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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
IDAHO**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	22,649	11,734	10,756	154	5	0	236,910	117,163	118,403	1,318	26	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	4	0	4	0	0	0	48	0	48	0	0	0
15-20	67	0	66	0	1	0	777	0	766	0	11	0
21-44	5,015	0	4,901	114	0	0	55,293	0	54,328	965	0	0
45-64	5,857	99	5,717	40	1	0	64,048	1,108	62,584	353	3	0
65-74	4,125	4,065	60	0	0	0	42,936	42,339	597	0	0	0
75-84	4,003	3,996	7	0	0	0	40,066	39,989	77	0	0	0
85 and older	3,578	3,574	1	0	3	0	33,742	33,727	3	0	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	13,852	8,274	5,476	99	3	0	144,784	83,641	60,269	853	21	0
Male	8,797	3,460	5,280	55	2	0	92,126	33,522	58,134	465	5	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,910	11,340	10,417	148	5	0	229,083	113,078	114,699	1,280	26	0
African American	96	32	64	0	0	0	989	316	673	0	0	0
Other/unknown	643	362	275	6	0	0	6,838	3,769	3,031	38	0	0
Use of Nursing Facilities^c												
Entire year	2,644	2,428	216	0	0	0	25,245	22,966	2,279	0	0	0
Part year	1,567	1,345	221	0	1	0	14,895	12,623	2,269	0	3	0
None	18,438	7,961	10,319	154	4	0	196,770	81,574	113,855	1,318	23	0
Maintenance Assistance Status												
Cash	12,099	1,636	10,371	92	0	0	133,843	18,264	114,722	857	0	0
Medically needy	4	0	0	0	4	0	15	0	0	0	15	0
Poverty-related	695	307	366	21	1	0	5,940	2,324	3,478	127	11	0
Other/unknown	9,851	9,791	19	41	0	0	97,112	96,575	203	334	0	0
Dual Medicare Status^d												
Full dual, all year	21,604	11,214	10,236	149	5	0	227,273	112,713	113,270	1,264	26	0
Full dual, part year	1,045	520	520	5	0	0	9,637	4,450	5,133	54	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,649	11,734	10,756	154	5	0	236,910	117,163	118,403	1,318	26	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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, 2005

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	89.9	58.9	\$3,723	\$63	\$17,431	21.4	22,649
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	81.8	10,607	130	17,624	60.2	4
15-20	82.1	31.5	2,791	89	18,704	14.9	67
21-44	88.1	44.8	3,976	89	16,761	23.7	5,015
45-64	92.2	69.8	4,993	72	17,747	28.1	5,857
65-74	87.5	60.5	3,349	55	13,100	25.6	4,125
75-84	88.8	60.9	3,027	50	17,897	16.9	4,003
85 and older	92.6	56.9	2,508	44	22,298	11.2	3,578
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.6	59.8	3,003	50	17,629	17.0	11,734
Disabled	90.3	58.0	4,517	78	17,330	26.1	10,756
Adults	83.8	43.6	3,154	72	9,712	32.5	154
Children	60.0	13.8	1,248	90	5,946	21.0	5
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.5	65.7	3,895	59	17,333	22.5	13,852
Male	85.7	48.0	3,452	72	17,584	19.6	8,797
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.0	59.3	3,743	63	17,625	21.2	21,910
African American	90.6	58.2	5,027	86	16,925	29.7	96
Other/unknown	85.8	45.5	2,832	62	10,875	26.0	643
Use of Nursing Facilities^f							
Entire year	94.3	72.7	3,796	52	41,612	9.1	2,644
Part year	94.3	70.7	3,626	51	25,915	14.0	1,567
None	88.9	55.9	3,720	67	13,242	28.1	18,438
Maintenance Assistance Status							
Cash	90.5	58.9	4,384	74	16,458	26.6	12,099
Medically needy	50.0	12.5	513	41	3,803	13.5	4
Poverty related	83.6	25.5	1,627	64	5,358	30.4	695
Other/unknown	89.6	61.2	3,060	50	19,483	15.7	9,851

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	5.6	\$356	21.4	10.1	13.6	8.7	24.5	28.7	14.4	\$1,666	22,649	236,910
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	6.8	884	60.2	0.0	0.0	0.0	25.0	75.0	0.0	1,469	4	48
15-20	2.7	241	14.9	17.9	26.9	19.4	17.9	14.9	3.0	1,613	67	777
21-44	4.1	361	23.7	11.9	24.5	12.4	24.2	19.1	7.8	1,520	5,015	55,293
45-64	6.4	457	28.1	7.8	11.6	8.1	24.3	29.3	18.9	1,623	5,857	64,048
65-74	5.8	322	25.6	12.5	12.2	7.6	23.6	28.5	15.6	1,259	4,125	42,936
75-84	6.1	302	16.9	11.2	9.7	6.7	23.5	32.6	16.2	1,788	4,003	40,066
85 and older	6.0	266	11.2	7.4	7.1	7.7	27.7	37.0	13.1	2,364	3,578	33,742
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	6.0	301	17.0	10.4	9.7	7.3	24.8	32.6	15.2	1,766	11,734	117,163
Disabled	5.3	410	26.1	9.7	17.7	10.1	24.3	24.5	13.7	1,574	10,756	118,403
Adults	5.1	369	32.5	16.2	16.2	13.6	22.7	21.4	9.7	1,135	154	1,318
Children	2.7	240	21.0	40.0	0.0	20.0	40.0	0.0	0.0	1,144	5	26
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.3	373	22.5	7.5	10.7	8.0	24.6	31.9	17.3	1,658	13,852	144,784
Male	4.6	330	19.6	14.3	18.2	9.8	24.4	23.5	9.8	1,679	8,797	92,126
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	358	21.2	10.0	13.4	8.6	24.5	28.8	14.6	1,686	21,910	229,083
African American	5.6	488	29.7	9.4	13.5	7.3	26.0	33.3	10.4	1,643	96	989
Other/unknown	4.3	266	26.0	14.2	19.8	10.7	24.1	23.2	8.1	1,023	643	6,838
Use of Nursing Facilities ^f												
Entire year	7.6	398	9.1	5.7	4.6	4.3	21.3	38.5	25.5	4,358	2,644	25,245
Part year	7.4	382	14.0	5.7	5.5	5.4	22.5	37.5	23.4	2,726	1,567	14,895
None	5.2	349	28.1	11.1	15.6	9.6	25.2	26.5	12.0	1,241	18,438	196,770
Maintenance Assistance Status												
Cash	5.3	396	26.6	9.5	16.5	9.9	25.2	25.5	13.3	1,488	12,099	133,843
Medically needy	3.3	137	13.5	50.0	0.0	0.0	50.0	0.0	0.0	1,014	4	15
Poverty related	3.0	190	30.4	16.4	26.0	12.4	21.9	16.1	7.2	627	695	5,940
Other/unknown	6.2	310	15.7	10.4	9.1	6.9	23.9	33.4	16.2	1,976	9,851	97,112

