STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
IOWA

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
IOWA, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	396,289	(A)	71,676	(E)	324,613	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	386,602	(B)	62,975	(F)	323,627	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	376,823	(C)	62,975	(G)	313,848	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	11,917	(D)	11,381	(H)	536	(L)

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Iowa in 2004 was $382,241,513, of which $694,430 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

IOWA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**376,823**	**32,927**	**64,057**	**76,824**	**203,015**	**0**	**3,232,995**	**335,403**	**703,936**	**525,188**	**1,668,468**	**0**
Age												
5 and younger	84,834	0	1,935	176	82,723	0	673,638	0	19,681	1,337	652,620	0
6-14	88,623	0	5,364	84	83,175	0	780,705	0	59,998	688	720,019	0
15-20	45,536	0	4,173	6,431	34,932	0	372,360	0	46,480	44,127	281,753	0
21-44	90,560	0	23,456	65,134	1,970	0	715,947	0	260,653	442,977	12,317	0
45-64	32,558	0	27,361	4,988	209	0	336,041	0	298,342	35,984	1,715	0
65-74	10,117	8,962	1,140	10	5	0	108,357	96,314	11,939	63	41	0
75-84	11,935	11,424	510	1	0	0	122,832	117,217	5,603	12	0	0
85 and older	12,660	12,541	118	0	1	0	123,115	121,872	1,240	0	3	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	218,169	24,162	32,703	60,511	100,793	0	1,860,095	248,387	360,996	421,387	829,325	0
Male	158,654	8,765	31,354	16,313	102,222	0	0 1,372,900	87,016	342,940	103,801	839,143	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	245,813	22,290	48,268	51,881	123,374	0	2,206,169	234,514	544,818	372,787	1,054,050	0
African American	26,413	618	4,248	5,840	15,707	0	0 222,067	6,702	45,958	40,690	128,717	0
Other/unknown	104,597	10,019	11,541	19,103	63,934	0	804,759	94,187	113,160	111,711	485,701	0
Use of Nursing Facilities[c]												
Entire year	11,917	10,634	1,281	0	2	0	129,816	115,127	14,675	0	14	0
Part year	7,359	6,252	1,083	18	6	0	66,443	55,040	11,202	143	58	0
None	357,547	16,041	61,693	76,806	203,007	0	3,036,736	165,236	678,059	525,045	1,668,396	0
Maintenance Assistance Status												
Cash	153,581	5,564	39,220	44,664	64,133	0	1,343,635	63,499	430,378	317,928	531,830	0
Medically needy	9,897	1,590	1,710	5,347	1,250	0	75,571	15,503	14,728	36,584	8,756	0
Poverty-related	114,166	956	835	12,962	99,413	0	883,902	10,437	8,860	71,420	793,185	0
Other/unknown	99,179	24,817	22,292	13,851	38,219	0	929,887	245,964	249,970	99,256	334,697	0
Dual Medicare Status[d]												
Full dual, all year	59,749	29,795	29,470	458	26	0	640,648	305,666	331,254	3,500	228	0
Full dual, part year	3,226	1,739	1,480	6	1	0	35,081	18,936	16,078	58	9	0
Non-dual, all year	313,848	1,393	33,107	76,360	202,988	0	2,557,266	10,801	356,604	521,630	1,668,231	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	306,061	32,927	63,602	56,546	152,986	0	2,825,946	335,403	700,883	415,610	1,374,050	0
FFS part year, with Rx claims	37,911	0	420	12,213	25,278	0	170,375	0	2,811	51,061	116,503	0
FFS part year, no Rx claims	14,762	0	35	2,592	12,135	0	57,166	0	242	8,295	48,629	0
MC all year, with FFS Rx claims	18,089	0	0	5,473	12,616	0	179,508	0	0	50,222	129,286	0

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

IOWA, 2004

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	**72.5 %**	**16.7**	**$1,013**	**$61**	**$5,801**	**17.5 %**	**376,823**
Age							
5 and younger	71.1	4.0	196	49	1,859	10.6	84,834
6-14	60.7	5.5	406	74	2,252	18.0	88,623
15-20	65.9	7.3	483	66	3,987	12.1	45,536
21-44	76.7	15.6	1,108	71	6,387	17.4	90,560
45-64	86.0	50.0	3,420	68	14,638	23.4	32,558
65-74	88.7	59.8	3,151	53	13,587	23.2	10,117
75-84	91.3	61.9	2,844	46	16,945	16.8	11,935
85 and older	93.3	57.5	2,323	40	19,952	11.6	12,660
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	91.7	60.7	2,790	46	17,627	15.8	32,927
Disabled	86.9	42.4	3,249	77	17,011	19.1	64,057
Adults	73.7	8.6	409	48	2,519	16.2	76,824
Children	64.4	4.5	247	55	1,589	15.6	203,015
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	75.7	19.0	1,056	56	5,770	18.3	218,169
Male	68.1	13.4	953	71	5,845	16.3	158,654
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	75.6	19.4	1,209	62	6,764	17.9	245,813
African American	67.8	9.2	566	62	3,322	17.0	26,413
Other/unknown	66.4	12.0	664	55	4,167	15.9	104,597
Use of Nursing Facilities[f]							
Entire year	96.0	78.4	3,737	48	32,423	11.5	11,917
Part year	97.0	65.6	3,123	48	21,747	14.4	7,359
None	71.2	13.6	878	65	4,586	19.2	357,547
Maintenance Assistance Status							
Cash	76.3	16.6	1,079	65	4,579	23.6	153,581
Medically needy	52.2	17.2	1,097	64	4,133	26.5	9,897
Poverty related	60.8	3.8	182	48	1,328	13.7	114,166
Other/unknown	82.2	31.5	1,858	59	13,010	14.3	99,179

