

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	62,975	31,534	30,950	464	27	0	675,729	324,602	347,332	3,558	237	0
Age												
5 and younger	6	0	6	0	0	0	65	0	65	0	0	0
6-14	6	0	5	0	1	0	72	0	60	0	12	0
15-20	143	0	137	1	5	0	1,606	0	1,553	6	47	0
21-44	13,248	0	12,903	336	9	0	148,655	0	145,999	2,584	72	0
45-64	16,371	0	16,247	117	7	0	183,002	0	182,041	896	65	0
65-74	9,560	8,485	1,061	9	5	0	102,916	91,668	11,147	60	41	0
75-84	11,497	11,019	477	1	0	0	119,284	114,012	5,260	12	0	0
85 and older	12,144	12,030	114	0	0	0	120,129	118,922	1,207	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	39,316	23,222	15,802	275	17	0	421,488	241,202	177,907	2,237	142	0
Male	23,659	8,312	15,148	189	10	0	254,241	83,400	169,425	1,321	95	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	46,452	21,486	24,617	336	13	0	513,032	228,507	281,746	2,672	107	0
African American	1,945	586	1,331	28	0	0	21,268	6,415	14,662	191	0	0
Other/unknown	14,578	9,462	5,002	100	14	0	141,429	89,680	50,924	695	130	0
Use of Nursing Facilities^c												
Entire year	11,381	10,439	942	0	0	0	123,932	113,072	10,860	0	0	0
Part year	6,787	6,135	651	1	0	0	60,659	53,958	6,689	12	0	0
None	44,807	14,960	29,357	463	27	0	491,138	157,572	329,783	3,546	237	0
Maintenance Assistance Status												
Cash	19,333	5,162	13,938	231	2	0	218,122	59,143	157,222	1,745	12	0
Medically needy	2,699	1,492	1,057	145	5	0	25,988	14,640	10,192	1,100	56	0
Poverty-related	1,836	949	829	47	11	0	19,630	10,369	8,797	364	100	0
Other/unknown	39,107	23,931	15,126	41	9	0	411,989	240,450	171,121	349	69	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	62,860	31,534	30,903	397	26	0	675,044	324,602	347,048	3,164	230	0
FFS part year, with Rx claims	87	0	46	40	1	0	473	0	283	183	7	0
FFS part year, no Rx claims	6	0	1	5	0	0	16	0	1	15	0	0
MC all year, with FFS Rx claims	22	0	0	22	0	0	196	0	0	196	0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	91.4 %	56.5	\$3,356	\$59	\$17,423	19.3 %	62,975
Age							
5 and younger	100.0	42.7	4,596	108	10,543	43.6	6
6-14	100.0	60.2	4,164	69	11,016	37.8	6
15-20	87.4	28.0	2,636	94	19,754	13.3	143
21-44	88.6	40.4	3,574	88	16,684	21.4	13,248
45-64	91.2	60.8	4,311	71	18,102	23.8	16,371
65-74	89.5	61.0	3,215	53	13,711	23.4	9,560
75-84	92.4	63.0	2,898	46	17,203	16.8	11,497
85 and older	95.5	58.9	2,383	40	20,424	11.7	12,144
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	93.1	62.0	2,845	46	17,944	15.9	31,534
Disabled	89.9	51.4	3,892	76	17,074	22.8	30,950
Adults	77.4	25.5	2,266	89	5,734	39.5	464
Children	77.8	36.1	3,201	89	9,652	33.2	27
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	94.2	62.1	3,402	55	17,023	20.0	39,316
Male	86.8	47.3	3,278	69	18,087	18.1	23,659
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.0	58.7	3,575	61	18,696	19.1	46,452
African American	86.6	43.0	2,566	60	11,190	22.9	1,945
Other/unknown	90.3	51.4	2,761	54	14,197	19.4	14,578
Use of Nursing Facilities^f							
Entire year	96.0	77.9	3,665	47	31,595	11.6	11,381
Part year	96.8	64.3	2,956	46	19,473	15.2	6,787
None	89.5	49.9	3,338	67	13,513	24.7	44,807
Maintenance Assistance Status							
Cash	90.0	49.1	3,270	67	8,535	38.3	19,333
Medically needy	80.3	44.7	2,930	66	5,638	52.0	2,699
Poverty related	71.8	19.4	1,107	57	3,375	32.8	1,836
Other/unknown	93.8	62.7	3,533	56	23,289	15.2	39,107

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	5.3	\$313	19.3 %	8.6 %	14.1 %	9.1 %	27.0 %	29.8 %	11.4 %	\$1,624	62,975	675,729
Age												
5 and younger	3.9	424	43.6	0.0	0.0	0.0	100.0	0.0	0.0	973	6	65
6-14	5.0	347	37.8	0.0	0.0	33.3	16.7	50.0	0.0	918	6	72
15-20	2.5	235	13.3	12.6	39.9	11.9	23.8	9.8	2.1	1,759	143	1,606
21-44	3.6	319	21.4	11.4	25.9	12.7	26.5	18.2	5.3	1,487	13,248	148,655
45-64	5.4	386	23.8	8.8	13.4	9.2	26.9	29.2	12.6	1,619	16,371	183,002
65-74	5.7	299	23.4	10.5	12.8	7.8	24.1	30.7	14.2	1,274	9,560	102,916
75-84	6.1	279	16.8	7.6	9.2	7.2	26.2	34.9	14.9	1,658	11,497	119,284
85 and older	6.0	241	11.7	4.5	7.6	7.7	30.7	38.1	11.3	2,065	12,144	120,129
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	276	15.9	6.9	9.1	7.3	27.3	35.6	13.8	1,743	31,534	324,602
Disabled	4.6	347	22.8	10.1	19.0	10.8	26.8	24.2	9.1	1,521	30,950	347,332
Adults	3.3	296	39.5	22.6	23.5	12.5	21.3	14.0	6.0	748	464	3,558
Children	4.1	365	33.2	22.2	18.5	14.8	18.5	22.2	3.7	1,100	27	237
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.8	317	20.0	5.8	11.6	8.6	27.7	33.0	13.3	1,588	39,316	421,488
Male	4.4	305	18.1	13.2	18.2	9.9	25.8	24.6	8.3	1,683	23,659	254,241
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.3	324	19.1	8.0	14.0	9.1	27.2	29.8	11.9	1,693	46,452	513,032
African American	3.9	235	22.9	13.4	24.1	10.1	24.3	21.7	6.4	1,023	1,945	21,268
Other/unknown	5.3	285	19.4	9.7	12.9	8.9	26.6	31.1	10.7	1,463	14,578	141,429
use of nursing Facilities^f												
Entire year	7.2	337	11.6	4.0	4.6	5.0	25.7	40.6	20.2	2,902	11,381	123,932
Part year	7.2	331	15.2	3.2	5.1	6.1	26.0	41.1	18.4	2,179	6,787	60,659
None	4.6	305	24.7	10.5	17.9	10.5	27.5	25.4	8.2	1,233	44,807	491,138
Maintenance Assistance Status												
Cash	4.3	290	38.3	10.0	20.4	11.1	26.9	23.6	7.9	757	19,333	218,122
Medically needy	4.6	304	52.0	19.7	11.8	8.6	28.3	24.2	7.4	586	2,699	25,988
Poverty related	1.8	104	32.8	28.2	34.5	11.7	17.0	7.2	1.4	316	1,836	19,630
Other/unknown	6.0	335	15.2	6.2	10.2	7.9	27.4	34.4	13.9	2,211	39,107	411,989

