	108	75	0.4	10	25	2.6	52	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.3	199	46	1.7	143	87	0.2	4	26	2.5	51	20
Disabled	3.2	224	71	1.5	180	122	0.1	4	46	1.6	39	25
Adults	1.1	52	46	0.4	38	92	0.0	1	35	0.7	13	19
Children	0.3	16	45	0.1	12	79	0.0	0	55	0.2	3	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.9	47	53	0.4	36	99	0.0	1	42	0.5	10	21
Male	0.6	38	63	0.3	31	108	0.0	1	57	0.3	7	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.8	46	58	0.4	36	103	0.0	1	48	0.4	9	21
African American	0.5	28	58	0.2	23	102	0.0	0	49	0.3	5	20
Other/unknown	0.5	22	47	0.2	16	93	0.0	1	43	0.3	5	19
Use of Nursing Facilities^e												
Entire year	9.3	536	58	3.6	394	109	0.4	13	32	5.2	128	25
Part year	8.2	487	59	3.2	364	113	0.3	10	35	4.7	111	24
None	0.7	42	57	0.3	33	102	0.0	1	48	0.4	8	21
Maintenance Assistance Status												
Cash	1.8	116	65	0.8	92	115	0.0	2	43	0.9	22	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	14	42	0.1	11	77	0.0	0	54	0.2	3	17
Other/unknown	0.8	40	53	0.3	31	95	0.0	1	53	0.4	8	19

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 ND.5 includes the beneficiaries represented by Cell K 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	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 All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$7	\$0	\$3	\$42	\$70	\$66	\$21	198,306	\$8,351,962	81,907	43.7 %	870,203
Biologicals	0.3	0.3	0.0	0.0	244	241	0	3	887	907	0	350	1,935	1,715,935	677	0.4	7,019
Antineoplastic Agents	0.5	0.3	0.0	0.3	159	144	2	12	297	556	108	48	2,515	745,809	442	0.2	4,695
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	23	17	2	4	45	70	26	21	108,467	4,898,235	20,921	11.2	215,987
Cardiovascular Agents	1.0	0.4	0.0	0.6	37	26	0	10	36	63	25	17	88,906	3,204,410	8,177	4.4	86,440
Respiratory Agents	0.3	0.1	0.0	0.2	15	11	0	3	47	81	52	19	171,151	7,987,742	49,634	26.5	533,591
Gastrointestinal Agents	0.4	0.2	0.0	0.3	25	16	2	7	59	101	239	28	52,805	3,103,532	11,757	6.3	123,119
Genitourinary Agents	0.2	0.2	0.0	0.1	12	11	0	1	50	62	34	18	14,211	713,153	5,792	3.1	58,543
CNS Drugs	1.0	0.6	0.0	0.4	86	76	0	10	88	125	92	26	234,841	20,638,782	23,247	12.4	240,642
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	50	43	1	6	76	86	62	42	44,314	3,357,924	6,129	3.3	67,685
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	161	160	0	1	301	332	0	24	1,084	326,513	184	0.1	2,028
Analgesics and Anesthetics	0.4	0.1	0.0	0.4	19	12	0	7	42	165	62	18	153,256	6,391,897	33,952	18.1	345,074
Neuromuscular Agents	0.7	0.4	0.0	0.3	59	50	1	9	82	130	47	27	96,569	7,883,034	12,465	6.6	132,560
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	2	12	21	10	12	32,009	390,742	15,036	8.0	150,073
Hematological Agents	0.6	0.2	0.1	0.4	77	68	3	6	123	417	31	17	10,266	1,265,794	1,605	0.9	16,360
Topical Products	0.2	0.1	0.0	0.1	5	3	0	2	31	55	59	17	79,416	2,427,861	41,216	22.0	444,796
Miscellaneous Products	0.5	0.2	0.0	0.3	72	52	8	13	158	321	251	48	1,922	303,798	408	0.2	4,213
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	27	0	0	0	14,069	382,741	9,672	5.2	106,256
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.	1,306,042	74,089,864	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. 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.