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 3 includes beneficiaries represented by Cell C 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

IOWA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**1.9**	**$118**	**17.5 %**	**27.5 %**	**43.5 %**	**7.9 %**	**10.7 %**	**7.4 %**	**2.9 %**	**$676**	**376,823**	**3,232,995**
Age												
5 and younger	0.5	25	10.6	28.9	61.7	5.3	3.1	0.7	0.3	234	84,834	673,638
6-14	0.6	46	18.0	39.3	48.0	5.9	5.2	1.2	0.4	256	88,623	780,705
15-20	0.9	59	12.1	34.1	47.9	8.2	7.3	2.0	0.7	488	45,536	372,360
21-44	2.0	140	17.4	23.3	42.2	11.8	13.8	6.5	2.4	808	90,560	715,947
45-64	4.8	331	23.4	14.0	17.4	9.7	24.9	23.7	10.4	1,418	32,558	336,041
65-74	5.6	294	23.2	11.3	12.9	8.0	23.9	30.0	13.8	1,269	10,117	108,357
75-84	6.0	276	16.8	8.7	9.3	7.2	25.9	34.3	14.6	1,646	11,935	122,832
85 and older	5.9	239	11.6	6.7	7.4	7.6	30.1	37.2	11.0	2,052	12,660	123,115
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	6.0	274	15.8	8.3	9.2	7.3	26.9	34.8	13.5	1,731	32,927	335,403
Disabled	3.9	296	19.1	13.1	24.7	11.4	24.9	19.0	6.9	1,548	64,057	703,936
Adults	1.3	60	16.2	26.3	47.1	11.6	10.0	3.3	1.7	369	76,824	525,188
Children	0.5	30	15.6	35.6	53.6	5.6	3.9	0.9	0.4	193	203,015	1,668,468
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.2	124	18.3	24.3	43.3	8.5	11.6	8.7	3.7	677	218,169	1,860,095
Male	1.6	110	16.3	31.9	43.8	7.2	9.5	5.7	1.9	675	158,654	1,372,900
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.2	135	17.9	24.4	43.0	8.5	12.1	8.5	3.5	754	245,813	2,206,169
African American	1.1	67	17.0	32.2	48.5	7.0	7.4	3.6	1.3	395	26,413	222,067
Other/unknown	1.6	86	15.9	33.6	43.3	6.8	8.3	5.9	2.1	542	104,597	804,759
Use of Nursing Facilities[f]												
Entire year	7.2	343	11.5	4.0	4.5	4.9	25.5	40.6	20.5	2,976	11,917	129,816
Part year	7.3	346	14.4	3.0	5.2	6.1	26.0	40.5	19.1	2,409	7,359	66,443
None	1.6	103	19.2	28.8	45.6	8.1	9.9	5.7	2.0	540	357,547	3,036,736
Maintenance Assistance Status												
Cash	1.9	123	23.6	23.7	45.7	9.2	11.9	6.9	2.7	523	153,581	1,343,635
Medically needy	2.3	144	26.5	47.8	21.1	6.9	12.9	8.6	2.7	541	9,897	75,571
Poverty related	0.5	24	13.7	39.2	50.9	5.4	3.5	0.8	0.3	172	114,166	883,902
Other/unknown	3.4	198	14.3	17.8	33.9	9.0	17.1	15.9	6.3	1,388	99,179	929,887

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 4 includes the beneficiaries represented by Cell C 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