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.6	\$356	\$63	2.2	\$271	\$126	0.2	\$13	\$65	3.3	\$72	\$22
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	6.8	884	130	4.0	595	150	0.2	7	40	2.7	283	105
15-20	2.7	241	89	1.3	199	156	0.1	5	65	1.4	37	27
21-44	4.1	361	89	1.7	291	167	0.1	12	107	2.2	58	26
45-64	6.4	457	72	2.5	352	139	0.2	14	83	3.7	90	25
65-74	5.8	322	55	2.2	242	108	0.2	11	58	3.4	69	20
75-84	6.1	302	50	2.2	220	99	0.2	12	47	3.6	71	20
85 and older	6.0	266	44	2.0	185	93	0.3	13	45	3.7	67	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	6.0	301	50	2.2	219	101	0.2	12	49	3.6	69	19
Disabled	5.3	410	78	2.1	322	150	0.1	13	92	3.0	75	25
Adults	5.1	369	72	2.0	267	133	0.1	12	109	3.0	89	30
Children	2.7	240	90	1.2	222	180	0.1	1	8	1.3	17	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.3	373	59	2.4	280	118	0.2	14	63	3.7	79	21
Male	4.6	330	72	1.8	257	142	0.1	10	72	2.6	62	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.7	358	63	2.2	272	125	0.2	13	66	3.3	73	22
African American	5.6	488	86	2.2	407	186	0.1	6	55	3.3	75	22
Other/unknown	4.3	266	62	1.6	208	131	0.2	10	58	2.5	48	19
Use of Nursing Facilities^e												
Entire year	7.6	398	52	2.6	285	111	0.4	19	50	4.7	93	20
Part year	7.4	382	51	2.6	271	106	0.3	16	54	4.6	94	21
None	5.2	349	67	2.1	269	130	0.2	11	72	3.0	68	23
Maintenance Assistance Status												
Cash	5.3	396	74	2.2	311	144	0.1	12	82	3.0	73	24
Medically needy	3.3	137	41	1.2	108	90	0.2	2	8	1.9	27	14
Poverty related	3.0	190	64	1.1	137	123	0.1	19	164	1.7	35	20
Other/unknown	6.2	310	50	2.2	225	101	0.3	13	49	3.7	73	20

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2005

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	0.3	\$25	\$16	\$3	\$6	\$65	\$180	\$75	\$23	54,457	\$3,523,776	13,014	57.5	143,572
Biologicals	0.1	0.1	0.0	0.0	11	1	7	3	119	16	2,323	91	786	93,715	730	3.2	8,276
Antineoplastic Agents	0.6	0.2	0.0	0.5	94	77	0	17	147	485	132	35	3,729	550,025	557	2.5	5,870
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.6	61	46	6	10	49	94	42	15	154,353	7,563,284	11,370	50.2	123,433
Cardiovascular Agents	2.0	0.7	0.0	1.2	71	55	0	16	36	73	15	13	289,198	10,397,163	13,589	60.0	146,008
Respiratory Agents	0.8	0.4	0.0	0.3	53	46	1	6	68	103	67	18	79,195	5,370,671	9,165	40.5	101,222
Gastrointestinal Agents	0.9	0.4	0.0	0.5	68	60	0	7	75	140	43	16	90,999	6,786,952	9,194	40.6	100,378
Genitourinary Agents	0.6	0.4	0.0	0.2	39	33	0	5	64	85	62	27	26,410	1,702,146	3,982	17.6	43,960
CNS Drugs	1.7	0.8	0.0	0.8	158	136	0	21	94	162	95	25	252,313	23,686,481	13,895	61.3	150,117
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	64	53	1	11	98	131	124	44	3,535	346,990	469	2.1	5,389
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	191	190	0	1	227	234	0	39	12,356	2,804,794	1,388	6.1	14,694
Analgesics and Anesthetics	1.0	0.2	0.0	0.8	57	25	6	25	56	157	200	31	144,554	8,162,169	13,271	58.6	143,650
Neuromuscular Agents	1.1	0.4	0.0	0.7	84	53	4	28	76	147	84	39	104,009	7,930,053	8,488	37.5	93,918
Nutritional Products	0.7	0.0	0.0	0.7	12	0	0	11	16	21	41	16	34,855	572,199	4,677	20.6	49,500
Hematological Agents	0.9	0.3	0.1	0.6	55	45	3	7	60	182	29	12	40,019	2,386,573	4,054	17.9	43,099
Topical Products	0.4	0.1	0.0	0.2	17	12	0	5	43	79	50	21	35,996	1,557,471	8,215	36.3	91,727
Miscellaneous Products	0.8	0.4	0.0	0.4	185	141	11	33	238	379	272	91	3,394	808,282	401	1.8	4,366
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	0	2,909	73,044	806	3.6	8,831
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.	1,333,067	84,315,788	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.medispain.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, 0.9 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).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$14,776,993	7,677	33.9	84,618	0.9	\$204	\$175
ANTIDEPRESSANTS	7,286,886	15,247	67.3	166,944	0.8	58	44
ANTICONVULSANT	6,447,735	6,937	30.6	77,012	0.9	97	84
ULCER DRUGS	5,410,800	9,829	43.4	108,706	0.7	76	50
ANALGESICS - Narcotic	4,889,828	16,744	73.9	182,330	0.5	50	27
ANTIDIABETIC	4,784,457	8,417	37.2	92,478	0.8	66	52
ANTIHYPERLIPIDEMIC	4,357,787	6,111	27.0	68,101	0.7	87	64
ANTIASTHMATIC	4,110,791	9,272	40.9	102,348	0.5	81	40
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,804,794	1,714	7.6	18,201	0.7	227	154
ANALGESICS - ANTI-INFLAMMATORY	2,350,167	6,248	27.6	70,510	0.5	71	33
Total	57,220,238	88,196		971,248	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	653,246	\$57,220,238	7,677	33.9	84,618	0.9	\$175	15,247	67.3	166,944	0.8	\$44
Female												
All Females	429,765	35,671,446	4,406	31.8	48,268	0.8	153	10,455	75.5	114,206	0.8	44
Female, Disabled												
All Ages	201,303	19,371,514	2,567	46.9	29,261	0.8	173	5,245	95.8	59,554	0.7	49
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	407	46,387	12	50.0	144	1.1	229	13	54.2	156	0.5	38
21-44	69,384	7,157,500	1,235	55.9	14,127	0.8	164	2,016	91.3	23,099	0.7	48
45-64	130,591	12,109,086	1,312	40.8	14,925	0.9	181	3,200	99.5	36,141	0.8	49
65-74	702	46,532	7	31.8	53	1.6	125	11	50.0	98	0.7	42
75-84	215	11,983	1	33.3	12	0.2	1	5	166.7	60	0.7	31
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	228,462	16,299,932	1,839	22.0	19,007	0.8	123	5,210	62.2	54,652	0.8	39
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	8	823	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,054	172,524	30	35.3	329	0.4	100	89	104.7	972	0.6	41
45-64	3,036	233,817	20	28.6	234	0.7	97	76	108.6	864	0.7	40
65-74	79,396	6,008,906	420	16.2	4,591	0.8	149	1,613	62.2	17,676	0.7	38
75-84	79,191	5,518,442	637	23.0	6,660	0.8	122	1,719	62.2	18,141	0.8	39
85 and older	64,777	4,365,420	732	25.6	7,193	0.8	108	1,713	59.9	16,999	0.8	39
Male												
All Males	223,481	21,548,792	3,271	37.2	36,350	0.9	204	4,792	54.5	52,738	0.7	43
Male, Disabled												
All Ages	147,597	15,883,920	2,498	47.3	28,521	1.0	224	3,228	61.1	36,786	0.7	46
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	43	2,590	1	50.0	12	0.8	146	3	150.0	36	0.6	21
15-20	794	92,072	24	57.1	282	0.9	176	29	69.0	345	0.6	37
21-44	62,418	7,423,063	1,443	53.6	16,434	0.9	217	1,610	59.8	18,496	0.7	47
45-64	83,437	8,311,105	1,029	41.1	11,781	1.1	235	1,579	63.1	17,825	0.8	46
65-74	873	53,000	1	2.6	12	0.9	162	7	18.4	84	0.7	17
75-84	32	2,090	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

