

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IDAHO, 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	21,807	11,424	10,224	158	1	0	227,334	114,095	112,020	1,218	1	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	6	0	6	0	0	0	72	0	72	0	0	0
15-20	55	0	54	1	0	0	597	0	590	7	0	0
21-44	4,852	0	4,732	120	0	0	53,092	0	52,185	907	0	0
45-64	5,415	32	5,348	35	0	0	59,068	361	58,418	289	0	0
65-74	3,970	3,891	76	2	1	0	41,533	40,831	686	15	1	0
75-84	3,966	3,958	8	0	0	0	39,850	39,781	69	0	0	0
85 and older	3,543	3,543	0	0	0	0	33,122	33,122	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	13,363	8,063	5,188	111	1	0	138,934	81,184	56,914	835	1	0
Male	8,444	3,361	5,036	47	0	0	88,400	32,911	55,106	383	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	20,460	10,665	9,644	150	1	0	212,528	105,698	105,669	1,160	1	0
African American	90	33	53	4	0	0	910	349	535	26	0	0
Other/unknown	1,257	726	527	4	0	0	13,896	8,048	5,816	32	0	0
Use of Nursing Facilities^c												
Entire year	2,666	2,454	212	0	0	0	25,561	23,261	2,300	0	0	0
Part year	1,529	1,331	197	1	0	0	14,542	12,547	1,983	12	0	0
None	17,612	7,639	9,815	157	1	0	187,231	78,287	107,737	1,206	1	0
Maintenance Assistance Status												
Cash	12,084	2,042	9,946	96	0	0	133,223	23,015	109,404	804	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	650	358	263	28	1	0	5,509	2,881	2,475	152	1	0
Other/unknown	9,073	9,024	15	34	0	0	88,602	88,199	141	262	0	0
Dual Medicare Status^d												
Full dual, all year	20,891	10,909	9,827	154	1	0	218,979	109,664	108,140	1,174	1	0
Full dual, part year	916	515	397	4	0	0	8,355	4,431	3,880	44	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	21,807	11,424	10,224	158	1	0	227,334	114,095	112,020	1,218	1	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IDAHO, 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	89.8 %	57.9	\$3,601	\$62	\$17,261	20.9 %	21,807
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	76.2	8,228	108	14,228	57.8	6
15-20	81.8	27.0	1,995	74	12,481	16.0	55
21-44	87.4	44.1	3,766	85	16,741	22.5	4,852
45-64	91.7	69.0	4,831	70	17,744	27.2	5,415
65-74	87.8	59.3	3,288	56	12,827	25.6	3,970
75-84	89.0	59.5	2,966	50	17,414	17.0	3,966
85 and older	93.6	57.2	2,573	45	22,108	11.6	3,543
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.0	58.9	2,966	50	17,358	17.1	11,424
Disabled	89.7	57.2	4,326	76	17,280	25.0	10,224
Adults	80.4	34.2	2,622	77	9,100	28.8	158
Children	0.0	0.0	0	0	0	0.0	1
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.9	64.7	3,783	58	17,210	22.0	13,363
Male	84.9	47.1	3,312	70	17,341	19.1	8,444
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.0	58.7	3,648	62	17,708	20.6	20,460
African American	85.6	54.9	4,018	73	15,210	26.4	90
Other/unknown	87.5	44.9	2,797	62	10,120	27.6	1,257
Use of Nursing Facilities^f							
Entire year	95.4	71.5	3,642	51	39,092	9.3	2,666
Part year	93.3	70.4	3,808	54	26,262	14.5	1,529
None	88.7	54.8	3,577	65	13,174	27.1	17,612
Maintenance Assistance Status							
Cash	89.8	57.1	4,101	72	15,870	25.8	12,084
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	88.0	38.5	2,174	57	11,043	19.7	650
Other/unknown	89.9	60.4	3,036	50	19,558	15.5	9,073

Source: Data for this table are from the MAX 2004 file for Idaho, 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, IDAHO, 2004

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	5.6	\$345	20.9 %	10.2 %	13.5 %	8.7 %	24.7 %	29.0 %	13.8 %	\$1,656	21,807	227,334
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	6.3	686	57.8	0.0	0.0	0.0	33.3	66.7	0.0	1,186	6	72
15-20	2.5	184	16.0	18.2	38.2	12.7	18.2	9.1	3.6	1,150	55	597
21-44	4.0	344	22.5	12.6	24.1	11.4	25.2	19.5	7.2	1,530	4,852	53,092
45-64	6.3	443	27.2	8.3	11.2	8.8	24.3	29.2	18.2	1,627	5,415	59,068
65-74	5.7	314	25.6	12.2	12.7	8.0	23.8	28.3	15.1	1,226	3,970	41,533
75-84	5.9	295	17.0	11.0	9.9	6.9	23.5	34.0	14.6	1,733	3,966	39,850
85 and older	6.1	275	11.6	6.4	7.4	7.7	27.2	37.3	14.0	2,365	3,543	33,122
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	5.9	297	17.1	10.0	10.0	7.5	24.7	33.1	14.6	1,738	11,424	114,095
Disabled	5.2	395	25.0	10.3	17.3	10.0	24.8	24.6	13.0	1,577	10,224	112,020
Adults	4.4	340	28.8	19.6	22.8	10.8	20.3	21.5	5.1	1,180	158	1,218
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.2	364	22.0	7.1	11.0	8.1	24.9	32.6	16.5	1,655	13,363	138,934
Male	4.5	316	19.1	15.1	17.6	9.8	24.5	23.4	9.5	1,656	8,444	88,400
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.7	351	20.6	10.0	13.2	8.5	24.6	29.4	14.2	1,705	20,460	212,528
African American	5.4	397	26.4	14.4	12.2	10.0	21.1	33.3	8.9	1,504	90	910
Other/unknown	4.1	253	27.6	12.5	19.3	12.0	27.0	22.4	6.8	915	1,257	13,896
use of nursing Facilities^f												
Entire year	7.5	380	9.3	4.6	4.1	4.5	22.2	40.6	24.0	4,077	2,666	25,561
Part year	7.4	400	14.5	6.7	4.6	5.8	22.9	37.7	22.2	2,761	1,529	14,542
None	5.2	336	27.1	11.3	15.8	9.6	25.3	26.5	11.5	1,239	17,612	187,231
Maintenance Assistance Status												
Cash	5.2	372	25.8	10.2	16.8	10.0	25.4	25.4	12.3	1,440	12,084	133,223
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	4.5	257	19.7	12.0	19.5	7.7	24.2	23.1	13.5	1,303	650	5,509
Other/unknown	6.2	311	15.5	10.1	8.8	7.1	23.8	34.3	15.8	2,003	9,073	88,602