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.medispan.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.medispan.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$11,070,281	9,320	5.0 %	102,259	0.6	\$170
ANTIDEPRESSANTS	8,377,482	24,359	13.0	255,195	0.5	64
ANTICONVULSANT	6,866,400	8,409	4.5	91,541	0.7	104
ANTIASTHMATIC	4,465,589	26,922	14.4	291,932	0.3	59
ANALGESICS - Narcotic	3,482,838	37,955	20.2	390,493	0.3	33
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	3,357,924	7,720	4.1	86,100	0.5	76
PENICILLINS	2,288,753	64,501	34.4	701,340	0.1	26
ULCER DRUGS	2,201,699	10,965	5.8	116,174	0.3	57
ANTIDIABETIC	2,178,586	4,618	2.5	49,228	0.7	64
ANALGESICS - ANTI-INFLAMMATORY	1,774,147	14,498	7.7	147,871	0.2	49
Total	46,063,699	209,267		2,232,133	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 ND.7 includes the beneficiaries represented by Cell K 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-ad77847b6615> (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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	685,733	\$46,063,699	9,320	5.0 %	102,259	0.6	24,359	13.0 %	255,195	0.5	\$33				
Female	419,347	26,455,342	5,029	4.8	55,011	0.6	17,068	16.3	176,903	0.5	33				
Disabled	202,116	16,027,834	2,965	32.6	33,633	0.7	6,053	66.5	68,062	0.7	42				
5 and younger	2,368	161,384	9	1.5	102	0.6	19	3.3	215	0.3	15				
6-14	9,855	889,847	207	17.2	2,408	0.6	284	23.6	3,259	0.6	31				
15-20	10,278	987,683	260	30.3	3,003	0.7	366	42.7	4,230	0.6	38				
21-44	78,596	6,399,807	1,492	46.6	16,842	0.7	2,616	81.7	29,267	0.6	41				
45-64	100,961	7,586,464	996	30.5	11,272	0.8	2,766	84.8	31,082	0.7	45				
65-74	58	2,649	1	50.0	6	1.2	2	100.0	9	1.2	56				
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
85 and older	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
Other Eligibles	217,231	10,427,508	2,064	2.2	21,378	0.4	11,015	11.5	108,841	0.4	27				
5 and younger	29,076	875,311	17	0.1	180	0.5	37	0.1	423	0.3	5				
6-14	41,431	2,264,791	426	1.5	4,817	0.5	1,391	4.9	15,696	0.4	23				
15-20	32,940	1,587,382	455	3.3	4,816	0.4	2,325	16.9	24,153	0.3	23				
21-44	100,684	4,940,035	1,058	4.4	10,444	0.4	6,707	28.2	63,112	0.4	29				
45-64	9,322	535,971	71	7.2	699	0.5	475	48.0	4,552	0.6	38				
65-74	2,296	140,065	25	21.9	295	0.9	51	44.7	602	0.7	29				
75-84	1,161	66,603	8	15.4	96	0.5	17	32.7	194	0.8	43				
85 and older	321	17,350	4	14.3	31	1.1	12	42.9	109	0.8	33				
Male	266,386	19,608,357	4,291	5.2	47,248	0.7	7,291	8.8	78,292	0.5	33				
Disabled	127,809	11,844,302	2,698	31.3	30,389	0.8	3,458	40.1	38,449	0.6	40				
5 and younger	3,635	231,436	25	3.0	290	0.6	33	3.9	374	0.5	24				
6-14	25,685	2,510,025	705	33.3	8,166	0.7	745	35.2	8,642	0.6	32				
15-20	16,951	1,814,233	505	38.9	5,771	0.7	554	42.7	6,268	0.6	42				
21-44	43,266	4,248,452	1,051	42.4	11,721	0.8	1,221	49.2	13,367	0.7	43				
45-64	38,218	3,037,541	412	21.8	4,441	0.9	905	47.8	9,798	0.7	40				
65-74	54	2,615	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				
85 and older	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
Other Eligibles	138,577	7,764,055	1,593	2.2	16,859	0.5	3,833	5.2	39,843	0.4	26				
5 and younger	37,120	1,259,386	57	0.2	655	0.4	88	0.3	973	0.3	11				
6-14	61,346	4,022,102	810	2.8	8,986	0.6	1,832	6.3	20,327	0.4	25				
15-20	22,264	1,459,547	521	5.3	5,371	0.5	1,080	10.9	11,149	0.4	28				
21-44	14,264	815,519	171	4.3	1,517	0.4	710	17.9	6,237	0.4	28				
45-64	2,574	143,652	18	3.6	161	0.5	101	20.2	923	0.5	32				
65-74	513	37,858	11	18.0	114	0.8	12	19.7	129	0.6	32				
75-84	358	16,862	3	10.3	31	1.7	7	24.1	79	1.1	43				
85 and older	138	9,129	2	18.2	24	0.6	3	27.3	26	0.7	44				
Unknown	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				

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

a. Table ND.7A includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIASTHMATIC				ANALGESICS - Narcotic			