Dual Eligible Beneficiaries

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, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTIDEPRESSANTS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	Benefit per Rx Month				Benefit Months Among Users	Benefit per Rx Month	
Male, Other Eligibles												
All Ages	75,884	5,664,872	773	22.0	7,829	0.8	131	1,564	44.5	15,952	0.7	38
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	502	37,361	10	34.5	79	0.4	50	20	69.0	180	0.5	29
45-64	2,581	201,854	18	25.7	198	0.9	172	54	77.1	565	0.9	47
65-74	35,561	2,758,553	297	20.2	3,251	0.8	152	615	41.8	6,685	0.7	38
75-84	24,285	1,817,695	286	23.2	2,801	0.7	117	525	42.6	5,260	0.7	36
85 and older	12,955	849,409	162	22.6	1,500	0.8	108	350	48.8	3,262	0.8	38
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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	6,937	30.6	77,012	0.9	\$84	9,829	43.4	108,706	0.7	\$50	16,744	73.9	182,330	0.5	\$27
Female															
All Females	4,280	30.9	47,419	0.8	78	6,618	47.8	73,054	0.7	50	11,510	83.1	125,404	0.6	26
Female, Disabled															
All Ages	2,642	48.2	29,949	0.9	93	2,705	49.4	30,911	0.6	49	5,106	93.2	58,154	0.5	25
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	50.0	12	0.3	2	1	50.0	12	0.1	0
15-20	4	16.7	48	0.5	42	6	25.0	72	0.2	12	21	87.5	252	0.3	2
21-44	1,158	52.4	13,199	0.9	101	873	39.5	10,078	0.6	46	1,868	84.6	21,349	0.4	22
45-64	1,469	45.7	16,603	0.8	87	1,813	56.4	20,629	0.6	51	3,185	99.1	36,252	0.6	28
65-74	10	45.5	87	0.5	26	7	31.8	60	0.9	96	23	104.5	193	0.7	37
75-84	1	33.3	12	1.0	10	5	166.7	60	0.5	42	8	266.7	96	0.8	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,638	19.6	17,470	0.8	53	3,913	46.7	42,143	0.7	51	6,404	76.5	67,250	0.6	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	100.0	11	0.5	64	0	0.0	0	0.0	0
21-44	39	45.9	416	0.8	91	36	42.4	376	0.5	42	103	121.2	1,004	0.6	26
45-64	26	37.1	302	0.9	78	52	74.3	604	0.7	46	78	111.4	880	0.6	24
65-74	605	23.3	6,709	0.8	61	1,299	50.1	14,647	0.6	52	2,045	78.8	22,567	0.5	25
75-84	573	20.7	6,060	0.9	50	1,261	45.6	13,581	0.7	51	2,132	77.1	22,686	0.6	26
85 and older	395	13.8	3,983	0.8	39	1,264	44.2	12,924	0.8	50	2,046	71.5	20,113	0.6	30
Male															
All Males	2,657	30.2	29,593	0.9	93	3,211	36.5	35,652	0.6	49	5,234	59.5	56,926	0.5	28
Male, Disabled															
All Ages	2,031	38.5	23,227	0.9	103	1,889	35.8	21,593	0.6	50	3,254	61.6	36,659	0.5	31
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	50.0	12	1.1	6	0	0.0	0	0.0	0
15-20	17	40.5	201	0.7	79	10	23.8	117	0.5	36	20	47.6	240	0.2	2
21-44	1,047	38.9	12,027	0.9	108	787	29.2	9,085	0.6	47	1,470	54.6	16,667	0.4	25
45-64	965	38.6	10,975	1.0	99	1,082	43.2	12,271	0.7	53	1,727	69.0	19,337	0.6	37
65-74	2	5.3	24	0.7	34	8	21.1	96	0.9	60	33	86.8	374	0.6	11
75-84	0	0.0	0	0.0	0	1	25.0	12	0.4	57	4	100.0	41	0.2	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per 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 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 Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	626	17.8	6,366	0.8	54	1,322	37.6	14,059	0.6	46	1,980	56.3	20,267	0.5	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	31.0	73	0.6	64	9	31.0	80	0.6	65	28	96.6	269	0.4	22
45-64	20	28.6	197	0.7	56	35	50.0	391	0.8	43	65	92.9	694	0.7	39
65-74	308	21.0	3,306	0.8	60	578	39.3	6,379	0.6	46	852	58.0	9,314	0.5	22
75-84	194	15.8	1,941	0.8	50	437	35.5	4,561	0.7	48	619	50.3	6,172	0.5	26
85 and older	95	13.2	849	0.7	37	263	36.7	2,648	0.7	43	416	58.0	3,818	0.5	16
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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTHYPERLIPIDEMIC					ANTIASTHMATIC				
	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	8,417	37.2	92,478	0.8	\$52	6,111	27.0	68,101	0.7	\$64	9,272	40.9	102,348	0.5	\$40
Female															
All Females	5,570	40.2	61,389	0.8	51	3,888	28.1	43,357	0.7	64	6,348	45.8	70,452	0.5	40
Female, Disabled															
All Ages	2,072	37.8	23,692	0.8	54	1,518	27.7	17,280	0.7	61	2,857	52.2	32,607	0.5	38
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	5	20.8	60	0.5	17	0	0.0	0	0.0	0	11	45.8	132	0.2	23
21-44	604	27.3	6,982	0.7	45	304	13.8	3,489	0.7	57	916	41.5	10,555	0.4	31
45-64	1,446	45.0	16,485	0.8	58	1,200	37.3	13,635	0.7	62	1,918	59.7	21,801	0.5	41
65-74	15	68.2	141	1.0	64	12	54.5	132	0.8	52	9	40.9	83	0.7	41
75-84	2	66.7	24	1.0	46	2	66.7	24	0.5	44	3	100.0	36	0.4	69
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	3,498	41.8	37,697	0.8	49	2,370	28.3	26,077	0.8	66	3,491	41.7	37,845	0.5	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	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	100.0	11	0.3	11	0	0.0	0	0.0	0