Source: Data for this table are from the MAX 2004 file for Idaho, 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, IDAHO, 2004

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	5.6	\$345	\$62	2.2	\$252	\$116	0.3	\$22	\$63	3.0	\$70	\$23
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	6.3	686	108	3.3	531	159	0.4	59	156	2.6	91	36
15-20	2.5	184	74	1.2	144	124	0.0	7	152	1.3	32	25
21-44	4.0	344	85	1.7	268	153	0.2	19	91	2.1	56	27
45-64	6.3	443	70	2.5	323	128	0.4	30	83	3.4	89	26
65-74	5.7	314	56	2.2	226	101	0.3	20	60	3.1	68	22
75-84	5.9	295	50	2.2	209	94	0.4	19	46	3.2	67	21
85 and older	6.1	275	45	2.1	190	89	0.5	18	38	3.5	66	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.9	297	50	2.2	210	95	0.4	19	47	3.2	67	21
Disabled	5.2	395	76	2.2	296	137	0.3	25	85	2.8	73	27
Adults	4.4	340	77	1.9	245	130	0.2	34	154	2.3	61	27
Children	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
Gender												
Female	6.2	364	58	2.4	264	109	0.4	24	60	3.4	76	23
Male	4.5	316	70	1.8	235	131	0.3	19	72	2.4	62	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.7	351	62	2.2	256	116	0.4	23	64	3.0	72	23
African American	5.4	397	73	2.2	320	148	0.2	14	57	3.0	63	21
Other/unknown	4.1	253	62	1.6	188	115	0.2	15	61	2.2	50	23
Use of Nursing Facilities^e												
Entire year	7.5	380	51	2.6	264	102	0.6	27	44	4.2	88	21
Part year	7.4	400	54	2.8	289	104	0.5	26	50	4.0	84	21
None	5.2	336	65	2.1	248	119	0.3	21	71	2.8	67	24
Maintenance Assistance Status												
Cash	5.2	372	72	2.1	277	131	0.3	23	80	2.7	71	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	4.5	257	57	1.7	179	107	0.3	17	59	2.5	59	23
Other/unknown	6.2	311	50	2.3	220	96	0.4	20	47	3.4	70	21

Source: Data for this table are from the MAX 2004 file for Idaho, 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 Idaho, 1.0 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, IDAHO, 2004

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	\$26	\$17	\$2	\$7	\$69	\$133	\$90	\$31	49,002	\$3,388,411	12,075	55.4 %	132,626
Biologicals	0.1	0.1	0.0	0.0	7	1	2	4	67	15	345	103	402	26,873	368	1.7	4,130
Antineoplastic Agents	0.6	0.1	0.0	0.5	91	63	2	26	141	433	151	54	3,462	488,720	509	2.3	5,358
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	58	45	4	10	47	82	23	18	143,743	6,718,454	10,736	49.2	116,203
Cardiovascular Agents	2.0	0.7	0.1	1.2	71	48	3	20	36	68	31	17	271,293	9,825,248	12,954	59.4	138,306
Respiratory Agents	0.8	0.5	0.0	0.3	52	44	0	7	64	93	47	22	74,814	4,805,276	8,422	38.6	92,689
Gastrointestinal Agents	0.9	0.3	0.0	0.5	58	44	3	11	66	128	57	23	84,510	5,595,150	8,842	40.5	96,053
Genitourinary Agents	0.6	0.4	0.0	0.2	41	35	2	4	67	82	54	29	25,265	1,695,250	3,724	17.1	41,008
CNS Drugs	1.7	0.8	0.1	0.8	150	118	7	24	90	149	81	31	240,675	21,613,556	13,469	61.8	144,351
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	53	38	1	14	87	113	139	52	3,084	269,722	448	2.1	5,081
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.8	0.0	0.0	183	181	0	1	210	219	0	29	11,847	2,493,077	1,310	6.0	13,653
Analgesics and Anesthetics	1.0	0.3	0.0	0.7	63	43	3	18	62	155	272	24	139,747	8,716,493	12,738	58.4	137,285
Neuromuscular Agents	1.1	0.4	0.2	0.6	91	52	21	18	79	135	111	31	100,162	7,907,541	7,942	36.4	87,261
Nutritional Products	0.7	0.0	0.0	0.7	12	0	0	11	16	30	40	16	34,174	555,824	4,540	20.8	47,861
Hematological Agents	0.9	0.2	0.2	0.5	51	38	6	7	56	166	33	15	36,860	2,081,115	3,905	17.9	41,026
Topical Products	0.4	0.1	0.0	0.2	16	10	1	5	41	71	50	23	32,699	1,356,290	7,830	35.9	86,973
Miscellaneous Products	0.8	0.4	0.1	0.4	204	145	23	37	247	390	291	97	3,147	776,275	353	1.6	3,801
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	25	0	0	0	8,307	209,333	1,710	7.8	18,811
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,263,193	78,522,608	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Idaho, 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 Idaho, 1.0 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

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	\$12,645,453	7,494	34.4 %	82,352	0.8	\$182	\$154
ANTIDEPRESSANTS	7,415,952	14,712	67.5	160,165	0.8	61	46
ANTICONVULSANT	6,349,933	6,782	31.1	74,945	0.9	97	85
ANALGESICS - Narcotic	5,472,427	15,961	73.2	172,869	0.5	59	32
ULCER DRUGS	4,493,233	9,315	42.7	102,476	0.6	69	44
ANTIDIABETIC	4,315,367	7,620	34.9	83,214	0.8	64	52
ANTIHYPERLIPIDEMIC	3,560,897	5,316	24.4	59,193	0.7	83	60
ANTIASTHMATIC	3,512,778	8,430	38.7	92,420	0.5	73	38
ANTIHYPERTENSIVE	2,562,277	8,640	39.6	92,993	0.8	37	28
ANALGESICS - ANTI-INFLAMMATORY	2,494,154	6,790	31.1	76,407	0.5	72	33
Total	52,822,471	91,060		997,034	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Idaho, 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 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.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, IDAHO, 2004