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5

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

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
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	5.3	\$313	\$59	1.9	\$220	\$117	0.4	\$22	\$60	3.0	\$69	\$23
Age												
5 and younger	3.9	424	108	1.7	355	212	0.4	38	84	1.8	31	17
6-14	5.0	347	69	1.6	266	169	0.1	7	101	3.4	74	22
15-20	2.5	235	94	1.1	187	175	0.1	15	123	1.3	32	25
21-44	3.6	319	88	1.4	237	166	0.3	25	93	1.9	56	30
45-64	5.4	386	71	2.1	277	134	0.4	30	81	3.0	78	26
65-74	5.7	299	53	2.1	210	102	0.4	18	50	3.2	70	22
75-84	6.1	279	46	2.1	189	91	0.4	17	41	3.5	72	21
85 and older	6.0	241	40	1.8	155	86	0.4	15	34	3.7	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	276	46	2.0	186	93	0.4	17	41	3.6	72	20
Disabled	4.6	347	76	1.8	253	143	0.3	27	83	2.5	67	27
Adults	3.3	296	89	1.2	205	167	0.2	21	108	1.9	69	37
Children	4.1	365	89	1.7	279	169	0.2	15	75	2.3	71	32
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.8	317	55	2.0	221	109	0.4	22	54	3.3	74	22
Male	4.4	305	69	1.6	219	135	0.3	23	74	2.4	63	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	324	61	1.9	228	120	0.4	24	62	3.0	71	24
African American	3.9	235	60	1.4	167	121	0.2	16	71	2.3	52	22
Other/unknown	5.3	285	54	1.9	201	107	0.4	19	52	3.0	65	21
Use of Nursing Facilities^e												
Entire year	7.2	337	47	2.3	224	98	0.5	21	41	4.3	90	21
Part year	7.2	331	46	2.4	224	95	0.5	21	42	4.3	85	20
None	4.6	305	67	1.7	219	128	0.3	23	71	2.5	62	25
Maintenance Assistance Status												
Cash	4.3	290	67	1.6	207	127	0.3	22	74	2.4	60	25
Medically needy	4.6	304	66	1.8	218	124	0.3	24	71	2.5	62	25
Poverty related	1.8	104	57	0.7	75	111	0.1	7	57	1.0	21	21
Other/unknown	6.0	335	56	2.1	234	113	0.4	23	55	3.4	77	23