21-44	8	9.4	87	0.3	19	4	4.7	41	0.7	43	30	35.3	302	0.3	21
45-64	27	38.6	297	0.7	45	38	54.3	423	0.8	70	52	74.3	587	0.5	36
65-74	1,431	55.1	15,883	0.8	52	1,023	39.4	11,562	0.7	65	1,451	55.9	16,184	0.5	46
75-84	1,320	47.7	14,335	0.8	47	883	31.9	9,603	0.8	66	1,128	40.8	12,120	0.5	43
85 and older	712	24.9	7,095	0.8	46	421	14.7	4,437	0.8	67	830	29.0	8,652	0.5	38
Male															
All Males	2,847	32.4	31,089	0.8	54	2,223	25.3	24,744	0.7	64	2,924	33.2	31,896	0.5	40
Male, Disabled															
All Ages	1,462	27.7	16,532	0.8	59	1,207	22.9	13,779	0.7	63	1,527	28.9	17,453	0.5	36
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	2.4	12	1.0	182	1	2.4	12	1.0	140	10	23.8	117	0.5	43
21-44	405	15.0	4,603	0.8	54	361	13.4	4,183	0.7	54	597	22.2	6,882	0.4	25
45-64	1,046	41.8	11,821	0.8	61	831	33.2	9,416	0.8	66	899	35.9	10,221	0.5	42
65-74	10	26.3	96	0.9	92	13	34.2	156	0.9	85	18	47.4	197	0.8	65
75-84	0	0.0	0	0.0	0	1	25.0	12	0.1	7	3	75.0	36	0.2	17
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,385	39.4	14,557	0.8	48	1,016	28.9	10,965	0.7	66	1,397	39.7	14,443	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	11	37.9	108	0.8	64	6	20.7	60	0.6	57	8	27.6	73	0.2	19
45-64	24	34.3	249	0.6	49	32	45.7	347	0.8	61	54	77.1	593	0.7	44
65-74	741	50.4	8,114	0.8	49	570	38.8	6,286	0.7	66	636	43.3	6,828	0.6	49
75-84	400	32.5	4,076	0.8	48	312	25.3	3,308	0.8	68	451	36.6	4,565	0.6	44
85 and older	209	29.1	2,010	0.8	42	96	13.4	964	0.7	60	248	34.6	2,384	0.5	34
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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	1,714	7.6	18,201	0.7	\$154	6,248	27.6	70,510	0.5	\$33	22,649	236,910
Female												
All Females	1,178	8.5	12,482	0.7	165	4,179	30.2	47,195	0.5	39	13,852	144,784
Female, Disabled												
All Ages	296	5.4	3,386	0.6	328	2,150	39.3	24,737	0.5	40	5,476	60,269
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	2	24
15-20	0	0.0	0	0.0	0	8	33.3	96	0.1	2	24	281
21-44	112	5.1	1,307	0.6	272	808	36.6	9,299	0.4	32	2,209	24,529
45-64	183	5.7	2,067	0.7	366	1,330	41.4	15,301	0.5	45	3,215	35,204
65-74	1	4.5	12	0.2	19	3	13.6	29	0.4	40	22	192
75-84	0	0.0	0	0.0	0	1	33.3	12	0.6	25	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
Female, Other Eligibles												
All Ages	882	10.5	9,096	0.7	105	2,029	24.2	22,458	0.5	38	8,376	84,515
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	1	11
21-44	5	5.9	46	0.2	36	32	37.6	341	0.3	26	85	731
45-64	4	5.7	48	0.7	422	38	54.3	421	0.6	49	70	764
65-74	114	4.4	1,205	0.6	178	805	31.0	9,221	0.5	43	2,595	27,357
75-84	352	12.7	3,688	0.7	94	634	22.9	7,075	0.5	35	2,765	28,296
85 and older	407	14.2	4,109	0.7	90	520	18.2	5,400	0.6	35	2,860	27,356
Male												
All Males	536	6.1	5,719	0.7	129	2,069	23.5	23,315	0.4	22	8,797	92,126
Male, Disabled												
All Ages	197	3.7	2,273	0.6	185	1,400	26.5	16,057	0.4	18	5,280	58,134
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	2	24
15-20	1	2.4	12	0.2	20	6	14.3	72	0.2	2	42	485
21-44	82	3.0	952	0.5	122	661	24.6	7,584	0.3	11	2,692	29,799
45-64	114	4.6	1,309	0.7	233	719	28.7	8,240	0.5	25	2,502	27,380
65-74	0	0.0	0	0.0	0	12	31.6	137	0.6	30	38	405
75-84	0	0.0	0	0.0	0	2	50.0	24	0.3	27	4	41
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	339	9.6	3,446	0.7	93	669	19.0	7,258	0.5	29	3,517	33,992
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	1	3.4	5	1.2	81	5	17.2	44	0.8	7	29	234
45-64	3	4.3	25	1.0	662	26	37.1	270	0.7	39	70	700
65-74	61	4.1	702	0.6	84	354	24.1	3,975	0.5	28	1,470	14,982
75-84	155	12.6	1,519	0.7	89	192	15.6	2,078	0.5	32	1,231	11,693
85 and older	119	16.6	1,195	0.7	90	92	12.8	891	0.5	30	717	6,383
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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2005

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	\$398	7.6	2,644	25,245
Age				
0-64	661	8.8	221	2,347
65-74	549	9.0	325	3,208
75-84	389	7.7	844	8,046
85 and older	309	7.0	1,254	11,644
Unknown	0	0.0	0	0
Gender				
Female	406	7.9	1,866	18,009
Male	377	6.8	778	7,236
Unknown	0	0.0	0	0
Race				
White	393	7.6	2,614	24,934
African American	1328	11.4	9	90
Other/unknown	494	7.8	21	221
Basis of Eligibility^c				
Aged	371	7.5	2,428	22,966
Disabled	666	8.9	216	2,279
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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,567 beneficiaries who were in nursing facilities for part of their enrollment and their 14,895 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.