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month
All	8,409	4.5 %	91,541	0.7	26,922	14.4 %	291,932	0.3	37,955	20.2 %	390,493	0.3
Female	5,106	4.9	55,448	0.7	14,627	13.9	157,376	0.3	26,968	25.7	274,023	0.3
Disabled	3,124	34.3	35,307	0.8	3,831	42.1	43,380	0.4	6,345	69.7	71,272	0.4
5 and younger	62	10.7	688	0.8	179	30.8	2,059	0.3	61	10.5	676	0.1
6-14	260	21.6	2,991	0.7	233	19.4	2,685	0.4	174	14.5	2,043	0.1
15-20	218	25.4	2,549	0.9	173	20.2	2,051	0.3	312	36.4	3,558	0.2
21-44	1,438	44.9	16,184	0.8	1,327	41.4	15,039	0.3	2,791	87.2	31,364	0.4
45-64	1,146	35.1	12,895	0.8	1,916	58.8	21,528	0.5	3,003	92.1	33,613	0.5
65-74	0	0.0	0	0.0	3	150.0	18	0.2	4	200.0	18	1.5
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	1,982	2.1	20,141	0.5	10,796	11.3	113,996	0.2	20,623	21.5	202,751	0.2
5 and younger	61	0.2	700	0.4	3,304	11.4	36,020	0.2	1,256	4.3	14,129	0.1
6-14	325	1.2	3,636	0.5	2,756	9.8	30,867	0.2	2,438	8.6	27,537	0.1
15-20	296	2.2	3,030	0.4	1,495	10.9	15,860	0.2	4,324	31.5	44,170	0.2
21-44	1,163	4.9	11,354	0.5	2,953	12.4	28,315	0.3	11,912	50.1	110,018	0.3
45-64	102	10.3	1,039	0.5	233	23.5	2,288	0.4	578	58.4	5,605	0.4
65-74	22	19.3	238	1.0	34	29.8	394	0.5	62	54.4	705	0.4
75-84	9	17.3	107	0.9	20	38.5	240	0.5	40	76.9	461	0.6
85 and older	4	14.3	37	0.8	1	3.6	12	0.1	13	46.4	126	0.6
Male	3,303	4.0	36,093	0.8	12,295	14.9	134,556	0.3	10,987	13.3	116,470	0.2
Disabled	2,264	26.2	25,399	0.9	2,170	25.1	24,470	0.4	3,079	35.7	33,489	0.4
5 and younger	94	11.2	1,074	0.7	324	38.5	3,591	0.2	115	13.7	1,306	0.1
6-14	516	24.4	5,960	0.8	433	20.5	5,066	0.3	275	13.0	3,215	0.1
15-20	378	29.1	4,309	0.9	233	18.0	2,655	0.3	320	24.7	3,647	0.2
21-44	854	34.4	9,523	0.9	484	19.5	5,477	0.4	1,146	46.2	12,385	0.4
45-64	422	22.3	4,533	0.8	692	36.6	7,633	0.6	1,220	64.5	12,900	0.6
65-74	0	0.0	0	0.0	4	200.0	48	0.4	3	150.0	36	0.3
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	1,039	1.4	10,694	0.5	10,125	13.7	110,086	0.2	7,908	10.7	82,981	0.2
5 and younger	91	0.3	988	0.4	4,918	16.2	53,363	0.2	1,579	5.2	17,865	0.1
6-14	436	1.5	4,890	0.5	3,863	13.3	42,851	0.2	2,453	8.4	27,572	0.1
15-20	242	2.5	2,501	0.6	915	9.3	9,940	0.3	2,027	20.5	21,446	0.1
21-44	225	5.7	1,932	0.5	361	9.1	3,263	0.3	1,614	40.6	13,948	0.4
45-64	32	6.4	281	0.7	51	10.2	485	0.4	211	42.2	1,901	0.4
65-74	10	16.4	71	0.8	6	9.8	52	0.2	16	26.2	174	0.2
75-84	3	10.3	31	0.8	7	24.1	84	0.3	5	17.2	39	0.2
85 and older	0	0.0	0	0.0	4	36.4	48	0.8	3	27.3	36	0.7
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					PENICILLINS					ULCER DRUGS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	7,720	4.1%	86,100	\$39	0.5	64,501	34.4%	701,340	\$3	0.1	10,965	5.8%	116,174	\$19	0.3
Female	2,314	2.2	25,912	37	0.1	35,396	33.7	381,346	3	0.1	7,476	7.1	79,602	18	0.3
Disabled	670	7.4	7,754	40	0.1	3,268	35.9	37,805	4	0.1	3,195	35.1	36,250	28	0.5
5 and younger	20	3.4	215	20	0.3	341	58.7	3,950	4	0.1	87	15.0	931	27	0.4
6-14	272	22.6	3,159	42	0.6	468	39.0	5,486	4	0.1	69	5.7	796	0.4	0.2
15-20	96	11.2	1,119	42	0.6	3,721	37.0	4,721	4	0.1	110	12.8	1,296	0.4	0.2
21-44	184	5.7	2,128	39	0.5	1,234	38.5	14,242	4	0.1	1,224	38.2	13,943	0.4	0.2
45-64	98	3.0	1,133	36	0.5	908	27.8	10,406	5	0.1	1,703	52.2	19,275	0.5	0.3
65-74	0	0.0	0	0	0.0	0	0.0	0	0	0.0	2	100.0	9	0.6	0.7
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	1,644	1.7	18,158	36	0.5	32,128	33.5	343,541	3	0.1	4,281	4.5	43,352	11	0.2
5 and younger	52	0.2	532	22	0.3	13,548	46.9	147,189	3	0.1	721	2.5	6,881	8	0.2
6-14	1,115	3.9	12,551	37	0.5	9,093	32.2	102,237	3	0.1	609	2.2	6,901	7	0.1
15-20	211	1.5	2,344	36	0.5	3,549	25.8	37,588	3	0.1	706	5.1	7,433	0.2	0.2
21-44	247	1.0	2,525	31	0.4	5,650	23.8	53,620	4	0.1	1,986	8.4	19,378	0.2	0.2
45-64	18	1.8	194	40	0.5	263	26.6	2,609	5	0.1	195	19.7	2,024	0.4	0.2
65-74	1	0.9	12	28	1.1	22	19.3	262	3	0.1	39	34.2	447	0.6	0.3
75-84	0	0.0	0	0	0.0	1	1.9	12	1	0.1	21	40.4	247	0.7	0.4