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	677,244	\$52,822,471	7,494	34.4 %	82,352	0.8	\$154	14,712	67.5 %	160,165	0.8	\$46
Female	446,443	32,975,411	4,295	32.1	46,846	0.8	135	10,126	75.8	109,922	0.8	46
Disabled	198,802	16,908,165	2,413	46.5	27,595	0.8	150	4,955	95.5	55,943	0.7	50
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	148	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	355	30,157	7	28.0	84	0.5	74	14	56.0	166	0.4	36
21-44	67,387	6,262,612	1,209	57.5	13,918	0.8	142	1,924	91.6	21,867	0.7	48
45-64	130,071	10,557,312	1,190	39.3	13,540	0.9	158	2,999	99.1	33,748	0.8	51
65-74	907	54,508	6	19.4	51	1.4	137	15	48.4	136	0.7	39
75-84	78	3,428	1	25.0	2	1.0	55	3	75.0	26	0.8	55
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	247,641	16,067,246	1,882	23.0	19,251	0.8	114	5,171	63.3	53,979	0.8	42
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	17	155	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,105	166,701	41	42.7	416	0.6	80	79	82.3	760	0.6	39
45-64	1,247	81,456	12	40.0	117	0.6	31	31	103.3	348	0.6	36
65-74	85,511	5,892,022	403	16.2	4,372	0.8	133	1,569	63.0	17,319	0.7	41
75-84	87,372	5,624,512	658	24.1	6,842	0.8	118	1,729	63.3	18,147	0.8	42
85 and older	71,389	4,302,400	768	27.2	7,504	0.7	103	1,763	62.4	17,405	0.8	45
Male	230,801	19,847,060	3,199	37.9	35,506	0.9	178	4,586	54.3	50,243	0.8	47
Disabled	150,147	14,499,156	2,445	48.6	28,009	0.9	193	3,092	61.4	35,113	0.8	49
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	68	2,474	0	0.0	0	0.0	0	2	50.0	24	0.8	46
15-20	426	32,866	17	58.6	186	0.5	55	17	58.6	188	0.6	32
21-44	64,011	6,979,751	1,452	55.2	16,594	0.9	191	1,622	61.6	18,498	0.7	49
45-64	84,445	7,409,258	974	41.9	11,211	1.0	197	1,440	62.0	16,291	0.8	50
65-74	1,152	72,377	2	4.4	18	1.4	171	10	22.2	105	0.6	22
75-84	45	2,430	0	0.0	0	0.0	0	1	25.0	7	0.7	5
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	80,654	5,347,904	754	22.1	7,497	0.8	123	1,494	43.8	15,130	0.7	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	392	26,137	3	12.5	21	0.7	45	20	83.3	174	0.6	41
45-64	1,103	93,904	16	43.2	189	0.8	175	23	62.2	231	0.8	69
65-74	37,887	2,690,555	276	19.6	2,892	0.8	142	571	40.6	6,117	0.7	40
75-84	26,800	1,695,333	273	22.3	2,714	0.7	114	521	42.5	5,372	0.7	41
85 and older	14,472	841,975	186	25.9	1,681	0.7	100	359	50.1	3,236	0.8	44
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	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	6,782	31.1 %	74,945	0.9	\$85	15,961	73.2 %	172,869	0.5	\$32	9,315	42.7 %	102,476	0.6	\$44
Female	4,195	31.4	46,097	0.9	79	11,002	82.3	119,089	0.6	31	6,267	46.9	68,723	0.6	44
Disabled	2,540	49.0	28,659	0.9	93	4,795	92.4	54,260	0.5	30	2,503	48.2	28,413	0.6	43
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	1	50.0	12	0.2	11
15-20	9	36.0	108	0.9	94	9	36.0	104	0.1	2	10	40.0	118	0.3	27
21-44	1,149	54.7	13,068	0.9	96	1,807	86.0	20,655	0.4	23	839	39.9	9,586	0.5	38
45-64	1,376	45.5	15,437	0.9	90	2,949	97.5	33,258	0.6	35	1,632	54.0	18,495	0.6	47
65-74	6	19.4	46	0.7	51	28	90.3	238	0.6	26	19	61.3	188	0.5	31
75-84	0	0.0	0	0.0	0	2	50.0	5	1.8	74	2	50.0	14	0.9	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,655	20.2	17,438	0.8	56	6,207	75.9	64,829	0.6	31	3,764	46.0	40,310	0.7	45
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	100.0	7	0.3	2	4	400.0	28	0.5	5	0	0.0	0	0.0	0
21-44	40	41.7	433	0.7	76	89	92.7	915	0.6	28	28	29.2	298	0.4	29
45-64	11	36.7	120	1.0	112	25	83.3	269	0.6	17	12	40.0	133	0.6	46
65-74	571	22.9	6,303	0.8	70	1,908	76.7	21,165	0.5	28	1,227	49.3	13,689	0.6	46
75-84	617	22.6	6,550	0.8	50	2,091	76.5	21,895	0.6	34	1,260	46.1	13,615	0.7	45
85 and older	415	14.7	4,025	0.8	41	2,090	74.0	20,557	0.6	31	1,237	43.8	12,575	0.7	45
Male	2,587	30.6	28,848	0.9	94	4,959	58.7	53,780	0.5	34	3,048	36.1	33,753	0.6	43
Disabled	1,967	39.1	22,380	0.9	104	3,102	61.6	34,900	0.5	39	1,826	36.3	20,843	0.6	45
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	50.0	24	0.1	3	5	125.0	60	0.6	20
15-20	13	44.8	124	0.7	87	19	65.5	186	0.3	6	8	27.6	88	0.6	46
21-44	1,070	40.7	12,169	0.9	102	1,416	53.8	15,982	0.4	35	758	28.8	8,749	0.6	41
45-64	882	38.0	10,071	1.0	106	1,637	70.5	18,420	0.6	44	1,038	44.7	11,763	0.7	47
65-74	2	4.4	16	0.9	25	27	60.0	281	0.7	13	16	35.6	171	0.8	74
75-84	0	0.0	0	0.0	0	1	25.0	7	0.1	2	1	25.0	12	0.7	14
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	620	18.2	6,468	0.8	61	1,857	54.5	18,880	0.5	25	1,222	35.9	12,910	0.6	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	16.7	36	0.3	15	21	87.5	197	0.6	36	9	37.5	81	0.3	28
21-44	10	27.0	99	0.9	97	32	86.5	335	0.7	31	4	10.8	43	0.2	18
45-64	291	20.7	3,148	0.9	72	795	56.6	8,617	0.5	28	546	38.9	6,009	0.6	38
65-74	203	16.6	2,145	0.8	53	597	48.7	5,995	0.6	25	406	33.1	4,307	0.7	43
75-84	112	15.6	1,040	0.8	45	412	57.5	3,736	0.5	17	257	35.8	2,470	0.7	43
85 and older															
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 2004 file for Idaho, 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 2004. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ASTHMATIC				