Dual Eligible Beneficiaries

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, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.1	0.3	\$21	\$11	\$4	\$5	\$45	\$99	\$82	\$18	8,175	\$367,430	1,722	65.1	17,523
Biologicals	0.1	0.0	0.0	0.1	6	0	4	3	66	16	804	32	219	14,536	207	7.8	2,257
Antineoplastic Agents	0.7	0.2	0.0	0.5	83	57	0	26	121	300	0	52	621	75,221	94	3.6	902
Endocrine/Metabolic Drugs	1.5	0.5	0.3	0.7	58	41	8	9	40	82	27	13	20,731	820,743	1,441	54.5	14,228
Cardiovascular Agents	2.2	0.5	0.1	1.6	55	35	1	20	25	65	10	12	39,705	996,237	1,850	70.0	18,044
Respiratory Agents	0.7	0.4	0.0	0.3	45	40	1	4	64	95	63	16	7,124	456,893	995	37.6	10,133
Gastrointestinal Agents	1.1	0.4	0.0	0.7	61	50	1	10	56	139	39	15	14,726	821,022	1,328	50.2	13,434
Genitourinary Agents	0.8	0.5	0.0	0.3	49	40	0	9	62	81	76	30	5,845	362,919	711	26.9	7,413
CNS Drugs	1.8	1.0	0.0	0.8	145	126	0	19	81	131	45	23	34,368	2,785,258	1,954	73.9	19,245
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.0	0.5	18	13	0	6	34	148	0	13	101	3,445	16	0.6	187
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	172	172	0	0	183	184	0	33	3,222	589,202	340	12.9	3,427
Analgesics and Anesthetics	1.3	0.2	0.1	1.0	59	18	10	31	47	98	148	31	20,291	958,473	1,674	63.3	16,230
Neuromuscular Agents	1.4	0.4	0.1	0.9	82	42	6	34	61	104	73	39	13,767	832,949	996	37.7	10,177
Nutritional Products	0.9	0.0	0.0	0.9	16	0	0	15	17	10	59	17	7,309	125,675	822	31.1	8,072
Hematological Agents	1.3	0.3	0.1	0.9	83	71	3	10	62	237	30	10	8,806	549,563	672	25.4	6,589
Topical Products	0.5	0.1	0.0	0.3	17	10	1	6	35	69	45	19	6,422	225,385	1,240	46.9	12,947
Miscellaneous Products	0.6	0.2	0.0	0.3	64	43	0	21	115	199	0	63	361	41,652	64	2.4	652
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	19	0	0	0	551	10,579	167	6.3	1,706
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.	192,344	10,037,182	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,567 beneficiaries who were in nursing facilities for part of their enrollment and their 14,895 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 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In Idaho, 0.9 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.

Dual Eligible Beneficiaries

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, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,749,715	1,108	41.9	11,279	0.9	\$166	\$155
ANTIDEPRESSANTS	951,636	2,010	76.0	20,184	0.9	51	47
ANALGESICS - Narcotic	725,932	2,013	76.1	19,343	0.8	46	38
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	589,202	425	16.1	4,295	0.8	183	137
ULCER DRUGS	580,981	1,175	44.4	11,994	0.8	58	48
ANTICONVULSANT	570,418	799	30.2	8,183	1.0	68	70
ANTIIDIABETIC	468,190	890	33.7	8,922	1.0	52	52
ANTIASTHMATIC	357,919	886	33.5	8,979	0.5	77	40
ANTIHYPERLIPIDEMIC	289,007	383	14.5	3,858	0.9	84	75
HEMATOPOIETIC AGENTS	278,120	364	13.8	3,786	0.7	101	73
Total	6,561,120	10,053		100,823	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,567 beneficiaries who were in nursing facilities for part of their enrollment and their 14,895 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