IOWA, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**1.9**	**$118**	**$61**	**0.7**	**$85**	**$118**	**0.1**	**$8**	**$61**	**1.1**	**$25**	**$23**
Age												
5 and younger	0.5	25	49	0.2	18	109	0.0	2	39	0.3	5	17
6-14	0.6	46	74	0.3	38	118	0.0	2	56	0.3	6	23
15-20	0.9	59	66	0.4	46	114	0.0	3	62	0.4	10	23
21-44	2.0	140	71	0.7	102	141	0.1	10	80	1.1	28	25
45-64	4.8	331	68	1.8	236	130	0.3	25	80	2.7	69	26
65-74	5.6	294	53	2.0	207	102	0.4	18	50	3.2	69	22
75-84	6.0	276	46	2.1	187	91	0.4	17	41	3.5	72	21
85 and older	5.9	239	40	1.8	154	86	0.4	15	34	3.6	70	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	6.0	274	46	2.0	185	93	0.4	17	41	3.5	72	20
Disabled	3.9	296	77	1.5	219	144	0.3	21	81	2.1	55	27
Adults	1.3	60	48	0.4	41	98	0.1	4	60	0.8	16	20
Children	0.5	30	55	0.2	23	99	0.0	1	45	0.3	6	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.2	124	56	0.8	87	109	0.1	8	56	1.3	28	22
Male	1.6	110	71	0.6	83	133	0.1	7	72	0.8	20	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.2	135	62	0.8	97	120	0.1	9	63	1.2	28	24
African American	1.1	67	62	0.4	50	125	0.1	4	68	0.6	13	21
Other/unknown	1.6	86	55	0.6	62	111	0.1	5	54	0.9	19	21
Use of Nursing Facilities[e]												
Entire year	7.2	343	48	2.3	229	99	0.5	22	43	4.3	91	21
Part year	7.3	346	48	2.4	235	98	0.5	22	44	4.3	88	20
None	1.6	103	65	0.6	76	123	0.1	7	67	0.9	21	24
Maintenance Assistance Status												
Cash	1.9	123	65	0.7	90	125	0.1	8	72	1.1	25	24
Medically needy	2.3	144	64	0.8	103	122	0.1	11	70	1.3	30	24
Poverty related	0.5	24	48	0.2	17	91	0.0	1	43	0.3	5	19
Other/unknown	3.4	198	59	1.2	143	116	0.2	13	55	1.9	43	23

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Iowa, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

IOWA, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	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	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$14	$10	$1	$4	$49	$92	$66	$22	537,040	$26,094,814	187,891	49.9 %	1,803,946
Biologicals	0.2	0.2	0.0	0.0	150	136	2	13	743	790	811	449	6,293	4,674,272	2,997	0.8	31,181
Antineoplastic Agents	0.6	0.1	0.0	0.5	105	79	3	23	171	573	197	49	15,600	2,672,006	2,433	0.6	25,335
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	34	24	3	7	47	86	27	21	576,670	27,158,467	80,605	21.4	794,808
Cardiovascular Agents	1.7	0.5	0.1	1.1	54	36	2	16	33	69	30	15	1,080,939	35,269,065	61,404	16.3	647,211
Respiratory Agents	0.5	0.2	0.0	0.2	26	21	0	5	53	90	36	20	548,209	29,062,365	115,286	30.6	1,127,294
Gastrointestinal Agents	0.7	0.2	0.0	0.4	44	30	2	12	65	141	48	28	390,885	25,267,708	55,833	14.8	575,467
Genitourinary Agents	0.4	0.3	0.0	0.2	28	22	2	4	61	82	56	26	107,325	6,580,966	24,000	6.4	239,222
CNS Drugs	1.3	0.6	0.1	0.6	117	90	7	20	90	149	98	32	1,186,167	106,472,904	90,101	23.9	913,815
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	70	63	1	7	87	99	78	42	162,170	14,115,903	20,006	5.3	200,673
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	166	165	0	1	205	209	138	29	38,768	7,953,298	4,615	1.2	47,979
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	32	21	2	9	52	158	237	19	590,729	30,490,236	99,234	26.3	966,582
Neuromuscular Agents	0.9	0.3	0.1	0.4	77	49	14	14	83	147	102	31	414,840	34,623,066	42,797	11.4	451,189
Nutritional Products	0.5	0.0	0.0	0.5	12	1	1	11	22	33	25	22	139,609	3,130,560	27,515	7.3	258,927
Hematological Agents	0.8	0.2	0.2	0.4	78	66	5	7	93	283	31	17	141,392	13,099,465	15,959	4.2	167,337
Topical Products	0.3	0.1	0.0	0.2	11	7	1	4	40	75	47	22	291,933	11,812,734	105,280	27.9	1,040,851
Miscellaneous Products	0.4	0.1	0.0	0.2	67	48	7	11	182	323	251	60	12,971	2,358,683	3,470	0.9	35,443
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	20	0	0	0	34,823	710,571	8,467	2.2	91,448
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.	6,276,363	381,547,083	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C 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 Iowa, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

IOWA, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$64,200,802	41,449	11.0 %	456,893	0.8	$187	$141
ANTIDEPRESSANTS	33,159,837	83,517	22.2	882,006	0.6	60	38
ANTICONVULSANT	28,354,801	31,823	8.4	351,321	0.8	100	81
ANTIASTHMATIC	18,796,708	74,104	19.7	776,845	0.4	66	24
ULCER DRUGS	17,706,517	50,671	13.4	542,082	0.5	68	33
ANALGESICS - Narcotic	17,355,102	91,728	24.3	945,913	0.4	51	18
ANTIDIABETIC	14,471,442	28,753	7.6	310,912	0.8	61	47
ANTIHYPERLIPIDEMIC	13,235,844	22,217	5.9	247,676	0.7	80	53
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	12,495,447	21,219	5.6	224,326	0.6	88	56
ANTIHYPERTENSIVE	8,144,246	34,981	9.3	379,527	0.7	31	21
Total	227,920,746	480,462		5,117,501	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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.