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Iowa, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$23	\$17	\$1	\$5	\$66	\$125	\$91	\$25	148,397	\$9,724,020	37,418	59.4 %	415,890
Biologicals	0.1	0.1	0.0	0.0	25	2	1	23	238	29	535	476	1,629	387,106	1,373	2.2	15,673
Antineoplastic Agents	0.6	0.1	0.0	0.5	84	60	2	22	134	458	176	46	10,749	1,437,049	1,625	2.6	17,105
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.5	49	35	4	9	45	82	24	19	340,051	15,253,358	28,476	45.2	312,801
Cardiovascular Agents	2.0	0.6	0.1	1.3	63	41	3	20	32	67	29	16	837,680	26,823,543	39,051	62.0	422,939
Respiratory Agents	0.8	0.4	0.0	0.3	47	39	0	7	61	92	40	21	212,290	12,868,907	24,761	39.3	275,641
Gastrointestinal Agents	0.9	0.2	0.0	0.6	52	35	2	15	60	139	42	27	264,249	15,885,365	27,952	44.4	306,349
Genitourinary Agents	0.6	0.4	0.0	0.2	41	34	2	5	66	83	69	27	74,442	4,904,921	10,826	17.2	119,716
CNS Drugs	1.7	0.7	0.1	0.8	149	111	10	28	90	155	101	33	687,315	61,808,758	37,895	60.2	414,306
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	64	47	3	15	96	134	125	49	6,958	668,241	913	1.4	10,412
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.8	0.0	0.0	157	156	0	0	183	186	138	27	35,492	6,498,588	3,976	6.3	41,447
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	51	35	3	14	59	157	232	21	314,702	18,587,918	33,037	52.5	361,845
Neuromuscular Agents	1.1	0.3	0.2	0.6	89	51	19	18	80	147	97	32	251,601	20,109,433	20,172	32.0	225,830
Nutritional Products	0.7	0.0	0.0	0.7	16	0	1	15	23	20	27	22	94,855	2,142,621	12,498	19.8	133,946
Hematological Agents	0.9	0.2	0.2	0.5	59	46	6	7	64	185	30	15	115,155	7,426,005	11,662	18.5	125,527
Topical Products	0.4	0.2	0.0	0.2	18	11	1	6	41	70	47	22	130,597	5,351,925	26,929	42.8	302,364
Miscellaneous Products	0.3	0.1	0.0	0.2	56	39	7	10	161	300	244	52	5,876	946,572	1,544	2.5	16,850
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	9	0	0	0	19	0	0	0	26,251	497,153	4,996	7.9	55,496
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,558,289	211,321,483	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$39,135,283	22,448	35.6 %	251,304	0.8	\$187	\$156
ANTIDEPRESSANTS	18,724,059	39,006	61.9	431,409	0.7	59	43
ANTICONVULSANT	16,118,452	17,159	27.2	193,533	0.9	94	83
ULCER DRUGS	11,790,602	28,878	45.9	319,090	0.6	65	37
ANALGESICS - Narcotic	11,204,209	37,060	58.8	406,967	0.5	58	28
ANTIDIABETIC	10,227,258	20,087	31.9	220,371	0.8	58	46
ANTIHYPERLIPIDEMIC	9,998,879	15,890	25.2	179,319	0.7	79	56
ANTIASTHMATIC	9,395,957	24,741	39.3	273,836	0.5	69	34
NEUROLOGICAL	6,498,450	4,675	7.4	48,920	0.7	183	133
ANTIHYPERTENSIVE	6,113,836	23,340	37.1	255,649	0.7	32	24
Total	139,206,985	233,284		2,580,398	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,737,428	\$139,206,985	22,448	35.6 %	251,304	0.8	\$156	39,006	61.9 %	431,409	0.7	\$43
Female	1,145,283	85,869,598	12,597	32.0	140,475	0.8	135	26,928	68.5	297,377	0.7	43
Disabled	486,077	44,848,610	6,718	42.5	78,082	0.8	160	13,299	84.2	152,754	0.7	46
5 and younger	42	1,404	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	16	1,573	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	817	57,505	9	16.7	104	1.7	150	29	53.7	340	0.6	34
21-44	146,837	15,288,888	2,880	49.4	33,513	0.8	154	4,929	84.5	56,923	0.7	45
45-64	316,007	28,092,988	3,703	42.1	43,120	0.8	166	7,955	90.4	91,157	0.7	48
65-74	14,595	963,365	89	13.3	951	0.8	135	269	40.3	3,038	0.7	32
75-84	6,490	375,132	29	8.3	315	0.7	91	96	27.6	1,081	0.7	33
85 and older	1,273	67,755	8	8.2	79	0.8	75	21	21.4	215	0.7	39
Other Eligibles	659,206	41,020,988	5,879	25.0	62,393	0.8	104	13,629	58.0	144,623	0.8	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	63	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,551	264,634	42	18.9	408	0.4	76	175	78.8	1,710	0.4	33
45-64	1,159	94,056	6	10.0	64	0.6	123	55	91.7	551	0.6	46
65-74	184,058	12,571,764	1,400	25.2	15,538	0.8	136	3,364	60.7	37,436	0.7	38
75-84	238,452	14,776,949	1,960	25.2	21,156	0.8	105	4,613	59.3	49,076	0.8	39
85 and older	232,980	13,313,522	2,471	24.9	25,227	0.7	83	5,422	54.7	55,850	0.8	42
Male	592,145	53,337,387	9,851	41.6	110,829	0.9	182	12,078	51.1	134,032	0.7	44
Disabled	378,366	39,548,366	7,456	49.2	86,409	0.9	202	8,116	53.6	93,158	0.7	46
5 and younger	18	525	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	80	3,246	0	0.0	0	0.0	0	3	75.0	36	0.6	51
15-20	1,102	116,651	27	32.5	323	0.7	164	37	44.6	433	0.6	47
21-44	150,297	17,429,448	3,722	52.6	43,206	0.9	200	3,782	53.5	43,748	0.7	46
45-64	217,674	21,390,016	3,649	49.0	42,207	1.0	204	4,169	56.0	47,556	0.7	46
65-74	6,608	440,927	43	10.9	499	1.2	213	85	21.6	932	0.7	41
75-84	2,222	147,891	14	10.9	162	0.7	105	34	26.4	381	0.6	27
85 and older	365	19,662	1	6.3	12	1.2	208	6	37.5	72	0.8	30
Other Eligibles	213,779	13,789,021	2,395	28.1	24,420	0.8	111	3,962	46.6	40,874	0.8	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	72	16,848	4	80.0	48	0.9	310	1	20.0	12	0.5	5
21-44	1,187	130,038	24	19.5	231	0.3	59	59	48.0	584	0.4	30
45-64	763	79,330	4	6.3	38	0.3	60	24	37.5	207	0.6	43
65-74	81,482	5,744,974	803	27.2	8,782	0.8	145	1,267	42.9	13,728	0.8	41
75-84	81,698	5,012,756	931	28.7	9,334	0.8	99	1,557	48.0	15,996	0.8	40
85 and older	48,577	2,805,075	629	29.6	5,987	0.7	83	1,054	49.6	10,347	0.8	39
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.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 benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	17,159	27.2 %	193,533	0.9	\$83	28,878	45.9 %	319,090	0.6	\$37	37,060	58.8 %	406,967	0.5	\$28
Female	10,476	26.6	117,836	0.9	78	19,798	50.4	218,932	0.6	37	26,301	66.9	289,164	0.5	27
Disabled	6,450	40.8	74,326	0.9	93	7,439	47.1	85,792	0.5	41	11,425	72.3	131,195	0.4	28
5 and younger	0	0.0	0	0.0	0	2	66.7	24	1.0	52	0	0.0	0	0.0	0
6-14	1	100.0	12	1.3	130	1	100.0	12	0.1	1	0	0.0	0	0.0	0
15-20	11	20.4	132	1.0	97	12	22.2	132	0.6	39	28	51.9	319	0.2	18
21-44	2,569	44.1	29,714	0.9	105	2,215	38.0	25,716	0.5	38	3,861	66.2	44,579	0.4	21
45-64	3,734	42.4	43,023	0.9	86	4,766	54.2	54,854	0.5	43	6,983	79.4	80,099	0.5	32
65-74	104	15.6	1,098	0.7	57	279	41.8	3,174	0.4	35	344	51.6	3,855	0.4	12
75-84	23	6.6	259	0.7	39	133	38.2	1,541	0.5	31	178	51.1	2,009	0.3	10
85 and older	8	8.2	88	0.5	35	31	31.6	339	0.6	47	31	31.6	334	0.4	10
Other Eligibles	4,026	17.1	43,510	0.8	53	12,359	52.6	133,140	0.6	34	14,876	63.3	157,969	0.5	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	12	0.5	5
21-44	54	24.3	512	0.6	75	47	21.2	461	0.3	29	181	81.5	1,803	0.4	44
45-64	17	28.3	177	0.7	80	23	38.3	248	0.3	29	35	58.3	374	0.6	25
65-74	1,407	25.4	15,733	0.9	65	2,998	54.1	33,709	0.6	38	3,864	69.7	43,158	0.5	23
75-84	1,457	18.7	15,830	0.8	51	4,245	54.6	46,114	0.6	35	4,982	64.1	53,813	0.6	27
85 and older	1,091	11.0	11,258	0.8	39	5,046	50.9	52,608	0.7	32	5,812	58.7	58,809	0.6	30
Male	6,683	28.2	75,697	0.9	91	9,080	38.4	100,158	0.6	37	10,759	45.5	117,803	0.4	28
Disabled	5,177	34.2	59,814	0.9	100	5,078	33.5	58,205	0.6	41	6,658	44.0	75,816	0.4	30
5 and younger	0	0.0	0	0.0	0	2	66.7	17	0.9	28	2	66.7	24	0.1	2
6-14	0	0.0	0	0.0	0	2	50.0	24	0.5	16	3	75.0	36	0.1	1
15-20	18	21.7	214	0.8	101	18	21.7	197	0.5	40	26	31.3	286	0.2	9
21-44	2,417	34.2	28,062	0.9	106	1,943	27.5	22,576	0.5	39	2,863	40.5	32,988	0.4	27
45-64	2,692	36.1	30,991	1.0	96	2,952	39.6	33,660	0.6	42	3,587	48.2	40,595	0.4	34
65-74	33	8.4	350	1.0	57	103	26.1	1,065	0.5	32	129	32.7	1,349	0.4	13
75-84	14	10.9	161	0.9	36	46	35.7	527	0.5	29	40	31.0	448	0.2	10
85 and older	3	18.8	36	0.5	9	12	75.0	139	0.4	31	8	50.0	90	0.1	2
Other Eligibles	1,506	17.7	15,883	0.9	58	4,002	47.0	41,953	0.6	32	4,101	48.2	41,987	0.5	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	20.0	12	0.8	139	2	40.0	19	0.2	3	2	40.0	24	0.2	1
21-44	27	22.0	272	0.6	75	30	24.4	317	0.3	26	81	65.9	784	0.5	56
45-64	15	23.4	134	0.7	113	11	17.2	97	0.5	20	37	57.8	327	0.6	76
65-74	656	22.2	7,366	0.9	66	1,343	45.5	14,886	0.6	34	1,419	48.1	15,458	0.5	27
75-84	531	16.4	5,418	0.8	48	1,488	45.9	15,580	0.6	32	1,501	46.3	15,232	0.4	18
85 and older	276	13.0	2,681	0.9	50	1,128	53.1	11,054	0.6	31	1,061	50.0	10,162	0.5	23
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.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 benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ASTHMA				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	20,087	31.9 %	220,371	0.8	\$46	15,890	25.2 %	179,319	0.7	\$56	24,741	39.3 %	273,836	0.5	\$34
Female	13,584	34.6	149,561	0.8	46	10,345	26.3	116,974	0.7	56	16,596	42.2	184,548	0.5	34
Disabled	4,578	29.0	52,364	0.8	51	4,310	27.3	49,746	0.7	54	7,426	47.0	85,587	0.4	32