85 and older	0	0.0	0	0	0.0	2	7.1	24	1	0.1	4	14.3	41	1.0	0.2
Male	5,406	6.6	60,188	40	0.5	29,105	35.3	319,994	3	0.1	3,489	4.2	36,572	20	0.3
Disabled	1,401	16.2	16,195	47	0.6	2,755	31.9	31,734	4	0.1	1,485	17.2	16,668	31	0.5
5 and younger	38	4.5	437	24	0.4	527	62.7	6,094	4	0.2	110	13.1	1,180	18	0.3
6-14	913	43.1	10,643	46	0.6	848	40.1	9,942	4	0.1	123	5.8	1,433	0.5	0.5
15-20	304	23.4	3,485	54	0.6	402	31.0	4,669	5	0.1	116	8.9	1,324	0.4	0.4
21-44	110	4.4	1,234	38	0.6	604	24.3	6,880	4	0.1	569	22.9	6,489	0.5	0.2
45-64	36	1.9	396	58	0.9	373	19.7	4,137	6	0.1	564	29.8	6,206	0.5	0.5
65-74	0	0.0	0	0	0.0	1	50.0	12	6	0.1	3	150.0	36	0.5	1.6
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	4,005	5.4	43,993	37	0.5	26,350	35.7	288,260	3	0.1	2,004	2.7	19,904	11	0.2
5 and younger	173	0.6	1,868	27	0.4	15,030	49.6	163,748	3	0.1	821	2.7	7,762	9	0.2
6-14	3,179	10.9	35,187	37	0.5	8,576	29.4	96,213	3	0.1	475	1.6	5,380	8	0.2
15-20	584	5.9	6,330	42	0.5	1,940	19.7	21,086	3	0.1	260	2.6	2,778	10	0.2
21-44	65	1.6	560	37	0.4	714	18.0	6,354	4	0.1	332	8.4	2,916	0.3	0.3
45-64	3	0.6	36	42	0.5	78	15.6	715	6	0.2	95	19.0	834	0.4	0.4
65-74	1	1.6	12	4	0.2	9	14.8	108	2	0.1	14	23.0	160	0.6	0.6
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	6	20.7	62	0.4	0.4
85 and older	0	0.0	0	0	0.0	3	27.3	36	5	0.1	1	9.1	12	1.1	1.1
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				Number of Beneficiaries	Number of Benefit Months	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month				
All	4,618	2.5 %	49,228	0.7	14,498	7.7 %	147,871	0.2	187,445	1,720,361		
Female	3,345	3.2	35,912	0.7	11,071	10.6	111,608	0.2	104,938	938,616		
Disabled	1,963	21.6	22,242	0.7	2,900	31.8	33,107	0.4	9,106	96,329		
5 and younger	2	0.3	24	0.7	1	0.2	12	1.5	581	5,921		
6-14	21	1.7	248	0.6	31	2.6	344	0.3	1,201	13,098		
15-20	60	7.0	717	0.8	130	15.2	1,527	0.2	857	9,316		
21-44	602	18.8	6,838	0.7	1,288	40.2	14,694	0.3	3,202	33,928		
45-64	1,277	39.2	14,412	0.8	1,449	44.4	16,524	0.5	3,261	34,055		
65-74	1	50.0	3	1.3	1	50.0	6	0.2	2	9		
75-84	0	0.0	0	0.0	0	0.0	0	0.0	2	2		
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0		
Other Eligibles	1,382	1.4	13,670	0.6	8,171	8.5	78,501	0.2	95,832	842,287		
5 and younger	11	0.0	130	0.7	10	0.0	120	0.2	28,892	268,001		
6-14	141	0.5	1,531	0.6	613	2.2	6,910	0.1	28,239	283,045		
15-20	166	1.2	1,766	0.6	2,138	15.6	21,931	0.2	13,738	118,677		
21-44	844	3.5	8,053	0.5	5,086	21.4	46,345	0.2	23,779	162,876		
45-64	146	14.7	1,318	0.7	273	27.6	2,604	0.3	990	7,725		
65-74	47	41.2	554	0.8	30	26.3	344	0.5	114	1,174		
75-84	24	46.2	282	0.8	14	26.9	165	0.5	52	549		
85 and older	3	10.7	36	0.7	7	25.0	82	0.4	28	240		
Male	1,273	1.5	13,316	0.7	3,427	4.2	36,263	0.2	82,507	781,745		
Disabled	846	9.8	9,215	0.8	1,209	14.0	13,561	0.4	8,629	89,888		
5 and younger	1	0.1	12	0.8	1	0.1	12	1.0	841	8,768		
6-14	22	1.0	262	0.7	43	2.0	483	0.2	2,116	23,538		
15-20	38	2.9	433	0.6	134	10.3	1,543	0.2	1,297	13,875		
21-44	205	8.3	2,339	0.8	504	20.3	5,623	0.3	2,481	25,601		
45-64	578	30.5	6,145	0.8	527	27.9	5,900	0.5	1,892	18,082		
65-74	2	100.0	24	0.3	0	0.0	0	0.0	2	24		
75-84	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		
Other Eligibles	427	0.6	4,101	0.7	2,218	3.0	22,702	0.2	73,878	691,857		
5 and younger	19	0.1	206	0.6	5	0.0	58	0.1	30,308	281,339		
6-14	134	0.5	1,492	0.7	507	1.7	5,735	0.1	29,131	290,654		
15-20	66	0.7	731	0.7	957	9.7	10,225	0.1	9,865	89,891		
21-44	134	3.4	1,044	0.6	641	16.1	5,659	0.2	3,973	25,603		
45-64	56	11.2	442	0.6	92	18.4	833	0.3	500	3,446		
65-74	9	14.8	88	0.7	8	13.1	96	0.6	61	535		
75-84	8	27.6	86	1.2	4	13.8	48	0.7	29	290		
85 and older	1	9.1	12	0.7	4	36.4	48	0.4	11	99		
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0		

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$536	9.3	180	1,750
Age				
0-64	554	9.5	142	1,391
65-74	619	9.5	12	111
75-84	529	9.3	15	145
85 and older	215	6.0	11	103