	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	7,620	34.9 %	83,214	0.8	\$52	5,316	24.4 %	59,193	0.7	\$60	8,430	38.7 %	92,420	0.5	\$38
Female	5,102	38.2	55,724	0.8	51	3,407	25.5	37,881	0.7	60	5,734	42.9	62,961	0.5	39
Disabled	1,879	36.2	21,126	0.8	56	1,336	25.8	15,262	0.7	58	2,590	49.9	29,328	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	1	4.0	12	1.1	44	0	0.0	0	0.0	0	8	32.0	92	0.4	25
15-20	507	24.1	5,820	0.7	50	241	11.5	2,828	0.7	54	867	41.3	9,910	0.4	32
21-44	1,353	44.7	15,181	0.8	58	1,081	35.7	12,304	0.7	59	1,698	56.1	19,165	0.5	37
45-64	17	54.8	110	1.1	62	13	41.9	121	0.9	67	15	48.4	143	0.6	41
65-74	1	25.0	3	1.0	7	1	25.0	9	0.3	35	2	50.0	18	0.8	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	3,223	39.4	34,598	0.8	48	2,071	25.3	22,619	0.7	61	3,144	38.5	33,633	0.6	42
Other Eligibles	0	0.0	0	0.0	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	0.0	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	8	8.3	84	1.0	33	12	12.5	115	0.7	48	22	22.9	218	0.3	18
21-44	8	26.7	93	1.3	66	7	23.3	84	0.8	64	26	86.7	265	0.9	72
45-64	1,325	53.2	14,868	0.8	53	933	37.5	10,403	0.7	61	1,310	52.6	14,491	0.6	45
65-74	1,209	44.2	12,860	0.8	47	790	28.9	8,585	0.8	62	994	36.4	10,804	0.6	41
75-84	673	23.8	6,693	0.8	42	329	11.6	3,432	0.8	60	792	28.0	7,855	0.5	36
85 and older															
Male	2,518	29.8	27,490	0.8	53	1,909	22.6	21,312	0.7	61	2,696	31.9	29,459	0.5	36
Disabled	1,269	25.2	14,378	0.8	58	1,063	21.1	12,239	0.7	60	1,374	27.3	15,507	0.5	33
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	2	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3.4	12	0.1	12
21-44	356	13.5	4,082	0.8	55	332	12.6	3,839	0.7	49	542	20.6	6,136	0.4	24
45-64	897	38.6	10,122	0.8	60	713	30.7	8,200	0.8	65	811	34.9	9,119	0.5	38
65-74	16	35.6	174	0.7	74	17	37.8	188	0.7	75	19	42.2	228	0.8	45
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	1.1	71
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,249	36.6	13,112	0.8	48	846	24.8	9,073	0.7	62	1,322	38.8	13,952	0.6	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	16.7	34	1.0	80	6	25.0	51	0.5	42	8	33.3	71	0.4	28
21-44	6	16.2	67	0.6	23	12	32.4	137	0.5	34	14	37.8	156	0.8	67
45-64	626	44.6	6,892	0.8	52	479	34.1	5,267	0.7	64	596	42.4	6,548	0.6	46
65-74	382	31.2	3,967	0.8	44	269	22.0	2,810	0.7	60	452	36.9	4,685	0.6	38
75-84	231	32.2	2,152	0.8	44	80	11.2	808	0.7	59	252	35.1	2,492	0.5	30
85 and older															
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 2004 file for Idaho, 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 2004. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					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	8,640	39.6 %	92,993	0.8	\$28	6,790	31.1 %	76,407	0.5	\$33	21,807	227,334
Female	5,769	43.2	61,829	0.8	29	4,662	34.9	52,312	0.5	37	13,363	138,934
Disabled	1,504	29.0	16,791	0.7	27	2,252	43.4	25,855	0.5	36	5,188	56,914
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	1	50.0	12	0.2	1	0	0.0	0	0.0	0	2	24
6-14	3	12.0	34	0.5	19	5	20.0	58	0.3	15	25	278
15-20	308	14.7	3,501	0.6	20	803	38.2	9,135	0.4	33	2,101	23,287
21-44	1,176	38.9	13,121	0.7	29	1,428	47.2	16,492	0.5	38	3,025	33,051
45-64	14	45.2	102	0.7	30	15	48.4	158	0.4	24	31	248
65-74	2	50.0	21	0.6	10	1	25.0	12	0.3	2	4	26
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	4,265	52.2	45,038	0.8	29	2,410	29.5	26,457	0.5	39	8,175	82,020
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	1	100.0	7	0.1	1	1	7
15-20	6	6.3	66	0.7	17	33	34.4	342	0.5	68	96	721
21-44	13	43.3	147	0.7	33	13	43.3	153	0.5	39	30	287
45-64	1,375	55.2	15,400	0.7	29	945	38.0	10,629	0.5	42	2,489	26,401
65-74	1,528	55.9	16,144	0.8	31	779	28.5	8,690	0.5	37	2,733	27,851
75-84	1,343	47.5	13,281	0.8	28	639	22.6	6,636	0.6	35	2,826	26,753
85 and older	2,871	34.0	31,164	0.7	25	2,128	25.2	24,095	0.4	23	8,444	88,400
Male	1,324	26.3	14,975	0.7	25	1,386	27.5	15,921	0.4	19	5,036	55,106
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	1	25.0	12	0.9	7	0	0.0	0	0.0	0	4	48
6-14	4	13.8	36	0.5	12	5	17.2	60	0.1	2	29	312
15-20	390	14.8	4,409	0.7	22	651	24.7	7,447	0.3	13	2,631	28,898
21-44	906	39.0	10,259	0.8	26	712	30.7	8,213	0.4	25	2,323	25,367
45-64	22	48.9	247	0.8	34	17	37.8	189	0.4	25	45	438
65-74	1	25.0	12	1.0	70	1	25.0	12	0.5	43	4	43
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1,547	45.4	16,189	0.7	26	742	21.8	8,174	0.5	29	3,408	33,294
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	0	0.0	0	0.0	0	0	0
15-20	4	16.7	35	0.7	15	8	33.3	67	0.3	11	24	186
21-44	18	48.6	193	0.7	24	16	43.2	164	0.4	19	37	363
45-64	730	52.0	8,016	0.7	27	390	27.8	4,471	0.5	29	1,405	14,446
65-74	520	42.4	5,381	0.7	24	211	17.2	2,286	0.5	28	1,225	11,930
75-84	275	38.4	2,564	0.8	25	117	16.3	1,186	0.5	33	717	6,369
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 2004 file for Idaho, 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 2004. 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 2004. 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, IDAHO, 2004

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	\$380	7.5	2,666	25,561
Age				
0-64	576	8.4	213	2,326
65-74	480	8.8	314	3,135
75-84	387	7.6	822	8,006
85 and older	312	6.8	1,317	12,094
Unknown	0	0.0	0	0
Gender				
Female	381	7.7	1,875	18,170
Male	378	7.0	791	7,391
Unknown	0	0.0	0	0
Race				
White	378	7.5	2,617	25,068
African American	692	10.6	11	102
Other/unknown	410	7.1	38	391
Basis of Eligibility^c				
Aged	360	7.4	2,454	23,261
Disabled	581	8.4	212	2,300
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 2004 file for Idaho, 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 2004 Medicaid enrollment. A total of 1,529 beneficiaries who were in nursing facilities for part of their enrollment and their 14,542 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

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	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$22	\$14	\$1	\$7	\$51	\$86	\$62	\$27	7,305	\$372,418	1,688	63.3 %	17,079
Biologicals	0.1	0.0	0.0	0.1	11	0	8	2	98	14	673	29	106	10,440	92	3.5	981
Antineoplastic Agents	0.7	0.1	0.0	0.6	81	35	3	42	113	290	134	74	674	76,080	95	3.6	942
Endocrine/Metabolic Drugs	1.4	0.6	0.3	0.6	54	41	5	8	39	72	20	14	20,125	780,837	1,447	54.3	14,330
Cardiovascular Agents	2.1	0.4	0.1	1.5	54	26	3	25	26	60	23	17	38,413	1,002,033	1,892	71.0	18,404
Respiratory Agents	0.8	0.5	0.0	0.3	44	37	0	6	56	83	46	19	8,125	453,753	1,022	38.3	10,324
Gastrointestinal Agents	1.1	0.3	0.1	0.7	48	32	3	13	45	113	34	19	14,732	661,340	1,367	51.3	13,775
Genitourinary Agents	0.8	0.5	0.1	0.2	47	38	3	7	63	78	49	32	5,490	345,027	704	26.4	7,289
CNS Drugs	1.7	0.9	0.2	0.7	143	111	11	22	82	127	72	30	34,408	2,831,592	2,025	76.0	19,779
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.5	19	7	0	12	30	91	0	22	109	3,299	17	0.6	178
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	144	143	0	0	157	158	0	28	3,062	479,803	333	12.5	3,343
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	64	50	0	14	51	115	45	17	20,386	1,040,914	1,690	63.4	16,373
Neuromuscular Agents	1.4	0.4	0.3	0.7	88	44	18	26	65	101	70	39	13,582	878,847	982	36.8	10,029
Nutritional Products	0.9	0.0	0.0	0.9	14	0	0	14	16	14	45	15	7,744	120,193	908	34.1	8,701
Hematological Agents	1.3	0.3	0.2	0.8	57	42	5	11	46	158	27	13	8,339	381,440	702	26.3	6,660
Topical Products	0.5	0.1	0.0	0.3	16	8	1	6	35	61	43	22	6,239	216,825	1,299	48.7	13,461
Miscellaneous Products	0.6	0.1	0.0	0.5	46	16	0	30	76	252	8	55	274	20,728	48	1.8	449
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	11	0	0	0	21	0	0	0	1,629	34,618	311	11.7	3,223
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.	190,742	9,710,187	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004. A total of 1,529 beneficiaries who were in nursing facilities for part of their enrollment and their 14,542 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 2004. 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Idaho, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

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	\$1,645,425	1,144	42.9 %	11,622	0.9	\$160	\$142
ANTIDEPRESSANTS	1,078,188	2,076	77.9	20,705	0.9	57	52
ANALGESICS - Narcotic	803,885	2,050	76.9	19,805	0.8	52	41
ANTICONVULSANT	607,216	841	31.5	8,657	1.0	70	70
ULCER DRUGS	512,987	1,186	44.5	12,009	0.8	53	43
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	479,803	400	15.0	4,025	0.8	157	119
ANTIDIABETIC	434,512	886	33.2	8,695	1.0	50	50
ANTIASTHMATIC	337,053	911	34.2	9,109	0.6	62	37
ANTIHYPERTENSIVE	286,772	1,034	38.8	9,898	0.9	32	29
MISC. ENDOCRINE	241,372	375	14.1	3,877	0.8	80	62
Total	6,427,213	10,903		108,402	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004. A total of 1,529 beneficiaries who were in nursing facilities for part of their enrollment and their 14,542 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 2004. 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 2004 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, IDAHO, 2004

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	91,945	\$6,427,213	1,144	42.9 %	11,622	0.9	\$142	2,076	77.9 %	20,705	0.9	\$52
Female	66,880	4,624,606	783	41.8	8,012	0.9	141	1,549	82.6	15,597	0.9	51
Disabled	4,778	419,746	62	61.4	667	0.9	183	116	114.9	1,227	1.0	59
64 or younger	4,741	416,826	60	60.6	662	0.9	183	115	116.2	1,225	1.0	59
65-74	26	2,627	1	100.0	3	1.0	296	0	0.0	0	0.0	0
75-84	11	293	1	100.0	2	1.0	55	1	100.0	2	1.0	6
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	62,102	4,204,860	721	40.6	7,345	0.9	137	1,433	80.8	14,370	0.9	51
64 or younger	56	4,142	0	0.0	0	0.0	0	1	100.0	12	1.0	77
65-74	8,740	653,686	94	51.1	1,014	0.9	173	174	94.6	1,857	0.9	55
75-84	21,803	1,504,527	246	46.1	2,577	0.9	145	465	87.1	4,755	0.9	49
85 and older	31,503	2,042,505	381	36.1	3,754	0.8	122	793	75.2	7,746	0.9	50
Male	25,065	1,802,607	361	45.6	3,610	0.9	143	527	66.6	5,108	0.9	55
Disabled	5,553	514,723	83	74.8	957	1.0	176	93	83.8	1,028	1.0	60
64 or younger	5,553	514,723	83	74.8	957	1.0	176	93	83.8	1,028	1.0	60
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	19,512	1,287,884	278	40.9	2,653	0.8	131	434	63.8	4,080	0.9	54
64 or younger	37	1,071	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,089	364,327	86	66.7	862	0.8	127	99	76.7	995	0.9	58
75-84	8,316	546,354	110	38.3	1,099	0.8	141	168	58.5	1,693	1.0	53
85 and older	6,070	376,132	82	31.3	692	0.9	120	167	63.7	1,392	0.9	52
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 2004 file for Idaho, 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 2004. A total of 1,529 beneficiaries who were in nursing facilities for part of their enrollment and their 14,542 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,050	76.9 %	19,805	0.8	\$41	841	31.5 %	8,657	1.0	\$70	1,186	44.5 %	12,009	0.8	\$43
Female	1,553	82.8	15,150	0.8	43	541	28.9	5,486	1.0	60	882	47.0	9,009	0.8	45
Disabled	93	92.1	955	0.6	27	70	69.3	729	1.1	94	52	51.5	559	0.8	48
64 or younger	90	90.9	947	0.6	27	68	68.7	723	1.1	93	51	51.5	557	0.8	48
65-74	2	200.0	6	1.3	19	2	200.0	6	1.3	183	0	0.0	0	0.0	0
75-84	1	100.0	2	3.0	18	0	0.0	0	0.0	0	1	100.0	2	0.5	68
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,460	82.3	14,195	0.8	44	471	26.6	4,757	0.9	55	830	46.8	8,450	0.8	44
64 or younger	2	200.0	24	0.5	24	2	200.0	24	0.8	101	1	100.0	12	1.1	18
65-74	152	82.6	1,599	0.8	46	94	51.1	964	1.0	77	84	45.7	876	0.8	47
75-84	450	84.3	4,454	0.9	52	180	33.7	1,920	1.0	60	255	47.8	2,682	0.8	46
85 and older	856	81.1	8,118	0.7	40	195	18.5	1,849	0.8	37	490	46.4	4,880	0.8	43
Male	497	62.8	4,655	0.7	32	300	37.9	3,171	1.1	88	304	38.4	3,000	0.8	37
Disabled	75	67.6	825	0.9	42	91	82.0	1,023	1.3	124	61	55.0	660	0.8	38
64 or younger	75	67.6	825	0.9	42	91	82.0	1,023	1.3	124	61	55.0	660	0.8	38
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	422	62.1	3,830	0.7	30	209	30.7	2,148	1.0	71	243	35.7	2,340	0.8	37
64 or younger	1	50.0	12	1.2	10	0	0.0	0	0.0	0	1	50.0	7	0.3	39
65-74	87	67.4	859	0.8	41	79	61.2	861	1.0	74	52	40.3	507	0.7	31
75-84	160	55.7	1,511	0.8	33	83	28.9	882	1.0	72	102	35.5	1,036	0.8	44
85 and older	174	66.4	1,448	0.6	19	47	17.9	405	1.0	62	88	33.6	790	0.8	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 2004 file for Idaho, 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 2004. A total of 1,529 beneficiaries who were in nursing facilities for part of their enrollment and their 14,542 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 2004. 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 2004 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, IDAHO, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	400	15.0 %	4,025	0.8	\$119	886	33.2 %	8,695	1.0	\$50	911	34.2 %	9,109	0.6	\$37
Female	286	15.3	2,962	0.8	112	617	32.9	6,033	1.0	51	608	32.4	6,191	0.6	37
Disabled	10	9.9	113	0.6	412	20	19.8	222	1.3	77	30	29.7	310	0.8	62
64 or younger	10	10.1	113	0.6	412	20	20.2	222	1.3	77	29	29.3	307	0.8	63
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	3	0.3	21
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	276	15.6	2,849	0.8	100	597	33.7	5,811	1.0	50	578	32.6	5,881	0.5	36
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	25	13.6	252	0.7	122	85	46.2	916	1.3	65	84	45.7	935	0.7	45
75-84	102	19.1	1,090	0.8	97	243	45.5	2,412	1.0	48	176	33.0	1,834	0.6	38
85 and older	149	14.1	1,507	0.8	99	269	25.5	2,483	0.9	46	318	30.1	3,112	0.5	33
Male	114	14.4	1,063	0.7	140	269	34.0	2,662	1.0	48	303	38.3	2,918	0.7	36
Disabled	9	8.1	108	0.8	564	33	29.7	372	0.9	50	33	29.7	341	0.7	30
64 or younger	9	8.1	108	0.8	564	33	29.7	372	0.9	50	33	29.7	341	0.7	30
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	105	15.4	955	0.7	92	236	34.7	2,290	1.0	47	270	39.7	2,577	0.7	37
64 or younger	0	0.0	0	0.0	0	1	50.0	7	1.0	16	1	50.0	12	0.6	38
65-74	9	7.0	94	0.6	67	60	46.5	643	1.1	50	51	39.5	496	0.6	45
75-84	45	15.7	390	0.7	86	91	31.7	876	0.9	41	116	40.4	1,139	0.7	37
85 and older	51	19.5	471	0.8	101	84	32.1	764	1.0	53	102	38.9	930	0.6	32
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 2004 file for Idaho, 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 2004. A total of 1,529 beneficiaries who were in nursing facilities for part of their enrollment and their 14,542 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC. ENDOCRINE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	1,034	38.8 %	9,898	0.9	\$29	375	14.1 %	3,877	0.8	\$62	2,666	25,561
Female	754	40.2	7,168	0.9	30	353	18.8	3,672	0.8	63	1,875	18,170
Disabled	28	27.7	302	1.0	26	20	19.8	201	0.9	68	101	1,078
64 or younger	28	28.3	302	1.0	26	18	18.2	195	0.9	68	99	1,073
65-74	0	0.0	0	0.0	0	2	200.0	6	1.0	78	1	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	726	40.9	6,866	0.9	30	333	18.8	3,471	0.8	62	1,774	17,092
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	82	44.6	889	0.8	32	38	20.7	394	0.8	70	184	1,868
75-84	231	43.3	2,176	0.9	30	108	20.2	1,088	0.8	65	534	5,293
85 and older	413	39.1	3,801	0.9	29	187	17.7	1,989	0.8	60	1,055	9,919
Male	280	35.4	2,730	0.9	28	22	2.8	205	0.7	54	791	7,391
Disabled	31	27.9	331	0.9	24	1	0.9	12	0.3	44	111	1,222
64 or younger	31	27.9	331	0.9	24	1	0.9	12	0.3	44	111	1,222
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	249	36.6	2,399	0.9	28	21	3.1	193	0.7	55	680	6,169
64 or younger	1	50.0	7	1.0	15	0	0.0	0	0.0	0	2	19
65-74	57	44.2	597	0.8	29	6	4.7	66	0.8	59	129	1,264
75-84	107	37.3	1,033	0.9	28	7	2.4	62	0.9	62	287	2,711
85 and older	84	32.1	762	0.9	28	8	3.1	65	0.6	44	262	2,175
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 2004 file for Idaho, 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 2004. A total of 1,529 beneficiaries who were in nursing facilities for part of their enrollment and their 14,542 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 2004. 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 2004 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}
IDAHO, 2004

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	10,514	48.2 %	4.2	91,897	\$74	\$1,619,611	\$18	2.1 %	21,807
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	4	66.7	5.5	33	78	469	14	1.0	6
15-20	18	32.7	1.2	68	24	1,310	19	1.2	55
21-44	1,972	40.6	3.1	14,876	59	287,746	19	1.6	4,852
45-64	2,857	52.8	5.0	27,155	96	519,200	19	2.0	5,415
65-74	1,838	46.3	4.1	16,386	74	292,432	18	2.2	3,970
75-84	1,937	48.8	4.3	16,876	68	271,631	16	2.3	3,966
85 and older	1,888	53.3	4.7	16,503	70	246,823	15	2.7	3,543
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	5,644	49.4	4.4	49,796	71	810,913	16	2.4	11,424
Disabled	4,808	47.0	4.1	41,711	78	798,699	19	1.8	10,224
Adults	62	39.2	2.5	390	63	9,999	26	2.4	158
Children	0	0.0	0.0	0	0	0	0	0.0	1
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	7,199	53.9	4.9	64,971	83	1,109,423	17	2.2	13,363
Male	3,315	39.3	3.2	26,926	60	510,188	19	1.8	8,444
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	9,965	48.7	4.3	88,208	76	1,559,258	18	2.1	20,460
African American	48	53.3	5.1	456	86	7,756	17	2.1	90
Other/unknown	501	39.9	2.6	3,233	42	52,597	16	1.5	1,257
Use of Nursing Facilities^d									
Entire year	1,449	54.4	5.3	14,192	84	223,863	16	2.3	2,666
Part year	962	62.9	5.7	8,671	85	130,080	15	2.2	1,529
None	8,103	46.0	3.9	69,034	72	1,265,668	18	2.0	17,612
Maintenance Assistance Status									
Cash	5,583	46.2	4.0	48,579	76	919,668	19	1.9	12,084
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	335	51.5	3.1	2,038	56	36,102	18	2.6	650
Other/unknown	4,596	50.7	4.5	41,280	73	663,841	16	2.4	9,073

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004.

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

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
IDAHO, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$7	\$18	\$0	\$3	227,334
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.5	7	14	0	0	72
15-20	0.1	2	19	0	1	597
21-44	0.3	5	19	0	3	53,092
45-64	0.5	9	19	0	4	59,068
65-74	0.4	7	18	0	2	41,533
75-84	0.4	7	16	0	2	39,850
85 and older	0.5	7	15	0	2	33,122
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	7	16	0	2	114,095
Disabled	0.4	7	19	0	4	112,020
Adults	0.3	8	26	0	3	1,218
Children	0.0	0	0	0	0	1
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	8	17	0	3	138,934
Male	0.3	6	19	0	3	88,400
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	18	0	3	212,528
African American	0.5	9	17	0	4	910
Other/unknown	0.2	4	16	0	1	13,896
Use of Nursing Facilities^d						
Entire year	0.6	9	16	0	2	25,561
Part year	0.6	9	15	0	3	14,542
None	0.4	7	18	0	3	187,231
Maintenance Assistance Status						
Cash	0.4	7	19	0	4	133,223
Medically needy	0.0	0	0	0	0	0
Poverty related	0.4	7	18	0	3	5,509
Other/unknown	0.5	7	16	0	2	88,602

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
IDAHO, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	14,712	\$110	\$1,619,611	100.0 %	91,897	\$18	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	7	28	196	0.0	16	12	0.0
Cough and cold medications	2,781	82	229,029	14.1	7,679	30	8.4
Vitamins and minerals	4,374	125	546,857	33.8	33,120	17	36.0
Non-prescription drugs	1,554	53	82,519	5.1	6,750	12	7.3
Barbiturates	177	97	17,094	1.1	1,924	9	2.1
Benzodiazepines	5,464	122	665,443	41.1	40,655	16	44.2
Other Part D Excl Rx Drugs	355	221	78,473	4.8	1,753	45	1.9

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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}
 IDAHO, 2004

Total Number of Dual Eligible Beneficiaries	21,807
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$78,522,608
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,601

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,222	10.2 %	\$0	0.0 %
1-500	3,186	14.6	665,063	0.8
501-1,000	1,952	9.0	1,440,836	1.8
1,001-1,500	1,607	7.4	1,995,737	2.5
1,501-2,000	1,420	6.5	2,483,171	3.2
2,001-2,500	1,242	5.7	2,803,329	3.6
2,501-3,000	1,165	5.3	3,200,216	4.1
3,001-3,500	958	4.4	3,110,065	4.0
3,501-4,000	898	4.1	3,368,177	4.3
4,001-4,500	807	3.7	3,421,862	4.4
4,501-5,000	729	3.3	3,458,739	4.4
5,001-5,500	637	2.9	3,347,759	4.3
5,501-6,000	613	2.8	3,521,005	4.5
6,001-6,500	525	2.4	3,275,351	4.2
6,501-7,000	469	2.2	3,164,154	4.0
7,001-7,500	385	1.8	2,789,635	3.6
7,501-8,000	369	1.7	2,856,332	3.6
8,001-8,500	278	1.3	2,294,358	2.9
8,501-9,000	230	1.1	2,009,067	2.6
9,001-9,500	238	1.1	2,203,144	2.8
9,501-10,000	212	1.0	2,066,941	2.6
10,001+	1,665	7.6	25,047,667	31.9

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004.

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}
 IDAHO, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	10,140
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$44,029,562
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,342

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,040	10.3 %	0	0.0 %
1-500	1,566	15.4	311,160	0.7
501-1,000	828	8.2	618,457	1.4
1,001-1,500	643	6.3	799,315	1.8
1,501-2,000	564	5.6	987,259	2.2
2,001-2,500	493	4.9	1,113,253	2.5
2,501-3,000	437	4.3	1,201,662	2.7
3,001-3,500	363	3.6	1,180,162	2.7
3,501-4,000	328	3.2	1,230,028	2.8
4,001-4,500	323	3.2	1,372,258	3.1
4,501-5,000	304	3.0	1,439,007	3.3
5,001-5,500	254	2.5	1,336,151	3.0
5,501-6,000	294	2.9	1,692,086	3.8
6,001-6,500	238	2.3	1,486,419	3.4
6,501-7,000	238	2.3	1,603,770	3.6
7,001-7,500	203	2.0	1,469,568	3.3
7,501-8,000	196	1.9	1,517,169	3.4
8,001-8,500	172	1.7	1,418,413	3.2
8,501-9,000	131	1.3	1,144,086	2.6
9,001-9,500	131	1.3	1,212,729	2.8
9,501-10,000	132	1.3	1,285,690	2.9
10,001+	1,262	12.4	19,610,920	44.5

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004.

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}
 IDAHO, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	11,479
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$33,930,756
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,956

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,149	10.0 %	0	0.0 %
1-500	1,571	13.7	344,987	1.0
501-1,000	1,106	9.6	808,450	2.4
1,001-1,500	955	8.3	1,185,122	3.5
1,501-2,000	846	7.4	1,478,509	4.4
2,001-2,500	739	6.4	1,667,343	4.9
2,501-3,000	723	6.3	1,984,801	5.8
3,001-3,500	591	5.1	1,916,904	5.6
3,501-4,000	567	4.9	2,127,021	6.3
4,001-4,500	482	4.2	2,041,328	6.0
4,501-5,000	418	3.6	1,986,505	5.9
5,001-5,500	378	3.3	1,984,812	5.8
5,501-6,000	315	2.7	1,805,837	5.3
6,001-6,500	286	2.5	1,782,543	5.3
6,501-7,000	229	2.0	1,547,249	4.6
7,001-7,500	181	1.6	1,312,906	3.9
7,501-8,000	172	1.5	1,331,542	3.9
8,001-8,500	105	0.9	867,835	2.6
8,501-9,000	97	0.8	847,364	2.5
9,001-9,500	106	0.9	981,326	2.9
9,501-10,000	79	0.7	771,494	2.3
10,001+	384	3.3	5,156,878	15.2

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004.

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}
 IDAHO, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	3,970
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$13,053,427
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,288

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	484	12.2 %	0	0.0 %
1-500	520	13.1	106,231	0.8
501-1,000	347	8.7	254,607	2.0
1,001-1,500	292	7.4	359,479	2.8
1,501-2,000	245	6.2	427,276	3.3
2,001-2,500	224	5.6	505,988	3.9
2,501-3,000	229	5.8	629,034	4.8
3,001-3,500	201	5.1	651,330	5.0
3,501-4,000	163	4.1	610,363	4.7
4,001-4,500	174	4.4	735,792	5.6
4,501-5,000	133	3.4	631,217	4.8
5,001-5,500	122	3.1	641,920	4.9
5,501-6,000	120	3.0	687,635	5.3
6,001-6,500	108	2.7	673,820	5.2
6,501-7,000	87	2.2	589,672	4.5
7,001-7,500	70	1.8	508,013	3.9
7,501-8,000	63	1.6	488,868	3.7
8,001-8,500	44	1.1	363,097	2.8
8,501-9,000	41	1.0	357,749	2.7
9,001-9,500	50	1.3	463,679	3.6
9,501-10,000	37	0.9	360,765	2.8
10,001+	216	5.4	3,006,892	23.0

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004.
- 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}
 IDAHO, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	3,966
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$11,761,138
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,966

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	438	11.0 %	0	0.0 %
1-500	504	12.7	110,935	0.9
501-1,000	351	8.9	257,212	2.2
1,001-1,500	327	8.2	407,760	3.5
1,501-2,000	302	7.6	525,177	4.5
2,001-2,500	245	6.2	551,417	4.7
2,501-3,000	248	6.3	680,487	5.8
3,001-3,500	182	4.6	592,099	5.0
3,501-4,000	225	5.7	842,651	7.2
4,001-4,500	169	4.3	718,863	6.1
4,501-5,000	155	3.9	736,626	6.3
5,001-5,500	131	3.3	687,095	5.8
5,501-6,000	106	2.7	607,739	5.2
6,001-6,500	105	2.6	654,447	5.6
6,501-7,000	76	1.9	511,695	4.4
7,001-7,500	69	1.7	501,202	4.3
7,501-8,000	76	1.9	585,969	5.0
8,001-8,500	31	0.8	256,788	2.2
8,501-9,000	39	1.0	340,577	2.9
9,001-9,500	37	0.9	342,802	2.9
9,501-10,000	26	0.7	253,924	2.2
10,001+	124	3.1	1,595,673	13.6

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004.

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}
 IDAHO, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	3,543
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$9,116,191
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,573

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	227	6.4 %	0	0.0 %
1-500	547	15.4	127,821	1.4
501-1,000	408	11.5	296,631	3.3
1,001-1,500	336	9.5	417,883	4.6
1,501-2,000	299	8.4	526,056	5.8
2,001-2,500	270	7.6	609,938	6.7
2,501-3,000	246	6.9	675,280	7.4
3,001-3,500	208	5.9	673,475	7.4
3,501-4,000	179	5.1	674,007	7.4
4,001-4,500	139	3.9	586,673	6.4
4,501-5,000	130	3.7	618,662	6.8
5,001-5,500	125	3.5	655,797	7.2
5,501-6,000	89	2.5	510,463	5.6
6,001-6,500	73	2.1	454,276	5.0
6,501-7,000	66	1.9	445,882	4.9
7,001-7,500	42	1.2	303,691	3.3
7,501-8,000	33	0.9	256,705	2.8
8,001-8,500	30	0.8	247,950	2.7
8,501-9,000	17	0.5	149,038	1.6
9,001-9,500	19	0.5	174,845	1.9
9,501-10,000	16	0.5	156,805	1.7
10,001+	44	1.2	554,313	6.1

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	21,807	11,424	10,224	158	1	0	227,334	114,095	112,020	1,218	1	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	6	0	6	0	0	0	72	0	72	0	0	0
15-20	55	0	54	1	0	0	597	0	590	7	0	0
21-44	4,852	0	4,732	120	0	0	53,092	0	52,185	907	0	0
45-64	5,415	32	5,348	35	0	0	59,068	361	58,418	289	0	0
65-74	3,970	3,891	76	2	1	0	41,533	40,831	686	15	1	0
75-84	3,966	3,958	8	0	0	0	39,850	39,781	69	0	0	0
85 and older	3,543	3,543	0	0	0	0	33,122	33,122	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	13,363	8,063	5,188	111	1	0	138,934	81,184	56,914	835	1	0
Male	8,444	3,361	5,036	47	0	0	88,400	32,911	55,106	383	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	20,460	10,665	9,644	150	1	0	212,528	105,698	105,669	1,160	1	0
African American	90	33	53	4	0	0	910	349	535	26	0	0
Other/unknown	1,257	726	527	4	0	0	13,896	8,048	5,816	32	0	0
Use of Nursing Facilities^c												
Entire year	2,666	2,454	212	0	0	0	25,561	23,261	2,300	0	0	0
Part year	1,529	1,331	197	1	0	0	14,542	12,547	1,983	12	0	0
None	17,612	7,639	9,815	157	1	0	187,231	78,287	107,737	1,206	1	0
Maintenance Assistance Status												
Cash	12,084	2,042	9,946	96	0	0	133,223	23,015	109,404	804	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	650	358	263	28	1	0	5,509	2,881	2,475	152	1	0
Other/unknown	9,073	9,024	15	34	0	0	88,602	88,199	141	262	0	0
Dual Status^d												
Full dual, all year	20,891	10,909	9,827	154	1	0	218,979	109,664	108,140	1,174	1	0
Full dual, part year	916	515	397	4	0	0	8,355	4,431	3,880	44	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	21,807	11,424	10,224	158	1	0	227,334	114,095	112,020	1,218	1	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Idaho, 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 2004. 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, IDAHO, 2004

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	21,807	227,334	21,807	227,334	0	0
Fee-for-service (FFS) all year	21,807	227,334	21,807	227,334	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Idaho, 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.