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	86,414	\$6,561,120	1,108	41.9	11,279	0.9	\$155	2,010	76.0	20,184	0.9	\$47
Female												
All Females	63,323	4,742,517	781	41.9	7,958	0.9	150	1,505	80.7	15,164	0.9	46
Female, Disabled												
All Ages	5,560	531,134	66	61.1	711	1.0	185	104	96.3	1,145	1.0	62
64 or younger	5,440	520,277	62	59.0	683	1.1	189	100	95.2	1,121	1.0	62
65-74	120	10,857	4	133.3	28	0.9	102	4	133.3	24	0.8	57
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
Female, Other Eligibles												
All Ages	57,763	4,211,383	715	40.7	7,247	0.9	147	1,401	79.7	14,019	0.9	45
64 or younger	66	8,272	2	200.0	24	1.0	210	1	100.0	12	1.1	46
65-74	8,890	812,821	96	49.7	996	1.0	231	177	91.7	1,847	1.0	48
75-84	20,695	1,533,447	243	44.9	2,544	0.9	150	462	85.4	4,703	0.9	46
85 and older	28,112	1,856,843	374	36.6	3,683	0.9	122	761	74.4	7,457	0.9	44
Male												
All Males	23,091	1,818,603	327	42.0	3,321	1.0	167	505	64.9	5,020	0.9	50
Male, Disabled												
All Ages	4,827	527,472	70	64.8	798	1.2	246	85	78.7	952	0.9	54
64 or younger	4,827	527,472	70	64.8	798	1.2	246	85	78.7	952	0.9	54
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
Male, Other Eligibles												
All Ages	18,264	1,291,131	257	38.4	2,523	0.9	141	420	62.7	4,068	0.9	49
64 or younger	328	28,220	4	57.1	48	0.7	43	5	71.4	60	1.1	73
65-74	5,032	389,422	70	54.3	788	0.8	141	98	76.0	1,023	0.9	56
75-84	7,759	542,277	117	38.6	1,097	0.9	151	180	59.4	1,766	0.9	45
85 and older	5,145	331,212	66	28.6	590	1.0	132	137	59.3	1,219	0.9	48
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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,567 beneficiaries who were in nursing facilities for part of their enrollment and their 14,895 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 2005. 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 2005 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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	2,013	76.1	19,343	0.8	\$38	425	16.1	4,295	0.8	\$137	1,175	44.4	11,994	0.8	\$48
Female															
All Females	1,529	81.9	14,738	0.8	40	321	17.2	3,231	0.7	128	869	46.6	8,929	0.9	50
Female, Disabled															
All Ages	101	93.5	1,037	0.9	36	19	17.6	224	0.7	425	63	58.3	668	0.8	52
64 or younger	95	90.5	1,006	0.9	33	18	17.1	212	0.8	448	61	58.1	651	0.8	52
65-74	6	200.0	31	0.8	128	1	33.3	12	0.2	19	2	66.7	17	1.1	52
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
Female, Other Eligibles															
All Ages	1,428	81.2	13,701	0.8	41	302	17.2	3,007	0.8	105	806	45.8	8,261	0.9	50
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.1	10
65-74	170	88.1	1,717	0.9	45	25	13.0	238	0.8	215	98	50.8	1,082	0.8	54
75-84	465	86.0	4,654	0.8	42	107	19.8	1,069	0.8	98	253	46.8	2,592	0.9	52
85 and older	793	77.5	7,330	0.8	39	170	16.6	1,700	0.7	95	454	44.4	4,575	0.9	47
Male															
All Males	484	62.2	4,605	0.7	28	104	13.4	1,064	0.8	167	306	39.3	3,065	0.8	45
Male, Disabled															
All Ages	69	63.9	734	0.6	25	9	8.3	108	0.8	620	53	49.1	589	0.8	37
64 or younger	69	63.9	734	0.6	25	9	8.3	108	0.8	620	53	49.1	589	0.8	37
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
Male, Other Eligibles															
All Ages	415	61.9	3,871	0.8	29	95	14.2	956	0.8	115	253	37.8	2,476	0.8	47
64 or younger	8	114.3	78	1.2	23	1	14.3	12	1.1	1,352	4	57.1	48	0.8	19
65-74	87	67.4	921	0.9	49	11	8.5	131	0.5	59	55	42.6	523	0.9	51
75-84	159	52.5	1,492	0.7	26	41	13.5	380	0.8	112	115	38.0	1,162	0.8	45
85 and older	161	69.7	1,380	0.7	19	42	18.2	433	0.7	101	79	34.2	743	0.8	48
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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,567 beneficiaries who were in nursing facilities for part of their enrollment and their 14,895 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTI-DIABETIC					ANTI-ASTHMATIC				
	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	799	30.2	8,183	1.0	\$70	890	33.7	8,922	1.0	\$53	886	33.5	8,979	0.5	\$40
Female															
All Females	537	28.8	5,492	1.0	63	655	35.1	6,586	1.0	53	605	32.4	6,317	0.5	40
Female, Disabled															
All Ages	91	84.3	955	1.1	99	34	31.5	351	1.0	52	36	33.3	366	0.5	49
64 or younger	87	82.9	931	1.1	100	32	30.5	341	1.0	53	35	33.3	361	0.5	50
65-74	4	133.3	24	0.7	43	2	66.7	10	1.3	35	1	33.3	5	0.4	36
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
Female, Other Eligibles															
All Ages	446	25.4	4,537	1.0	55	621	35.3	6,235	1.0	53	569	32.4	5,951	0.5	39
64 or younger	0	0.0	0	0.0	0	2	200.0	24	0.6	107	0	0.0	0	0.0	0
65-74	96	49.7	1,059	1.1	69	106	54.9	1,092	1.2	65	79	40.9	884	0.6	41
75-84	180	33.3	1,769	1.0	59	258	47.7	2,659	1.0	47	190	35.1	1,992	0.5	39
85 and older	170	16.6	1,709	0.9	42	255	24.9	2,460	0.9	53	300	29.3	3,075	0.5	39
Male															
All Males	262	33.7	2,691	1.1	85	235	30.2	2,336	1.0	53	281	36.1	2,662	0.6	40
Male, Disabled															
All Ages	76	70.4	861	1.4	140	27	25.0	312	1.1	66	34	31.5	366	0.4	31
64 or younger	76	70.4	861	1.4	140	27	25.0	312	1.1	66	34	31.5	366	0.4	31
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
Male, Other Eligibles															
All Ages	186	27.8	1,830	0.9	59	208	31.0	2,024	1.0	51	247	36.9	2,296	0.6	42
64 or younger	3	42.9	36	0.7	39	0	0.0	0	0.0	0	4	57.1	39	1.1	35
65-74	67	51.9	690	1.0	70	67	51.9	654	0.9	51	56	43.4	569	0.6	45
75-84	77	25.4	781	0.9	55	82	27.1	825	1.1	46	102	33.7	976	0.6	44
85 and older	39	16.9	323	0.9	46	59	25.5	545	1.0	56	85	36.8	712	0.6	38
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,567 beneficiaries who were in nursing facilities for part of their enrollment and their 14,895 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					HEMATOPOIETIC AGENTS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	383	14.5	3,858	0.9	\$75	364	13.8	3,786	0.7	\$74	2,644	25,245
Female												
All Females	259	13.9	2,590	0.9	75	271	14.5	2,826	0.7	92	1,866	18,009
Female, Disabled												
All Ages	28	25.9	294	0.9	84	20	18.5	235	0.5	29	108	1,137
64 or younger	28	26.7	294	0.9	84	20	19.0	235	0.5	29	105	1,118
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	19
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
Female, Other Eligibles												
All Ages	231	13.1	2,296	0.9	74	251	14.3	2,591	0.7	98	1,758	16,872
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	42	21.8	452	0.9	76	28	14.5	326	0.7	288	193	1,953
75-84	104	19.2	1,004	0.9	73	92	17.0	919	0.9	133	541	5,282
85 and older	85	8.3	840	0.9	73	131	12.8	1,346	0.7	28	1,023	9,625
Male												
All Males	124	15.9	1,268	0.9	75	93	12.0	960	0.8	18	778	7,236
Male, Disabled												
All Ages	21	19.4	252	0.9	76	14	13.0	163	0.8	5	108	1,142
64 or younger	21	19.4	252	0.9	76	14	13.0	163	0.8	5	108	1,142
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
Male, Other Eligibles												
All Ages	103	15.4	1,016	0.9	75	79	11.8	797	0.8	21	670	6,094
64 or younger	0	0.0	0	0.0	0	1	14.3	12	1.2	7	7	75
65-74	40	31.0	387	0.8	76	13	10.1	144	0.8	42	129	1,236
75-84	49	16.2	517	0.9	76	33	10.9	317	0.8	5	303	2,764
85 and older	14	6.1	112	0.9	71	32	13.9	324	0.7	27	231	2,019
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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,567 beneficiaries who were in nursing facilities for part of their enrollment and their 14,895 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 2005. 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 2005 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.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
IDAHO, 2005