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	3	1	33.3	12	0.1	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	7.4	48	0.8	51	1	1.9	12	2.3	110	8	14.8	94	0.3	13
21-44	912	15.6	10,469	0.7	48	684	11.7	7,893	0.6	47	2,280	39.1	26,412	0.4	29
45-64	3,289	37.4	37,675	0.8	52	3,217	36.6	37,179	0.7	55	4,730	53.8	54,486	0.5	34
65-74	270	40.5	3,004	0.7	46	266	39.9	3,041	0.7	53	288	43.2	3,218	0.5	35
75-84	88	25.3	1,017	0.7	39	122	35.1	1,420	0.8	62	115	33.0	1,317	0.5	36
85 and older	15	15.3	151	0.7	31	19	19.4	189	0.9	64	4	4.1	48	0.1	7
Other Eligibles	9,006	38.3	97,197	0.8	43	6,035	25.7	67,228	0.7	57	9,170	39.0	98,961	0.5	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	21	9.5	211	0.5	41	10	4.5	108	0.5	30	58	26.1	557	0.3	18
45-64	15	25.0	137	0.6	40	12	20.0	116	0.5	49	23	38.3	241	0.5	28
65-74	2,980	53.7	33,348	0.8	48	2,429	43.8	27,639	0.7	58	2,975	53.6	33,379	0.5	38
75-84	3,593	46.2	38,739	0.8	43	2,432	31.3	27,048	0.7	57	3,202	41.2	34,574	0.5	36
85 and older	2,397	24.2	24,762	0.8	36	1,152	11.6	12,317	0.7	54	2,912	29.4	30,210	0.5	30
Male	6,503	27.5	70,810	0.8	48	5,545	23.4	62,345	0.7	56	8,145	34.4	89,288	0.5	36
Disabled	3,333	22.0	37,438	0.8	52	3,527	23.3	40,424	0.7	55	4,148	27.4	47,193	0.5	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	1	4	100.0	48	0.2	11
15-20	2	2.4	22	0.9	36	1	1.2	12	0.3	24	28	33.7	330	0.5	26
21-44	891	12.6	10,198	0.7	50	1,040	14.7	12,128	0.7	50	1,400	19.8	16,097	0.4	26
45-64	2,291	30.8	25,674	0.8	54	2,308	31.0	26,376	0.7	57	2,486	33.4	28,266	0.5	35
65-74	109	27.7	1,114	0.7	37	136	34.5	1,451	0.7	54	177	44.9	1,836	0.6	39
75-84	33	25.6	361	0.7	50	38	29.5	409	0.7	60	45	34.9	520	0.7	56
85 and older	7	43.8	69	0.9	37	3	18.8	36	0.8	55	8	50.0	96	0.3	22
Other Eligibles	3,170	37.2	33,372	0.8	43	2,018	23.7	21,921	0.7	58	3,997	47.0	42,095	0.6	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.1	2
21-44	13	10.6	108	0.6	47	8	6.5	86	0.3	24	21	17.1	192	0.2	16
45-64	15	23.4	120	0.6	47	11	17.2	88	0.8	70	11	17.2	100	0.7	121
65-74	1,245	42.2	13,646	0.8	46	999	33.8	11,157	0.7	59	1,450	49.1	16,024	0.6	43
75-84	1,285	39.6	13,384	0.8	43	765	23.6	8,233	0.7	57	1,555	47.9	16,253	0.6	39
85 and older	612	28.8	6,114	0.8	37	235	11.1	2,357	0.8	57	959	45.2	9,514	0.6	37
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.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 benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	4,675	7.4 %	48,920	0.7	\$133	23,340	37.1 %	255,649	0.7	\$24	62,975	675,729
Female	3,412	8.7	35,893	0.7	139	15,702	39.9	172,101	0.7	25	39,316	421,488
Disabled	419	2.7	4,787	0.7	412	4,358	27.6	49,787	0.7	24	15,802	177,907
	0	0.0	0	0.0	0	2	66.7	24	0.7	5	3	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	7	13.0	76	0.8	18	54	600
15-20	116	2.0	1,333	0.6	536	742	12.7	8,458	0.6	20	5,832	66,013
21-44	275	3.1	3,141	0.7	392	3,073	34.9	35,225	0.7	24	8,799	99,200
45-64	15	2.2	166	0.7	105	314	47.1	3,513	0.7	25	667	7,134
65-74	10	2.9	111	0.4	48	173	49.7	1,993	0.7	27	348	3,879
75-84	3	3.1	36	0.7	62	47	48.0	498	0.7	24	98	1,033
85 and older	2,993	12.7	31,106	0.7	97	11,344	48.2	122,314	0.8	26	23,514	243,581
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
15-20	4	1.8	48	0.5	428	20	9.0	201	0.5	18	222	1,764
21-44	1	1.7	12	0.6	786	18	30.0	173	0.6	18	60	520
45-64	373	6.7	3,963	0.7	106	2,942	53.0	33,017	0.7	26	5,546	60,457
65-74	1,167	15.0	12,196	0.8	95	4,135	53.2	44,949	0.8	26	7,777	81,756
75-84	1,448	14.6	14,887	0.8	94	4,229	42.7	43,974	0.8	25	9,907	99,066
85 and older	1,263	5.3	13,027	0.7	117	7,638	32.3	83,548	0.7	22	23,659	254,241
Male	266	1.8	3,042	0.6	202	3,859	25.5	43,569	0.7	22	15,148	169,425
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	29
5 and younger	0	0.0	0	0.0	0	4	100.0	48	0.7	10	4	48
6-14	2	2.4	18	0.2	19	16	19.3	177	0.5	8	83	953
15-20	94	1.3	1,110	0.6	226	1,094	15.5	12,465	0.7	21	7,071	79,986
21-44	159	2.1	1,800	0.6	195	2,522	33.9	28,519	0.7	22	7,448	82,841
45-64	4	1.0	42	0.7	89	153	38.8	1,602	0.7	20	394	4,013
65-74	6	4.7	66	0.9	132	57	44.2	614	0.7	24	129	1,381
75-84	1	6.3	6	0.3	41	13	81.3	144	0.6	23	16	174
85 and older	997	11.7	9,985	0.7	92	3,779	44.4	39,979	0.8	21	8,511	84,816
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	2	40.0	19	0.3	7	5	47
15-20	1	0.8	12	1.0	1,184	11	8.9	91	0.5	24	123	892
21-44	0	0.0	0	0.0	0	14	21.9	117	0.6	20	64	441
45-64	191	6.5	1,958	0.7	91	1,414	47.9	15,462	0.7	23	2,953	31,312
65-74	456	14.1	4,598	0.7	90	1,493	46.0	15,826	0.7	20	3,243	32,268
75-84	349	16.4	3,417	0.7	91	845	39.8	8,464	0.8	20	2,123	19,856
85 and older	0	0.0	0	0.0	0	0	0.0	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 Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$337	7.2	11,381	123,932
Age				
0-64	506	7.9	923	10,634
65-74	450	8.2	1,287	14,246
75-84	359	7.6	3,382	36,781
85 and older	268	6.5	5,789	62,271
Unknown	0	0.0	0	0
Gender				
Female	333	7.2	8,333	91,326
Male	347	6.9	3,048	32,606
Unknown	0	0.0	0	0
Race				
White	342	7.1	7,923	88,372
African American	332	7.2	91	1,043
Other/unknown	323	7.2	3,367	34,517
Basis of Eligibility^c				
Aged	320	7.1	10,439	113,072
Disabled	505	7.9	942	10,860
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 6,787 beneficiaries who were in nursing facilities for part of their enrollment and their 60,659 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$17	\$11	\$1	\$5	\$47	\$79	\$63	\$22	32,096	\$1,498,177	7,924	69.6 %	88,872
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	29	26	21	31	621	17,982	564	5.0	6,423
Antineoplastic Agents	0.7	0.1	0.0	0.6	63	29	2	32	85	220	157	53	2,603	221,723	328	2.9	3,522
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	53	39	3	10	41	77	22	16	78,449	3,190,147	5,483	48.2	60,482
Cardiovascular Agents	2.3	0.5	0.1	1.7	55	27	3	24	24	59	23	15	213,441	5,153,213	8,574	75.3	94,139
Respiratory Agents	0.8	0.4	0.0	0.4	43	35	0	7	56	87	44	20	38,398	2,133,013	4,414	38.8	49,567
Gastrointestinal Agents	1.1	0.2	0.1	0.8	45	22	3	20	41	114	33	24	77,303	3,140,498	6,336	55.7	70,305
Genitourinary Agents	0.7	0.5	0.0	0.2	48	39	2	6	65	83	64	29	25,060	1,634,455	3,059	26.9	34,345
CNS Drugs	1.7	0.8	0.1	0.8	124	92	7	25	71	117	64	29	153,011	10,917,055	8,003	70.3	88,261
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.6	0.2	0.0	0.4	38	28	0	9	61	159	189	21	377	22,825	55	0.5	601
Neurological Agents	1.0	1.0	0.0	0.0	139	138	0	0	143	143	0	36	18,352	2,615,262	1,755	15.4	18,865
Analgesics and Anesthetics	1.1	0.3	0.0	0.7	51	38	1	12	49	124	86	16	69,474	3,392,627	5,998	52.7	66,028
Neuromuscular Agents	1.4	0.3	0.3	0.8	93	41	19	32	68	118	75	42	50,856	3,441,609	3,294	28.9	37,063
Nutritional Products	0.9	0.0	0.0	0.8	20	0	1	18	22	19	30	22	33,449	741,643	3,420	30.1	37,887
Hematological Agents	1.2	0.3	0.2	0.7	54	39	6	9	44	138	23	13	39,900	1,750,983	2,942	25.9	32,365
Topical Products	0.6	0.2	0.0	0.3	21	13	1	7	38	64	44	22	41,799	1,589,072	6,564	57.7	74,481
Miscellaneous Products	0.2	0.1	0.0	0.1	13	10	0	3	59	106	37	25	1,180	69,111	465	4.1	5,225
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	10	0	0	0	18	0	0	0	10,038	176,087	1,531	13.5	17,404
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.	886,407	41,705,482	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 6,787 beneficiaries who were in nursing facilities for part of their enrollment and their 60,659 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.medispain.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.medispanspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Iowa, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	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	\$6,184,384	4,498	39.5 %	50,241	0.9	\$143	\$123
ANTIDEPRESSANTS	4,189,050	7,629	67.0	85,136	0.9	54	49
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,615,262	2,090	18.4	22,569	0.8	143	116
ANALGESICS - Narcotic	2,502,821	6,025	52.9	66,414	0.7	53	38
ULCER DRUGS	2,307,166	6,078	53.4	67,512	0.7	47	34
ANTICONVULSANT	2,215,627	2,648	23.3	30,013	1.1	70	74
ANTIDIABETIC	2,076,725	4,057	35.6	44,735	1.0	48	46
ANTIASTHMATIC	1,682,046	4,139	36.4	46,335	0.6	63	36
ANTIHYPERTENSIVE	1,291,620	4,486	39.4	49,484	0.9	29	26
ANTIHYPERLIPIDEMIC	1,110,509	1,571	13.8	17,304	0.9	75	64
Total	26,175,210	43,221		479,743	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 6,787 beneficiaries who were in nursing facilities for part of their enrollment and their 60,659 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of 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	395,555	\$26,175,210	4,498	39.5 %	50,241	0.9	\$123	7,629	67.0 %	85,136	0.9	\$49
Female	288,359	18,777,509	3,130	37.6	35,349	0.9	119	5,739	68.9	64,264	0.9	49
Disabled	22,358	2,050,729	258	56.8	3,024	1.0	179	389	85.7	4,620	1.0	60
64 or younger	21,828	2,009,734	249	56.2	2,916	1.0	179	384	86.7	4,560	1.0	60
65-74	380	31,810	7	100.0	84	1.1	180	4	57.1	48	1.0	59
75-84	59	4,960	1	50.0	12	1.0	165	0	0.0	0	0.0	0
85 and older	91	4,225	1	50.0	12	1.0	173	1	50.0	12	1.0	59
Other Eligibles	266,001	16,726,780	2,872	36.5	32,325	0.8	114	5,350	67.9	59,644	0.9	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	35,270	2,588,942	428	58.5	4,914	0.9	158	594	81.3	6,700	0.9	51
75-84	94,400	6,153,888	991	43.1	11,311	0.9	123	1,728	75.1	19,323	0.9	49
85 and older	136,331	7,983,950	1,453	30.0	16,100	0.8	94	3,028	62.5	33,621	0.9	48
Male	107,196	7,397,701	1,368	44.9	14,892	0.9	132	1,890	62.0	20,872	0.9	50
Disabled	19,790	1,695,869	245	50.2	2,816	0.9	174	322	66.0	3,710	0.9	63
64 or younger	19,535	1,673,511	241	50.2	2,768	0.9	174	318	66.2	3,662	0.9	62
65-74	182	16,557	2	33.3	24	1.2	197	2	33.3	24	1.8	188
75-84	73	5,801	2	100.0	24	0.8	110	2	100.0	24	1.0	43
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	87,406	5,701,832	1,123	43.9	12,076	0.9	122	1,568	61.3	17,162	0.9	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	22,449	1,700,718	334	61.5	3,691	0.9	154	361	66.5	3,959	0.9	50
75-84	37,447	2,343,247	472	43.8	5,085	0.9	116	660	61.2	7,311	0.9	47
85 and older	27,510	1,657,867	317	33.8	3,300	0.8	97	547	58.3	5,892	0.9	44
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 6,787 beneficiaries who were in nursing facilities for part of their enrollment and their 60,659 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,090	18.4 %	22,569	0.8	\$116	6,025	52.9 %	66,414	0.7	\$38	6,078	53.4 %	67,512	0.7	\$34
Female	1,535	18.4	16,721	0.8	119	4,760	57.1	52,691	0.7	39	4,526	54.3	50,485	0.7	34
Disabled	51	11.2	588	0.8	457	262	57.7	3,063	0.8	49	258	56.8	3,018	0.8	43
64 or younger	48	10.8	552	0.9	483	258	58.2	3,015	0.8	49	248	56.0	2,898	0.8	43
65-74	0	0.0	0	0.0	0	2	28.6	24	0.4	2	6	85.7	72	0.5	57
75-84	2	100.0	24	0.6	75	0	0.0	0	0.0	0	1	50.0	12	1.0	15
85 and older	1	50.0	12	0.8	7	2	100.0	24	0.5	5	3	150.0	36	0.7	16
Other Eligibles	1,484	18.8	16,133	0.8	107	4,498	57.1	49,628	0.7	39	4,268	54.2	47,467	0.7	33
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	140	19.2	1,492	0.8	123	437	59.8	4,880	0.7	29	433	59.2	4,870	0.7	34
75-84	530	23.0	5,823	0.8	108	1,417	61.6	15,761	0.8	42	1,305	56.7	14,542	0.7	36
85 and older	814	16.8	8,818	0.8	103	2,644	54.5	28,987	0.7	38	2,530	52.2	28,055	0.7	32
Male	555	18.2	5,848	0.8	107	1,265	41.5	13,723	0.6	32	1,552	50.9	17,027	0.7	36
Disabled	38	7.8	416	0.7	189	180	36.9	2,056	0.7	41	222	45.5	2,558	0.8	52
64 or younger	36	7.5	392	0.7	192	176	36.7	2,012	0.7	41	218	45.4	2,510	0.8	52
65-74	1	16.7	12	1.1	148	4	66.7	44	0.5	6	2	33.3	24	1.1	64
75-84	1	50.0	12	0.9	120	0	0.0	0	0.0	0	2	100.0	24	0.5	22
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	517	20.2	5,432	0.8	101	1,085	42.4	11,667	0.6	30	1,330	52.0	14,469	0.7	33
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	92	16.9	907	0.8	94	211	38.9	2,379	0.7	38	282	51.9	3,174	0.7	36
75-84	226	21.0	2,450	0.8	102	438	40.6	4,703	0.6	24	526	48.8	5,786	0.7	31
85 and older	199	21.2	2,075	0.8	103	436	46.4	4,585	0.6	32	522	55.6	5,509	0.7	33
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 6,787 beneficiaries who were in nursing facilities for part of their enrollment and their 60,659 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,648	23.3 %	30,013	1.1	\$74	4,057	35.6 %	44,735	1.0	\$46	4,139	36.4 %	46,335	0.6	\$36
Female	1,749	21.0	19,894	1.0	70	2,907	34.9	32,059	1.0	46	2,800	33.6	31,440	0.5	33
Disabled	278	61.2	3,286	1.2	118	191	42.1	2,238	1.1	59	155	34.1	1,808	0.6	37
64 or younger	274	61.9	3,238	1.2	118	183	41.3	2,142	1.1	60	152	34.3	1,772	0.6	38
65-74	4	57.1	48	1.3	93	8	114.3	96	0.9	39	1	14.3	12	0.4	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	2
Other Eligibles	1,471	18.7	16,608	1.0	61	2,716	34.5	29,821	1.0	45	2,645	33.6	29,632	0.5	32
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	345	47.2	3,956	1.1	87	458	62.7	5,092	1.0	52	296	40.5	3,452	0.6	37
75-84	554	24.1	6,297	1.0	63	1,145	49.8	12,573	1.0	47	913	39.7	10,128	0.6	38
85 and older	572	11.8	6,355	0.9	42	1,113	23.0	12,156	0.9	40	1,436	29.6	16,052	0.5	27
Male	899	29.5	10,119	1.1	81	1,150	37.7	12,676	1.0	47	1,339	43.9	14,895	0.7	44
Disabled	308	63.1	3,594	1.3	113	136	27.9	1,564	1.1	67	166	34.0	1,917	0.7	38
64 or younger	306	63.8	3,570	1.3	114	134	27.9	1,540	1.1	68	165	34.4	1,905	0.7	38
65-74	2	33.3	24	0.7	73	1	16.7	12	0.8	24	1	16.7	12	0.3	30
75-84	0	0.0	0	0.0	0	1	50.0	12	0.6	14	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	591	23.1	6,525	1.0	64	1,014	39.6	11,112	0.9	44	1,173	45.8	12,978	0.7	45
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	216	39.8	2,458	1.0	77	260	47.9	2,907	1.0	48	255	47.0	2,898	0.7	49
75-84	241	22.4	2,617	1.0	56	471	43.7	5,096	1.0	45	501	46.5	5,532	0.7	46
85 and older	134	14.3	1,450	1.0	55	283	30.1	3,109	0.9	41	417	44.4	4,548	0.6	41
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 6,787 beneficiaries who were in nursing facilities for part of their enrollment and their 60,659 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTHYPERLIPIDEMIC					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	4,486	39.4 %	49,484	0.9	\$26	1,571	13.8 %	17,304	0.9	\$64	11,381	123,932
Female	3,283	39.4	36,259	0.9	27	1,116	13.4	12,343	0.8	63	8,333	91,326
Disabled	121	26.7	1,401	0.9	24	96	21.1	1,124	0.8	59	454	5,302
64 or younger	113	25.5	1,305	0.9	24	96	21.7	1,124	0.8	59	443	5,170
65-74	4	57.1	48	0.8	27	0	0.0	0	0.0	0	7	84
75-84	2	100.0	24	0.8	39	0	0.0	0	0.0	0	2	24
85 and older	2	100.0	24	0.7	27	0	0.0	0	0.0	0	2	24
Other Eligibles	3,162	40.1	34,858	0.9	27	1,020	12.9	11,219	0.8	63	7,879	86,024
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	312	42.7	3,498	0.9	27	190	26.0	2,128	0.9	71	731	8,163
75-84	1,038	45.1	11,434	0.9	28	443	19.3	4,856	0.9	64	2,300	25,282
85 and older	1,812	37.4	19,926	0.9	27	387	8.0	4,235	0.8	58	4,848	52,579
Male	1,203	39.5	13,225	0.9	24	455	14.9	4,961	0.9	68	3,048	32,606
Disabled	141	28.9	1,636	0.8	24	68	13.9	787	0.9	71	488	5,558
64 or younger	140	29.2	1,624	0.8	24	67	14.0	775	0.9	71	480	5,464
65-74	1	16.7	12	1.2	49	1	16.7	12	0.8	65	6	70
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,062	41.5	11,589	0.9	24	387	15.1	4,174	0.9	68	2,560	27,048
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	234	43.1	2,593	0.9	27	136	25.0	1,538	0.9	68	543	5,929
75-84	466	43.2	5,143	0.9	22	168	15.6	1,779	0.9	69	1,078	11,451
85 and older	362	38.6	3,853	0.9	23	83	8.8	857	0.9	65	939	9,668
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 6,787 beneficiaries who were in nursing facilities for part of their enrollment and their 60,659 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
IOWA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	39,825	63.2 %	7.4	467,791	\$100	\$6,314,523	\$13	3.0 %	62,975
Age									
5 and younger	4	66.7	6.3	38	428	2,566	68	9.3	6
6-14	4	66.7	6.5	39	72	429	11	1.7	6
15-20	53	37.1	2.2	308	24	3,467	11	0.9	143
21-44	6,524	49.2	4.1	53,878	86	1,142,995	21	2.4	13,248
45-64	9,803	59.9	6.4	105,234	102	1,677,111	16	2.4	16,371
65-74	5,764	60.3	7.1	68,134	96	913,225	13	3.0	9,560
75-84	7,950	69.1	8.9	102,667	106	1,216,389	12	3.7	11,497
85 and older	9,723	80.1	11.3	137,493	112	1,358,341	10	4.7	12,144
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	22,685	71.9	9.6	301,861	108	3,404,934	11	3.8	31,534
Disabled	16,939	54.7	5.3	164,724	91	2,818,177	17	2.3	30,950
Adults	188	40.5	2.4	1,093	194	89,885	82	8.5	464
Children	13	48.1	4.2	113	57	1,527	14	1.8	27
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	27,180	69.1	8.5	334,604	114	4,483,474	13	3.4	39,316
Male	12,645	53.4	5.6	133,187	77	1,831,049	14	2.4	23,659
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	29,587	63.7	7.6	351,344	106	4,908,312	14	3.0	46,452
African American	981	50.4	4.4	8,593	61	119,411	14	2.4	1,945
Other/unknown	9,257	63.5	7.4	107,854	88	1,286,800	12	3.2	14,578
Use of Nursing Facilities^d									
Entire year	9,966	87.6	15.2	173,026	154	1,755,515	10	4.2	11,381
Part year	5,938	87.5	10.8	73,437	124	840,363	11	4.2	6,787
None	23,921	53.4	4.9	221,328	83	3,718,645	17	2.5	44,807
Maintenance Assistance Status									
Cash	10,278	53.2	5.1	98,696	80	1,550,713	16	2.5	19,333
Medically needy	1,312	48.6	4.5	12,120	95	257,521	21	3.3	2,699
Poverty related	627	34.2	1.8	3,293	28	52,091	16	2.6	1,836
Other/unknown	27,608	70.6	9.0	353,682	114	4,454,198	13	3.2	39,107

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
IOWA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.7	\$9	\$13	\$0	\$3	675,729
Age						
5 and younger	0.6	39	68	0	0	65
6-14	0.5	6	11	0	0	72
15-20	0.2	2	11	0	1	1,606
21-44	0.4	8	21	0	3	148,655
45-64	0.6	9	16	0	4	183,002
65-74	0.7	9	13	0	2	102,916
75-84	0.9	10	12	0	2	119,284
85 and older	1.1	11	10	0	2	120,129
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.9	10	11	0	2	324,602
Disabled	0.5	8	17	0	3	347,332
Adults	0.3	25	82	0	3	3,558
Children	0.5	6	14	0	4	237
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.8	11	13	0	3	421,488
Male	0.5	7	14	0	3	254,241
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	10	14	0	3	513,032
African American	0.4	6	14	0	1	21,268
Other/unknown	0.8	9	12	0	2	141,429
Use of Nursing Facilities^d						
Entire year	1.4	14	10	0	2	123,932
Part year	1.2	14	11	0	3	60,659
None	0.5	8	17	0	3	491,138
Maintenance Assistance Status						
Cash	0.5	7	16	0	3	218,122
Medically needy	0.5	10	21	0	3	25,988
Poverty related	0.2	3	16	0	1	19,630
Other/unknown	0.9	11	13	0	3	411,989

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
IOWA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	64,763	\$98	\$6,314,523	100.0 %	467,791	\$13	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	56	16	886	0.0	92	10	0.0
Cough and cold medications	10,619	67	710,709	11.3	30,474	23	6.5
Vitamins and minerals	12,284	173	2,125,023	33.7	93,845	23	20.1
Non-prescription drugs	23,330	45	1,057,073	16.7	199,418	5	42.6
Barbiturates	623	91	56,819	0.9	7,309	8	1.6
Benzodiazepines	16,556	113	1,867,614	29.6	131,523	14	28.1
Other Part D Excl Rx Drugs	1,295	383	496,399	7.9	5,130	97	1.1

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 IOWA, 2003

Total Number of Dual Eligible Beneficiaries	62,975
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$211,321,483
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,356

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,400	8.6 %	\$0	0.0 %
1-500	9,735	15.5	2,032,492	1.0
501-1,000	6,220	9.9	4,603,072	2.2
1,001-1,500	5,087	8.1	6,343,904	3.0
1,501-2,000	4,568	7.3	7,961,836	3.8
2,001-2,500	3,974	6.3	8,920,377	4.2
2,501-3,000	3,561	5.7	9,776,065	4.6
3,001-3,500	3,062	4.9	9,939,864	4.7
3,501-4,000	2,662	4.2	9,963,702	4.7
4,001-4,500	2,357	3.7	10,004,071	4.7
4,501-5,000	2,067	3.3	9,802,546	4.6
5,001-5,500	1,806	2.9	9,460,051	4.5
5,501-6,000	1,556	2.5	8,937,678	4.2
6,001-6,500	1,384	2.2	8,636,172	4.1
6,501-7,000	1,208	1.9	8,154,454	3.9
7,001-7,500	1,014	1.6	7,338,848	3.5
7,501-8,000	837	1.3	6,488,920	3.1
8,001-8,500	788	1.3	6,498,484	3.1
8,501-9,000	645	1.0	5,638,187	2.7
9,001-9,500	553	0.9	5,113,935	2.4
9,501-10,000	513	0.8	4,999,550	2.4
10,001+	3,978	6.3	60,707,275	28.7

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 IOWA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	29,298
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$117,215,317
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,001

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,867	9.8 %	0	0.0 %
1-500	4,922	16.8	952,457	0.8
501-1,000	2,510	8.6	1,846,751	1.6
1,001-1,500	1,963	6.7	2,437,147	2.1
1,501-2,000	1,709	5.8	2,970,696	2.5
2,001-2,500	1,505	5.1	3,377,367	2.9
2,501-3,000	1,350	4.6	3,705,506	3.2
3,001-3,500	1,183	4.0	3,840,931	3.3
3,501-4,000	1,036	3.5	3,884,082	3.3
4,001-4,500	939	3.2	3,985,460	3.4
4,501-5,000	908	3.1	4,310,534	3.7
5,001-5,500	803	2.7	4,204,582	3.6
5,501-6,000	728	2.5	4,180,750	3.6
6,001-6,500	673	2.3	4,199,496	3.6
6,501-7,000	599	2.0	4,044,638	3.5
7,001-7,500	574	2.0	4,159,356	3.5
7,501-8,000	473	1.6	3,667,499	3.1
8,001-8,500	443	1.5	3,655,614	3.1
8,501-9,000	385	1.3	3,367,848	2.9
9,001-9,500	343	1.2	3,171,649	2.7
9,501-10,000	328	1.1	3,196,976	2.7
10,001+	3,057	10.4	48,055,978	41.0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 IOWA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	33,201
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$92,982,050
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,801

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,429	7.3 %	0	0.0 %
1-500	4,683	14.1	1,055,809	1.1
501-1,000	3,661	11.0	2,721,076	2.9
1,001-1,500	3,094	9.3	3,868,164	4.2
1,501-2,000	2,833	8.5	4,946,113	5.3
2,001-2,500	2,446	7.4	5,492,048	5.9
2,501-3,000	2,199	6.6	6,037,643	6.5
3,001-3,500	1,865	5.6	6,054,062	6.5
3,501-4,000	1,612	4.9	6,028,378	6.5
4,001-4,500	1,408	4.2	5,975,086	6.4
4,501-5,000	1,151	3.5	5,454,433	5.9
5,001-5,500	994	3.0	5,208,158	5.6
5,501-6,000	823	2.5	4,727,921	5.1
6,001-6,500	705	2.1	4,399,369	4.7
6,501-7,000	607	1.8	4,096,600	4.4
7,001-7,500	440	1.3	3,179,492	3.4
7,501-8,000	362	1.1	2,805,962	3.0
8,001-8,500	341	1.0	2,809,730	3.0
8,501-9,000	257	0.8	2,244,223	2.4
9,001-9,500	207	0.6	1,914,458	2.1
9,501-10,000	183	0.6	1,783,354	1.9
10,001+	901	2.7	12,179,971	13.1

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 IOWA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74	9,560
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$30,730,261
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,215

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,000	10.5 %	0	0.0 %
1-500	1,287	13.5	261,321	0.9
501-1,000	882	9.2	661,349	2.2
1,001-1,500	741	7.8	923,660	3.0
1,501-2,000	682	7.1	1,188,026	3.9
2,001-2,500	643	6.7	1,438,599	4.7
2,501-3,000	547	5.7	1,505,612	4.9
3,001-3,500	470	4.9	1,525,057	5.0
3,501-4,000	415	4.3	1,545,550	5.0
4,001-4,500	376	3.9	1,594,034	5.2
4,501-5,000	337	3.5	1,594,320	5.2
5,001-5,500	277	2.9	1,449,378	4.7
5,501-6,000	272	2.8	1,563,234	5.1
6,001-6,500	246	2.6	1,538,820	5.0
6,501-7,000	231	2.4	1,557,446	5.1
7,001-7,500	159	1.7	1,150,351	3.7
7,501-8,000	130	1.4	1,007,576	3.3
8,001-8,500	131	1.4	1,079,799	3.5
8,501-9,000	98	1.0	857,282	2.8
9,001-9,500	85	0.9	787,258	2.6
9,501-10,000	79	0.8	769,041	2.5
10,001+	472	4.9	6,732,548	21.9

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 IOWA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84	11,497
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$33,318,716
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,898

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	877	7.6 %	0	0.0 %
1-500	1,470	12.8	328,219	1.0
501-1,000	1,168	10.2	863,893	2.6
1,001-1,500	1,050	9.1	1,319,688	4.0
1,501-2,000	927	8.1	1,618,852	4.9
2,001-2,500	816	7.1	1,831,024	5.5
2,501-3,000	780	6.8	2,140,430	6.4
3,001-3,500	669	5.8	2,176,652	6.5
3,501-4,000	601	5.2	2,247,816	6.7
4,001-4,500	520	4.5	2,210,446	6.6
4,501-5,000	439	3.8	2,083,236	6.3
5,001-5,500	386	3.4	2,023,946	6.1
5,501-6,000	318	2.8	1,824,530	5.5
6,001-6,500	257	2.2	1,601,303	4.8
6,501-7,000	228	2.0	1,542,906	4.6
7,001-7,500	174	1.5	1,257,015	3.8
7,501-8,000	148	1.3	1,147,734	3.4
8,001-8,500	131	1.1	1,079,175	3.2
8,501-9,000	93	0.8	810,256	2.4
9,001-9,500	78	0.7	720,701	2.2
9,501-10,000	64	0.6	624,148	1.9
10,001+	303	2.6	3,866,746	11.6

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

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

Total Number of Dual Eligible Beneficiaries, Age 85+	12,144
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$28,933,073
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,383

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	552	4.5 %	0	0.0 %
1-500	1,926	15.9	466,269	1.6
501-1,000	1,611	13.3	1,195,834	4.1
1,001-1,500	1,303	10.7	1,624,816	5.6
1,501-2,000	1,224	10.1	2,139,235	7.4
2,001-2,500	987	8.1	2,222,425	7.7
2,501-3,000	872	7.2	2,391,601	8.3
3,001-3,500	726	6.0	2,352,353	8.1
3,501-4,000	596	4.9	2,235,012	7.7
4,001-4,500	512	4.2	2,170,606	7.5
4,501-5,000	375	3.1	1,776,877	6.1
5,001-5,500	331	2.7	1,734,834	6.0
5,501-6,000	233	1.9	1,340,157	4.6
6,001-6,500	202	1.7	1,259,246	4.4
6,501-7,000	148	1.2	996,248	3.4
7,001-7,500	107	0.9	772,126	2.7
7,501-8,000	84	0.7	650,652	2.2
8,001-8,500	79	0.7	650,756	2.2
8,501-9,000	66	0.5	576,685	2.0
9,001-9,500	44	0.4	406,499	1.4
9,501-10,000	40	0.3	390,165	1.3
10,001+	126	1.0	1,580,677	5.5

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	62,975	31,534	30,950	464	27	0	676,224	324,602	347,591	3,789	242	0
Age												
5 and younger	6	0	6	0	0	0	65	0	65	0	0	0
6-14	6	0	5	0	1	0	72	0	60	0	12	0
15-20	143	0	137	1	5	0	1,606	0	1,553	6	47	0
21-44	13,248	0	12,903	336	9	0	149,046	0	146,187	2,787	72	0
45-64	16,371	0	16,247	117	7	0	183,106	0	182,112	924	70	0
65-74	9,560	8,485	1,061	9	5	0	102,916	91,668	11,147	60	41	0
75-84	11,497	11,019	477	1	0	0	119,284	114,012	5,260	12	0	0
85 and older	12,144	12,030	114	0	0	0	120,129	118,922	1,207	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	39,316	23,222	15,802	275	17	0	421,838	241,202	178,116	2,373	147	0
Male	23,659	8,312	15,148	189	10	0	254,386	83,400	169,475	1,416	95	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	46,452	21,486	24,617	336	13	0	513,404	228,507	281,933	2,852	112	0
African American	1,945	586	1,331	28	0	0	21,328	6,415	14,695	218	0	0
Other/unknown	14,578	9,462	5,002	100	14	0	141,492	89,680	50,963	719	130	0
Use of Nursing Facilities^c												
Entire year	11,381	10,439	942	0	0	0	123,932	113,072	10,860	0	0	0
Part year	6,787	6,135	651	1	0	0	60,659	53,958	6,689	12	0	0
None	44,807	14,960	29,357	463	27	0	491,633	157,572	330,042	3,777	242	0
Maintenance Assistance Status												
Cash	19,333	5,162	13,938	231	2	0	218,461	59,143	157,415	1,886	17	0
Medically needy	2,699	1,492	1,057	145	5	0	26,032	14,640	10,195	1,141	56	0
Poverty related	1,836	949	829	47	11	0	19,655	10,369	8,810	376	100	0
Other/unknown	39,107	23,931	15,126	41	9	0	412,076	240,450	171,171	386	69	0
Dual Status^d												
Full dual, all year	59,749	29,795	29,470	458	26	0	641,130	305,666	331,500	3,731	233	0
Full dual, part year	3,226	1,739	1,480	6	1	0	35,094	18,936	16,091	58	9	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	62,860	31,534	30,903	397	26	0	675,044	324,602	347,048	3,164	230	0
FFS part year, with Rx claims	87	0	46	40	1	0	955	0	540	403	12	0
FFS part year, no Rx claims	6	0	1	5	0	0	29	0	3	26	0	0
MC all year, with Rx claims	22	0	0	22	0	0	196	0	0	196	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 Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	62,975	676,224	62,975	675,729	0	495
Fee-for-service (FFS) all year	62,860	675,044	62,860	675,044	0	0
FFS part year, with Rx claims	87	955	87	473	0	482
FFS part year, with no Rx claims	6	29	6	16	0	13
Managed care (MC) all year, with Rx claims	22	196	22	196	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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