Unknown	0	0.0	0	0
Gender				
Female	533	9.6	109	1,089
Male	541	8.8	71	661
Unknown	0	0.0	0	0
Race				
White	540	9.3	171	1,665
African American	279	7.3	1	12
Other/unknown	498	8.9	8	73
Basis of Eligibility^c				
Aged	468	8.4	37	358
Disabled	554	9.5	143	1,392
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 269 beneficiaries who were in nursing facilities for part of their enrollment and their 2,744 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.6	0.3	0.0	0.3	\$38	\$30	\$1	\$7	\$69	\$109	\$46	\$28	\$49,732	125	69.4 %	1,306
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	1.3	0.4	0.4	0.5	374	310	12	51	296	754	35	103	25,431	7	3.9	68
Endocrine/Metabolic Drugs	1.6	0.8	0.2	0.6	65	53	4	8	41	65	19	15	61,207	88	48.9	938
Cardiovascular Agents	1.9	0.4	0.1	1.4	52	24	1	28	27	53	12	20	58,939	113	62.8	1,124
Respiratory Agents	0.8	0.2	0.0	0.6	36	20	1	15	43	85	50	26	28,649	77	42.8	794
Gastrointestinal Agents	1.4	0.3	0.0	1.0	51	29	1	21	37	87	61	20	52,832	102	56.7	1,030
Genitourinary Agents	0.9	0.7	0.0	0.2	59	53	0	6	66	76	0	30	28,798	44	24.4	486
CNS Drugs	2.0	1.1	0.0	0.8	171	151	2	19	87	132	69	24	260,256	151	83.9	1,519
Stimulants/Anti-obesity/Anorexia	1.0	0.0	0.0	1.0	22	0	0	22	23	0	0	23	1,557	6	3.3	72
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	113	113	0	0	106	106	0	0	7,127	6	3.3	63
Analgesics and Anesthetics	1.8	0.6	0.1	1.0	89	62	3	24	51	101	29	23	109,266	122	67.8	1,224
Neuromuscular Agents	1.8	0.7	0.1	1.0	130	83	4	43	72	112	43	44	156,072	111	61.7	1,196
Nutritional Products	0.9	0.0	0.0	0.9	18	0	0	17	19	20	25	19	10,821	61	33.9	618
Hematological Agents	1.4	0.4	0.1	0.9	155	141	3	12	108	390	20	12	64,004	45	25.0	413
Topical Products	0.5	0.2	0.0	0.3	19	12	1	7	38	64	29	24	19,068	93	51.7	997
Miscellaneous Products	0.9	0.0	0.0	0.9	18	0	0	18	21	0	0	21	1,230	9	5.0	67
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	20	0	0	0	35	0	0	0	3,201	16	8.9	160
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.	938,190	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 269 beneficiaries who were in nursing facilities for part of their enrollment and their 2,744 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 ND.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}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	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	
ANTIPSYCHOTICS	95	52.8 %	1,021	0.8	\$183	\$155	
ANTICONVULSANT	111	61.7	1,180	1.1	79	89	
ANALGESICS - Narcotic	152	84.4	1,510	1.2	51	58	
ANTIDEPRESSANTS	158	87.8	1,668	0.9	57	52	
HEMATOPOIETIC AGENTS	26	14.4	280	0.8	227	177	
ULCER DRUGS	104	57.8	1,101	0.8	45	37	
ANTIIDIABETIC	66	36.7	680	1.1	52	56	
MUSCULOSKELETAL THERAPY AGENTS	48	26.7	520	1.1	60	63	
ANTINEOPLASTICS	8	4.4	80	1.1	296	318	
ANTIASTHMATIC	81	45.0	837	0.5	48	26	
Total	849		8,877	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 269 beneficiaries who were in nursing facilities for part of their enrollment and their 2,744 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 ND.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} NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT					
	Number of Rx	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
All	8,414	\$647,768	95	52.8 %	1,021	0.8	\$156	111	61.7 %	1,180	1.1	\$89				
Female	5,324	392,530	65	59.6	715	0.8	142	70	64.2	753	1.2	85				
Disabled	4,314	312,519	50	61.0	557	0.9	161	57	69.5	634	1.2	88				
64 or younger	4,314	312,519	50	61.7	557	0.9	161	57	70.4	634	1.2	88				
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	1,010	80,011	15	55.6	158	0.7	76	13	48.1	119	1.0	73				
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
65-74	360	31,126	6	85.7	67	0.7	134	6	85.7	46	1.0	72				
75-84	523	43,662	6	54.5	72	0.6	22	5	45.5	60	1.1	89				
85 and older	127	5,223	3	33.3	19	1.1	76	2	22.2	13	0.3	8				
Male	3,090	255,238	30	42.3	306	0.8	187	41	57.7	427	1.1	96				
Disabled	2,802	224,357	23	37.7	238	0.9	191	36	59.0	394	1.1	101				
64 or younger	2,802	224,357	23	37.7	238	0.9	191	36	59.0	394	1.1	101				
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	288	30,881	7	70.0	68	0.8	173	5	50.0	33	1.1	33				
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
65-74	142	21,912	4	80.0	37	0.9	247	4	80.0	26	1.0	31				
75-84	81	4,397	1	33.3	7	1.3	115	1	33.3	7	1.1	41				
85 and older	65	4,572	2	100.0	24	0.6	77	0	0.0	0	0.0	0				
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 269 beneficiaries who were in nursing facilities for part of their enrollment and their 2,744 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.medispain.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 ND.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}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS				
	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	152	84.4 %	1,510	1.2	\$58	158	87.8 %	1,668	0.9	\$52	26	14.4 %	280	0.8	\$177
Female	99	90.8	992	1.1	56	101	92.7	1,089	0.9	50	15	13.8	173	0.7	132
Disabled	70	85.4	712	1.2	57	79	96.3	868	0.9	54	9	11.0	101	0.6	4
64 or younger	70	86.4	712	1.2	57	79	97.5	868	0.9	54	9	11.1	101	0.6	4
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	29	107.4	280	0.9	54	22	81.5	221	0.8	33	6	22.2	72	0.8	312
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	6	85.7	48	0.9	86	5	71.4	60	1.0	35	3	42.9	36	0.8	150
75-84	16	145.5	176	1.1	58	7	63.6	76	0.9	35	3	27.3	36	0.8	475
85 and older	7	77.8	56	0.5	15	10	111.1	85	0.7	30	0	0.0	0	0.0	0
Male	53	74.6	518	1.3	62	57	80.3	579	0.9	58	11	15.5	107	1.0	249
Disabled	45	73.8	454	1.4	68	53	86.9	536	0.9	55	10	16.4	100	1.0	266
64 or younger	45	73.8	454	1.4	68	53	86.9	536	0.9	55	10	16.4	100	1.0	266
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	8	80.0	64	0.7	21	4	40.0	43	1.0	88	1	10.0	7	0.1	1
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	3	60.0	25	0.8	45	1	20.0	12	1.0	132	0	0.0	0	0.0	0
75-84	3	100.0	15	0.3	4	2	66.7	19	1.0	64	1	33.3	7	0.1	1
85 and older	2	100.0	24	0.7	7	1	50.0	12	1.2	83	0	0.0	0	0.0	0
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 269 beneficiaries who were in nursing facilities for part of their enrollment and their 2,744 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=09e0ffed-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 ND10B

Nondual Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	ULCER DRUGS				ANTI-DIABETIC				MUSCULOSKELETAL THERAPY AGENTS						
	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	104	57.8 %	1,101	0.8	\$37	66	36.7 %	680	1.1	\$56	48	26.7 %	520	1.1	\$63
Female	62	56.9	647	0.9	34	42	38.5	408	1.1	61	27	24.8	288	1.0	59
Disabled	57	69.5	592	0.8	31	36	43.9	336	1.1	60	22	26.8	228	1.2	70
64 or younger	57	70.4	592	0.8	31	36	44.4	336	1.1	60	22	27.2	228	1.2	70
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	5	18.5	55	1.2	62	6	22.2	72	1.3	69	5	18.5	60	0.5	16
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	3	42.9	31	0.9	94	2	28.6	24	2.0	96	0	0.0	0	0.0	0
75-84	1	9.1	12	1.8	21	4	36.4	48	0.9	55	4	36.4	48	0.5	20
85 and older	1	11.1	12	1.2	21	0	0.0	0	0.0	0	1	11.1	12	0.1	1
Male	42	59.2	454	0.8	42	24	33.8	272	1.0	48	21	29.6	232	1.1	68
Disabled	38	62.3	416	0.8	40	20	32.8	234	1.0	49	20	32.8	220	1.1	70
64 or younger	38	62.3	416	0.8	40	20	32.8	234	1.0	49	20	32.8	220	1.1	70
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	4	40.0	38	0.9	58	4	40.0	38	1.0	43	1	10.0	12	1.2	25
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	1	20.0	12	0.9	21	0	0.0	0	0.0	0	1	20.0	12	1.2	25
75-84	2	66.7	14	0.6	34	3	100.0	26	1.2	60	0	0.0	0	0.0	0
85 and older	1	50.0	12	1.1	123	1	50.0	12	0.7	6	0	0.0	0	0.0	0
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 269 beneficiaries who were in nursing facilities for part of their enrollment and their 2,744 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 ND10C

Nondual Beneficiaries

TABLE ND.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} NONDUAL BENEFICIARIES, IDAHO, 2003

Beneficiary Characteristics	ANTINEOPLASTICS				ANTIASTHMATIC				Mean Rx \$	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users							
All	8	4.4 %	80	1.1	\$318	81	45.0 %	837	0.5	\$26	180	1,750			
Female	5	4.6	44	1.2	373	51	46.8	521	0.5	26	109	1,089			
Disabled	3	3.7	20	0.9	729	40	48.8	389	0.5	27	82	814			
64 or younger	3	3.7	20	0.9	729	40	49.4	389	0.5	27	81	813			
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	1	1			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
Other Eligibles	2	7.4	24	1.5	76	11	40.7	132	0.4	24	27	275			
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
65-74	1	14.3	12	2.1	20	3	42.9	36	0.8	50	7	72			
75-84	1	9.1	12	0.8	131	7	63.6	84	0.3	16	11	124			
85 and older	0	0.0	0	0.0	0	1	11.1	12	0.1	3	9	79			
Male	3	4.2	36	0.9	251	30	42.3	316	0.6	26	71	661			
Disabled	1	1.6	12	0.9	25	30	49.2	316	0.6	26	61	578			
64 or younger	1	1.6	12	0.9	25	30	49.2	316	0.6	26	61	578			
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	2	20.0	24	1.0	364	0	0.0	0	0.0	0	10	83			
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
65-74	2	40.0	24	1.0	364	0	0.0	0	0.0	0	5	39			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	20			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24			
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 269 beneficiaries who were in nursing facilities for part of their enrollment and their 2,744 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, 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 Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of Total Number of Beneficiaries	
				Part D Excluded Rx	Beneficiary			All Nondual Rx \$	3.0 %
All	39,792	21.2 %	0.6	106,148	\$12	\$2,256,750	\$21	\$21	187,445
Age									
5 and younger	14,545	24.0	0.4	27,113	9	539,020	20	20	60,622
6-14	10,451	17.2	0.3	18,150	7	426,462	23	23	60,687
15-20	4,403	17.1	0.3	8,987	9	237,053	26	26	25,757
21-44	7,530	22.5	0.9	28,911	18	590,743	20	20	33,435
45-64	2,762	41.6	3.3	21,984	68	448,586	20	20	6,643
65-74	59	33.0	3.1	548	44	7,801	14	14	179
75-84	30	36.1	4.3	357	65	5,414	15	15	83
85 and older	12	30.8	2.5	98	43	1,671	17	17	39
Unknown	0	0.0	0.0	0	0	0	0	0	0
Basis of Eligibility^c									
Aged	96	34.7	3.6	990	53	14,682	15	15	277
Disabled	6,526	36.8	2.3	40,897	56	987,993	24	24	17,735
Adults	6,092	18.8	0.5	16,987	9	295,419	17	17	32,445
Children	27,078	19.8	0.3	47,274	7	958,656	20	20	136,988
Unknown	0	0.0	0.0	0	0	0	0	0	0
Gender									
Female	23,310	22.2	0.6	68,027	13	1,410,508	21	21	104,938
Male	16,482	20.0	0.5	38,121	10	846,242	22	22	82,507
Unknown	0	0.0	0.0	0	0	0	0	0	0
Race									
White	34,270	21.1	0.6	94,301	12	2,012,379	21	21	162,386
African American	278	15.7	0.3	545	7	11,717	21	21	1,768
Other/unknown	5,244	22.5	0.5	11,302	10	232,654	21	21	23,291
Use of Nursing Facilities^d									
Entire year	109	60.6	7.3	1,317	148	26,626	20	20	180
Part year	180	66.9	5.8	1,557	106	28,486	18	18	269
None	39,503	21.1	0.6	103,274	12	2,201,638	21	21	186,996
Maintenance Assistance Status									
Cash	12,953	28.6	1.2	56,263	28	1,253,126	22	22	45,259
Medically needy	0	0.0	0.0	0	0	0	0	0	0
Poverty related	21,878	18.5	0.3	37,957	6	749,836	20	20	118,163
Other/unknown	4,961	20.7	0.5	11,928	11	253,788	21	21	24,023

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS 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	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$1	\$21	\$0	\$0	1,720,361
Age						
5 and younger	0.0	1	20	0	0	564,029
6-14	0.0	1	23	0	0	610,335
15-20	0.0	1	26	0	0	231,759
21-44	0.1	2	20	0	1	248,008
45-64	0.3	7	20	0	3	63,308
65-74	0.3	4	14	0	2	1,742
75-84	0.4	6	15	0	2	841
85 and older	0.3	5	17	0	1	339
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	15	0	2	2,864
Disabled	0.2	5	24	0	3	186,217
Adults	0.1	1	17	0	0	222,487
Children	0.0	1	20	0	0	1,308,793
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	21	0	1	938,616
Male	0.0	1	22	0	0	781,745
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	1	21	0	0	1,486,212
African American	0.0	1	21	0	0	16,471
Other/unknown	0.1	1	21	0	0	217,678
Use of Nursing Facilities^d						
Entire year	0.8	15	20	0	7	1,750
Part year	0.6	10	18	0	5	2,744
None	0.1	1	21	0	0	1,715,867
Maintenance Assistance Status						
Cash	0.1	3	22	0	1	430,293
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	20	0	0	1,077,625
Other/unknown	0.1	1	21	0	0	212,443

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{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	
			Total Rx \$	Excluded Rx \$	Excluded Rx %	Part D Excluded Rx %				
All	45,036	\$50	\$2,256,750	100.0	100.0	106,148	\$21	100.0	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0	0.0	0.0	
Fertility drugs	2	41	81	0.0	2	41	41	0.0	0.0	
Drugs for cosmetic purposes	107	16	1,717	0.1	155	11	11	0.1	0.1	
Cough and cold medications	29,973	39	1,182,113	52.4	52,503	23	23	49.5	49.5	
Vitamins and minerals	4,876	42	206,975	9.2	13,840	15	15	13.0	13.0	
Non-prescription drugs	3,628	14	49,538	2.2	5,368	9	9	5.1	5.1	
Barbiturates	239	57	13,720	0.6	1,640	8	8	1.5	1.5	
Benzodiazepines	5,431	130	706,281	31.3	30,114	23	23	28.4	28.4	
Other Part D Excl Rx Drugs	780	123	96,325	4.3	2,526	38	38	2.4	2.4	

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.
- 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.1

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	187,445	277	17,735	32,445	0	1,720,361	2,864	186,217	222,487	1,308,793	0
Age											
5 and younger	60,622	0	1,422	0	59,200	564,029	0	14,689	0	549,340	0
6-14	60,687	0	3,317	0	57,370	610,335	0	36,636	0	573,699	0
15-20	25,757	0	2,154	3,318	20,285	231,759	0	23,191	23,160	185,408	0
21-44	33,435	0	5,683	27,626	126	248,008	0	59,529	188,142	337	0
45-64	6,643	0	5,153	1,483	7	63,308	0	52,137	11,162	9	0
65-74	179	165	4	10	0	1,742	1,694	33	15	0	0
75-84	83	76	2	5	0	841	834	2	5	0	0
85 and older	39	36	0	3	0	339	336	0	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	104,938	185	9,106	27,810	67,837	938,616	1,950	96,329	192,201	648,136	0
Male	82,507	92	8,629	4,635	69,151	781,745	914	89,888	30,286	660,657	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	162,386	216	16,284	28,876	117,010	1,486,212	2,256	170,610	204,457	1,108,889	0
African American	1,768	1	131	260	1,376	16,471	12	1,360	1,725	13,374	0
Other/unknown	23,291	60	1,320	3,309	18,602	217,678	596	14,247	16,305	186,530	0
Use of Nursing Facilities^c											
Entire year	180	37	143	0	0	1,750	358	1,392	0	0	0
Part year	269	12	244	8	5	2,744	120	2,482	88	54	0
None	186,996	228	17,348	32,437	136,983	1,715,867	2,386	182,343	222,399	1,308,739	0
Maintenance Assistance Status											
Cash	45,259	112	16,290	10,463	18,394	430,293	1,238	170,612	82,726	175,717	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	118,163	1	3	12,129	106,030	1,077,625	12	22	64,748	1,012,843	0
Other/unknown	24,023	164	1,442	9,853	12,564	212,443	1,614	15,583	75,013	120,233	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	187,445	277	17,735	32,445	136,988	1,720,361	2,864	186,217	222,487	1,308,793	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.1 includes the beneficiaries represented by Cell J 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.

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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, IDAHO, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
All	187,445	187,445	0
Fee-for-service (FFS) all year	187,445	187,445	0
FFS part year, with Rx claims	0	0	0
FFS part year, with no Rx claims	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0
MC all year, with no Rx claims	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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.