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	11,291	49.9	4.4	99,751	\$68	\$1,531,180	\$15	1.8	22,649
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	2	50.0	3.8	15	57	227	15	0.5	4
15-20	24	35.8	1.4	92	16	1,054	11	0.6	67
21-44	2,097	41.8	3.1	15,792	57	284,118	18	1.4	5,015
45-64	3,160	54.0	5.1	30,101	77	449,820	15	1.5	5,857
65-74	2,003	48.6	4.3	17,883	65	266,965	15	1.9	4,125
75-84	2,038	50.9	4.5	18,096	68	274,179	15	2.3	4,003
85 and older	1,967	55.0	5.0	17,772	71	254,817	14	2.8	3,578
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	6,035	51.4	4.6	54,065	68	801,557	15	2.3	11,734
Disabled	5,178	48.1	4.2	45,277	67	724,820	16	1.5	10,756
Adults	76	49.4	2.6	403	31	4,758	12	1.0	154
Children	2	40.0	1.2	6	9	45	8	0.7	5
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	7,664	55.3	5.1	70,620	77	1,068,602	15	2.0	13,852
Male	3,627	41.2	3.3	29,131	53	462,578	16	1.5	8,797
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	10,973	50.1	4.4	97,322	68	1,500,292	15	1.8	21,910
African American	52	54.2	5.7	548	73	6,980	13	1.4	96
Other/unknown	266	41.4	2.9	1,881	37	23,908	13	1.3	643
Use of Nursing Facilities^d									
Entire year	1,457	55.1	5.6	14,723	86	227,466	15	2.3	2,644
Part year	1,045	66.7	6.1	9,484	80	126,086	13	2.2	1,567
None	8,789	47.7	4.1	75,544	64	1,177,628	16	1.7	18,438
Maintenance Assistance Status									
Cash	5,838	48.3	4.2	51,096	63	763,320	15	1.4	12,099
Medically needy	2	50.0	1.5	6	11	45	8	2.2	4
Poverty related	294	42.3	2.1	1,454	99	68,712	47	6.1	695
Other/unknown	5,157	52.4	4.8	47,195	71	699,103	15	2.3	9,851

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

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	\$6	\$15	\$0	\$2	236,910
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.3	5	15	0	0	48
15-20	0.1	1	11	0	0	777
21-44	0.3	5	18	0	2	55,293
45-64	0.5	7	15	0	3	64,048
65-74	0.4	6	15	0	1	42,936
75-84	0.5	7	15	0	1	40,066
85 and older	0.5	8	14	0	1	33,742
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	7	15	0	1	117,163
Disabled	0.4	6	16	0	2	118,403
Adults	0.3	4	12	0	2	1,318
Children	0.2	2	8	0	1	26
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	7	15	0	2	144,784
Male	0.3	5	16	0	2	92,126
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	15	0	2	229,083
African American	0.6	7	13	0	3	989
Other/unknown	0.3	3	13	0	1	6,838
Use of Nursing Facilities^d						
Entire year	0.6	9	15	0	1	25,245
Part year	0.6	8	13	0	2	14,895
None	0.4	6	16	0	2	196,770
Maintenance Assistance Status						
Cash	0.4	6	15	0	2	133,843
Medically needy	0.4	3	8	0	2	15
Poverty related	0.2	12	47	0	1	5,940
Other/unknown	0.5	7	15	0	1	97,112

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	16,276	\$94	\$1,531,180	100.0	99,751	\$15	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	9	21	191	0.0	15	13	0.0	
Cough and cold medications	3,052	69	211,924	13.8	8,024	26	8.0	
Vitamins and minerals	4,515	125	564,077	36.8	33,890	17	34.0	
Non-prescription drugs	2,388	76	182,278	11.9	11,624	16	11.7	
Barbiturates	177	109	19,286	1.3	1,958	10	2.0	
Benzodiazepines	5,797	74	429,041	28.0	42,891	10	43.0	
Other Part D Excl Rx Drugs	338	368	124,383	8.1	1,349	92	1.4	

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 IDAHO, 2005

Total Number of Dual Eligible Beneficiaries: 22,649
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$84,315,788
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,722

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,293	10.1	\$0	0.0
1-500	3,553	15.7	715,705	0.8
501-1,000	1,987	8.8	1,470,435	1.7
1,001-1,500	1,632	7.2	2,032,084	2.4
1,501-2,000	1,396	6.2	2,431,119	2.9
2,001-2,500	1,246	5.5	2,807,600	3.3
2,501-3,000	1,162	5.1	3,195,000	3.8
3,001-3,500	1,011	4.5	3,278,056	3.9
3,501-4,000	920	4.1	3,442,853	4.1
4,001-4,500	828	3.7	3,519,496	4.2
4,501-5,000	719	3.2	3,412,588	4.0
5,001-5,500	637	2.8	3,343,824	4.0
5,501-6,000	576	2.5	3,311,194	3.9
6,001-6,500	516	2.3	3,228,337	3.8
6,501-7,000	467	2.1	3,147,760	3.7
7,001-7,500	397	1.8	2,878,617	3.4
7,501-8,000	326	1.4	2,525,911	3.0
8,001-8,500	297	1.3	2,447,513	2.9
8,501-9,000	265	1.2	2,319,637	2.8
9,001-9,500	272	1.2	2,514,896	3.0
9,501-10,000	197	0.9	1,920,838	2.3
10,001+	1,952	8.6	30,372,325	36.0

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 10,688
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$48,413,479
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,529

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	1,035	9.7	0	0.0	
1-500	1,758	16.4	327,374	0.7	
501-1,000	842	7.9	619,751	1.3	
1,001-1,500	705	6.6	873,651	1.8	
1,501-2,000	553	5.2	961,404	2.0	
2,001-2,500	496	4.6	1,118,272	2.3	
2,501-3,000	450	4.2	1,238,591	2.6	
3,001-3,500	383	3.6	1,242,506	2.6	
3,501-4,000	377	3.5	1,411,355	2.9	
4,001-4,500	363	3.4	1,543,201	3.2	
4,501-5,000	293	2.7	1,392,259	2.9	
5,001-5,500	283	2.6	1,487,400	3.1	
5,501-6,000	253	2.4	1,457,037	3.0	
6,001-6,500	235	2.2	1,470,797	3.0	
6,501-7,000	230	2.2	1,550,388	3.2	
7,001-7,500	193	1.8	1,399,989	2.9	
7,501-8,000	174	1.6	1,348,922	2.8	
8,001-8,500	159	1.5	1,311,136	2.7	
8,501-9,000	159	1.5	1,392,438	2.9	
9,001-9,500	160	1.5	1,477,436	3.1	
9,501-10,000	110	1.0	1,072,829	2.2	
10,001+	1,477	13.8	23,716,743	49.0	

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 11,706
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$34,902,229
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,981

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	1,229	10.5	0	0.0
1-500	1,749	14.9	378,995	1.1
501-1,000	1,124	9.6	835,479	2.4
1,001-1,500	913	7.8	1,141,546	3.3
1,501-2,000	833	7.1	1,451,739	4.2
2,001-2,500	733	6.3	1,651,304	4.7
2,501-3,000	702	6.0	1,929,122	5.5
3,001-3,500	616	5.3	1,996,690	5.7
3,501-4,000	535	4.6	2,001,144	5.7
4,001-4,500	457	3.9	1,943,076	5.6
4,501-5,000	417	3.6	1,978,093	5.7
5,001-5,500	349	3.0	1,829,997	5.2
5,501-6,000	314	2.7	1,802,515	5.2
6,001-6,500	277	2.4	1,732,706	5.0
6,501-7,000	231	2.0	1,557,608	4.5
7,001-7,500	200	1.7	1,449,630	4.2
7,501-8,000	147	1.3	1,138,279	3.3
8,001-8,500	133	1.1	1,095,018	3.1
8,501-9,000	105	0.9	918,489	2.6
9,001-9,500	109	0.9	1,009,392	2.9
9,501-10,000	85	0.7	828,464	2.4
10,001+	448	3.8	6,232,943	17.9

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 4,125
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$13,814,680
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,349

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	515	12.5		0	0.0
1-500	597	14.5		117,045	0.8
501-1,000	326	7.9		241,619	1.7
1,001-1,500	269	6.5		337,152	2.4
1,501-2,000	279	6.8		484,364	3.5
2,001-2,500	236	5.7		530,496	3.8
2,501-3,000	245	5.9		672,320	4.9
3,001-3,500	205	5.0		665,097	4.8
3,501-4,000	171	4.1		641,573	4.6
4,001-4,500	133	3.2		564,853	4.1
4,501-5,000	155	3.8		735,696	5.3
5,001-5,500	109	2.6		572,266	4.1
5,501-6,000	109	2.6		627,344	4.5
6,001-6,500	96	2.3		601,040	4.4
6,501-7,000	106	2.6		716,399	5.2
7,001-7,500	70	1.7		507,329	3.7
7,501-8,000	62	1.5		482,050	3.5
8,001-8,500	57	1.4		467,857	3.4
8,501-9,000	42	1.0		368,462	2.7
9,001-9,500	60	1.5		555,392	4.0
9,501-10,000	39	0.9		379,532	2.7
10,001+	244	5.9		3,546,794	25.7

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 4,003
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$12,115,702
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,026

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	448	11.2	0	0.0
1-500	575	14.4	124,446	1.0
501-1,000	341	8.5	253,337	2.1
1,001-1,500	308	7.7	386,928	3.2
1,501-2,000	262	6.5	457,489	3.8
2,001-2,500	247	6.2	555,802	4.6
2,501-3,000	226	5.6	620,184	5.1
3,001-3,500	213	5.3	692,091	5.7
3,501-4,000	200	5.0	746,771	6.2
4,001-4,500	180	4.5	766,377	6.3
4,501-5,000	142	3.5	671,958	5.5
5,001-5,500	124	3.1	648,684	5.4
5,501-6,000	128	3.2	734,547	6.1
6,001-6,500	98	2.4	610,730	5.0
6,501-7,000	84	2.1	565,012	4.7
7,001-7,500	84	2.1	609,545	5.0
7,501-8,000	44	1.1	339,700	2.8
8,001-8,500	44	1.1	361,412	3.0
8,501-9,000	37	0.9	323,273	2.7
9,001-9,500	37	0.9	343,181	2.8
9,501-10,000	30	0.7	293,175	2.4
10,001+	151	3.8	2,011,060	16.6

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,578
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$8,971,847
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,507

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	266	7.4	0	0.0
1-500	577	16.1	137,504	1.5
501-1,000	457	12.8	340,523	3.8
1,001-1,500	336	9.4	417,466	4.7
1,501-2,000	292	8.2	509,886	5.7
2,001-2,500	250	7.0	565,006	6.3
2,501-3,000	231	6.5	636,618	7.1
3,001-3,500	198	5.5	639,502	7.1
3,501-4,000	164	4.6	612,800	6.8
4,001-4,500	144	4.0	611,846	6.8
4,501-5,000	120	3.4	570,439	6.4
5,001-5,500	116	3.2	609,047	6.8
5,501-6,000	77	2.2	440,624	4.9
6,001-6,500	83	2.3	520,936	5.8
6,501-7,000	41	1.1	276,197	3.1
7,001-7,500	46	1.3	332,756	3.7
7,501-8,000	41	1.1	316,529	3.5
8,001-8,500	32	0.9	265,749	3.0
8,501-9,000	26	0.7	226,754	2.5
9,001-9,500	12	0.3	110,819	1.2
9,501-10,000	16	0.4	155,757	1.7
10,001+	53	1.5	675,089	7.5

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	22,649	11,734	10,756	154	5	0	236,910	117,163	118,403	1,318	26	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	4	0	4	0	0	0	48	0	48	0	0	0
15-20	67	0	66	0	1	0	777	0	766	0	11	0
21-44	5,015	0	4,901	114	0	0	55,293	0	54,328	965	0	0
45-64	5,857	99	5,717	40	1	0	64,048	1,108	62,584	353	3	0
65-74	4,125	4,065	60	0	0	0	42,936	42,339	597	0	0	0
75-84	4,003	3,996	7	0	0	0	40,066	39,989	77	0	0	0
85 and older	3,578	3,574	1	0	3	0	33,742	33,727	3	0	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	13,852	8,274	5,476	99	3	0	144,784	83,641	60,269	853	21	0
Male	8,797	3,460	5,280	55	2	0	92,126	33,522	58,134	465	5	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,910	11,340	10,417	148	5	0	229,083	113,078	114,699	1,280	26	0
African American	96	32	64	0	0	0	989	316	673	0	0	0
Other/unknown	643	362	275	6	0	0	6,838	3,769	3,031	38	0	0
Use of Nursing Facilities^c												
Entire year	2,644	2,428	216	0	0	0	25,245	22,966	2,279	0	0	0
Part year	1,567	1,345	221	0	1	0	14,895	12,623	2,269	0	3	0
None	18,438	7,961	10,319	154	4	0	196,770	81,574	113,855	1,318	23	0
Maintenance Assistance Status												
Cash	12,099	1,636	10,371	92	0	0	133,843	18,264	114,722	857	0	0
Medically needy	4	0	0	0	4	0	15	0	0	0	15	0
Poverty related	695	307	366	21	1	0	5,940	2,324	3,478	127	11	0
Other/unknown	9,851	9,791	19	41	0	0	97,112	96,575	203	334	0	0
Dual Status^d												
Full dual, all year	21,604	11,214	10,236	149	5	0	227,273	112,713	113,270	1,264	26	0
Full dual, part year	1,045	520	520	5	0	0	9,637	4,450	5,133	54	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,649	11,734	10,756	154	5	0	236,910	117,163	118,403	1,318	26	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	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	0

Source: Data for this table are from the MAX 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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, 2005

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	22,649	236,910	22,649	236,910	0	0
Fee-for-service (FFS) all year	22,649	236,910	22,649	236,910	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 2005 file for Idaho, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries