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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 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	27,992	12,623	14,965	314	75	15	286,627	122,958	160,425	2,839	260	145
Age												
5 and younger	4	0	3	0	1	0	45	0	33	0	12	0
6-14	4	0	4	0	0	0	48	0	48	0	0	0
15-20	63	0	60	0	3	0	701	0	665	0	36	0
21-44	6,735	0	6,502	220	9	4	72,583	0	70,431	2,093	20	39
45-64	7,774	3	7,655	87	22	7	82,611	25	81,715	714	80	77
65-74	6,002	5,322	640	7	29	4	60,686	53,978	6,562	32	85	29
75-84	4,592	4,502	82	0	8	0	44,593	43,736	836	0	21	0
85 and older	2,818	2,796	19	0	3	0	25,360	25,219	135	0	6	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	16,726	8,926	7,571	181	33	15	172,628	88,382	82,208	1,782	111	145
Male	11,266	3,697	7,394	133	42	0	113,999	34,576	78,217	1,057	149	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	23,092	9,590	13,194	272	22	14	235,832	91,234	141,909	2,453	101	135
African American	442	116	270	7	49	0	4,164	1,225	2,737	64	138	0
Other/unknown	4,458	2,917	1,501	35	4	1	46,631	30,499	15,779	322	21	10
Use of Nursing Facilities^c												
Entire year	2,779	2,369	410	0	0	0	26,124	21,771	4,353	0	0	0
Part year	1,987	1,531	452	1	3	0	18,257	13,518	4,716	12	11	0
None	23,226	8,723	14,103	313	72	15	242,246	87,669	151,356	2,827	249	145
Maintenance Assistance Status												
Cash	7,765	3,295	4,294	176	0	0	85,888	37,025	47,113	1,750	0	0
Medically needy	3,848	1,690	2,112	46	0	0	32,815	12,917	19,643	255	0	0
Poverty-related	8,037	3,099	4,897	25	1	15	84,934	32,231	52,359	187	12	145
Other/unknown	8,342	4,539	3,662	67	74	0	82,990	40,785	41,310	647	248	0
Dual Medicare Status^d												
Full dual, all year	25,316	11,515	13,406	305	75	15	257,446	111,145	143,143	2,753	260	145
Full dual, part year	2,676	1,108	1,559	9	0	0	29,181	11,813	17,282	86	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	27,619	12,324	14,891	314	75	15	283,530	120,504	159,782	2,839	260	145
FFS part year, with Rx claims	370	296	74	0	0	0	3,076	2,433	643	0	0	0
FFS part year, no Rx claims	2	2	0	0	0	0	18	18	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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, UTAH, 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	87.7	51.8	\$3,723	\$72	\$14,020	26.6	27,992
Age							
5 and younger	100.0	87.3	11,199	128	51,965	21.6	4
6-14	100.0	50.8	13,973	275	33,342	41.9	4
15-20	82.5	40.0	3,997	100	21,058	19.0	63
21-44	87.1	42.3	4,258	101	14,671	29.0	6,735
45-64	88.9	62.2	4,888	79	15,533	31.5	7,774
65-74	83.9	50.6	2,974	59	9,795	30.4	6,002
75-84	88.8	51.1	2,729	53	12,964	21.1	4,592
85 and older	92.1	49.9	2,417	48	18,766	12.9	2,818
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	87.7	50.8	2,773	55	12,923	21.5	12,623
Disabled	88.0	53.1	4,556	86	15,159	30.1	14,965
Adults	86.9	40.0	3,080	77	6,668	46.2	314
Children	34.7	7.0	428	61	2,581	16.6	75
Unknown	86.7	31.2	2,109	68	11,665	18.1	15
Gender							
Female	90.6	57.8	3,767	65	13,577	27.7	16,726
Male	83.4	43.0	3,658	85	14,677	24.9	11,266
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.2	55.3	4,015	73	15,303	26.2	23,092
African American	79.4	36.4	2,501	69	9,177	27.2	442
Other/unknown	85.9	35.6	2,335	66	7,849	29.8	4,458
Use of Nursing Facilities^f							
Entire year	96.7	80.2	4,603	57	38,330	12.0	2,779
Part year	95.7	69.8	4,193	60	24,901	16.8	1,987
None	85.9	46.9	3,578	76	10,180	35.1	23,226
Maintenance Assistance Status							
Cash	90.1	47.2	3,499	74	7,073	49.5	7,765
Medically needy	76.7	45.9	3,594	78	8,700	41.3	3,848
Poverty related	86.9	47.4	3,535	75	5,992	59.0	8,037
Other/unknown	91.2	63.1	4,173	66	30,673	13.6	8,342

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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, UTAH, 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	5.1	\$364	26.6	12.3	16.2	9.9	25.5	24.6	11.6	\$1,369	27,992	286,627
Age												
5 and younger	7.8	995	21.6	0.0	0.0	0.0	0.0	100.0	0.0	4,619	4	45
6-14	4.2	1,164	41.9	0.0	0.0	0.0	75.0	25.0	0.0	2,779	4	48
15-20	3.6	359	19.0	17.5	31.7	11.1	17.5	17.5	4.8	1,893	63	701
21-44	3.9	395	29.0	12.9	23.6	12.1	26.4	18.3	6.6	1,361	6,735	72,583
45-64	5.8	460	31.5	11.1	13.3	8.8	25.0	26.7	15.1	1,462	7,774	82,611
65-74	5.0	294	30.4	16.1	15.9	10.0	23.3	23.0	11.7	969	6,002	60,686
75-84	5.3	281	21.1	11.2	14.2	8.6	26.4	27.1	12.7	1,335	4,592	44,593
85 and older	5.6	269	12.9	7.9	10.2	9.2	27.6	33.2	11.9	2,085	2,818	25,360
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	5.2	285	21.5	12.3	14.0	9.4	25.4	26.6	12.2	1,327	12,623	122,958
Disabled	5.0	425	30.1	12.0	18.0	10.2	25.5	23.0	11.3	1,414	14,965	160,425
Adults	4.4	341	46.2	13.1	18.2	14.0	27.4	23.2	4.1	738	314	2,839
Children	2.0	124	16.6	65.3	12.0	6.7	6.7	9.3	0.0	744	75	260
Unknown	3.2	218	18.1	13.3	20.0	0.0	40.0	26.7	0.0	1,207	15	145
Gender												
Female	5.6	365	27.7	9.4	13.8	9.4	25.8	27.7	13.8	1,315	16,726	172,628
Male	4.2	362	24.9	16.6	19.7	10.5	25.0	20.0	8.2	1,451	11,266	113,999
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.4	393	26.2	11.8	14.5	9.1	25.1	26.4	13.1	1,499	23,092	235,832
African American	3.9	265	27.2	20.6	21.3	12.7	22.4	17.2	5.9	974	442	4,164
Other/unknown	3.4	223	29.8	14.1	24.6	13.5	27.7	15.9	4.2	750	4,458	46,631
Use of Nursing Facilities ^f												
Entire year	8.5	490	12.0	3.3	4.0	3.9	21.2	39.1	28.6	4,077	2,779	26,124
Part year	7.6	456	16.8	4.3	5.7	6.0	25.7	35.5	22.7	2,710	1,987	18,257
None	4.5	343	35.1	14.1	18.6	10.9	25.9	21.9	8.6	976	23,226	242,246
Maintenance Assistance Status												
Cash	4.3	316	49.5	9.9	21.9	12.1	27.1	21.2	7.9	640	7,765	85,888
Medically needy	5.4	421	41.3	23.3	12.4	7.6	23.1	22.8	10.8	1,020	3,848	32,815
Poverty related	4.5	335	59.0	13.1	18.8	11.6	26.5	21.2	8.8	567	8,037	84,934
Other/unknown	6.3	420	13.6	8.8	10.2	7.2	24.0	31.9	18.0	3,083	8,342	82,990

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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.

Benef(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, UTAH, 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	5.1	\$364	\$72	2.0	\$262	\$133	0.1	\$13	\$95	2.9	\$89	\$30
Age												
5 and younger	7.8	995	128	4.3	914	214	0.1	2	32	3.4	79	23
6-14	4.2	1,164	275	3.0	1,133	378	0.0	0	0	1.2	31	25
15-20	3.6	359	100	1.5	298	203	0.1	8	75	2.0	52	27
21-44	3.9	395	101	1.6	302	186	0.1	15	124	2.2	79	36
45-64	5.8	460	79	2.3	327	144	0.2	18	119	3.4	115	34
65-74	5.0	294	59	2.0	210	106	0.1	8	67	2.9	76	26
75-84	5.3	281	53	2.0	197	97	0.1	8	61	3.1	76	25
85 and older	5.6	269	48	1.9	177	93	0.2	8	53	3.5	83	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.2	285	55	2.0	199	100	0.1	8	61	3.1	78	25
Disabled	5.0	425	86	2.0	312	158	0.1	16	118	2.8	97	34
Adults	4.4	341	77	1.6	228	145	0.1	15	161	2.8	98	36
Children	2.0	124	61	0.8	95	113	0.0	1	45	1.2	28	25
Unknown	3.2	218	68	0.6	143	239	0.1	4	50	2.6	71	28
Gender												
Female	5.6	365	65	2.1	257	121	0.1	13	89	3.3	95	29
Male	4.2	362	85	1.7	270	156	0.1	12	107	2.4	79	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.4	393	73	2.1	283	135	0.1	14	96	3.2	96	31
African American	3.9	265	69	1.5	187	128	0.1	10	104	2.3	69	30
Other/unknown	3.4	223	66	1.4	166	122	0.1	6	76	2.0	51	26
Use of Nursing Facilities^e												
Entire year	8.5	490	57	3.0	333	112	0.2	12	61	5.3	145	27
Part year	7.6	456	60	2.7	316	115	0.2	13	74	4.7	128	27
None	4.5	343	76	1.8	251	139	0.1	13	103	2.6	80	31
Maintenance Assistance Status												
Cash	4.3	316	74	1.7	233	137	0.1	11	100	2.5	72	29
Medically needy	5.4	421	78	2.2	305	142	0.1	14	111	3.1	102	33
Poverty related	4.5	335	75	1.8	243	136	0.1	13	107	2.6	79	31
Other/unknown	6.3	420	66	2.4	296	124	0.2	13	77	3.8	110	29

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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, UTAH, 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	0.2	\$32	\$23	\$3	\$7	\$86	\$225	\$82	\$28	61,294	\$5,291,632	14,802	52.9	163,294
Biologicals	0.1	0.1	0.0	0.0	25	2	15	8	204	29	1,785	180	989	201,274	707	2.5	8,084
Antineoplastic Agents	0.6	0.2	0.0	0.4	95	75	0	20	155	420	758	45	3,858	598,703	588	2.1	6,293
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	57	42	3	12	50	92	50	19	158,659	7,909,001	12,734	45.5	138,144
Cardiovascular Agents	1.7	0.7	0.0	1.0	72	55	0	17	42	74	32	18	280,338	11,882,546	15,394	55.0	165,147
Respiratory Agents	0.7	0.4	0.0	0.3	45	39	1	5	65	102	64	18	78,117	5,056,786	10,235	36.6	113,288
Gastrointestinal Agents	0.8	0.4	0.0	0.4	70	53	0	16	88	134	47	42	98,206	8,690,186	11,484	41.0	124,925
Genitourinary Agents	0.5	0.2	0.0	0.3	26	20	1	6	50	81	66	22	24,813	1,235,943	4,287	15.3	46,767
CNS Drugs	1.7	0.8	0.0	0.8	179	148	2	30	108	182	159	35	295,556	31,795,039	16,513	59.0	177,342
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	85	66	4	15	124	160	156	61	4,369	540,399	561	2.0	6,344
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	178	176	0	1	213	215	117	90	13,787	2,935,262	1,619	5.8	16,532
Analgesics and Anesthetics	1.0	0.2	0.0	0.8	60	22	7	30	59	132	174	37	179,568	10,549,080	16,354	58.4	176,759
Neuromuscular Agents	1.1	0.3	0.0	0.7	96	55	5	36	86	157	100	51	122,033	10,541,819	10,032	35.8	110,285
Nutritional Products	0.7	0.0	0.0	0.7	12	0	0	12	18	54	19	18	36,204	660,077	5,155	18.4	54,086
Hematological Agents	0.8	0.2	0.1	0.5	50	40	2	9	61	176	27	16	40,595	2,480,560	4,713	16.8	49,544
Topical Products	0.4	0.2	0.0	0.2	19	12	0	6	47	80	44	26	43,506	2,058,792	9,875	35.3	109,550
Miscellaneous Products	0.6	0.4	0.0	0.3	154	129	3	22	249	360	410	88	7,023	1,748,302	1,054	3.8	11,350
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	24	0	0	0	1,748	42,174	605	2.2	6,333
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.	1,450,663	104,217,575	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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.medispn.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 Utah, 0.3 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.medispn.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, UTAH, 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	\$20,679,291	9,698	34.6	106,262	0.8	\$234	\$195
ANTICONVULSANT	8,790,972	9,029	32.3	100,080	0.8	107	88
ANTIDEPRESSANTS	8,539,226	17,874	63.9	195,099	0.7	63	44
ULCER DRUGS	7,461,075	11,771	42.1	128,881	0.6	94	58
ANALGESICS - Narcotic	6,051,932	20,078	71.7	218,124	0.5	52	28
ANTIHYPERTENSIVE	5,282,845	7,931	28.3	88,322	0.7	88	60
ANTIDIABETIC	4,796,551	9,279	33.1	100,979	0.7	65	48
ANTIASTHMATIC	3,562,416	8,924	31.9	98,564	0.5	79	36
ANALGESICS - ANTI-INFLAMMATORY	3,172,672	9,375	33.5	105,088	0.4	70	30
ANTIHYPERTENSIVE	2,941,079	10,563	37.7	114,205	0.7	38	26
Total	71,278,059	114,522		1,255,604	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; 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, UTAH, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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	804,413	\$71,278,059	9,698	34.6	106,262	0.8	\$195	9,029	32.3	100,080	0.8	\$88
Female												
All Females	515,915	42,247,235	5,130	30.7	55,558	0.8	164	5,532	33.1	61,120	0.8	84
Female, Disabled												
All Ages	268,058	25,337,363	3,231	42.7	36,721	0.8	185	3,713	49.0	41,955	0.8	98
5 and younger	35	1,875	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	15	656	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	469	66,623	5	21.7	60	0.5	122	14	60.9	167	1.0	269
21-44	82,221	8,876,433	1,423	49.1	16,199	0.8	188	1,528	52.7	17,440	0.8	110
45-64	172,127	15,444,300	1,726	40.8	19,623	0.8	184	2,064	48.8	23,136	0.8	91
65-74	11,960	865,208	72	20.1	794	0.7	139	100	27.9	1,141	0.7	53
75-84	1,130	73,261	3	6.8	36	0.5	83	7	15.9	71	0.6	37
85 and older	101	9,007	2	16.7	9	0.6	146	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	247,857	16,909,872	1,899	20.7	18,837	0.7	123	1,819	19.9	19,165	0.7	51
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	15	408	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3,922	335,500	57	36.5	623	0.5	109	99	63.5	1,076	0.6	66
45-64	1,146	69,881	12	25.0	110	0.5	73	20	41.7	208	0.6	31
65-74	103,865	7,462,372	595	16.8	6,380	0.7	138	782	22.1	8,702	0.7	56
75-84	86,541	5,755,716	669	21.2	6,504	0.7	120	590	18.7	6,098	0.7	46
85 and older	52,368	3,285,995	566	25.1	5,220	0.7	111	328	14.5	3,081	0.8	42
Male												
All Males	288,498	29,030,824	4,568	40.5	50,704	0.9	229	3,497	31.0	38,960	0.9	95
Male, Disabled												
All Ages	204,507	22,973,410	3,828	51.8	43,527	0.9	241	2,881	39.0	32,668	0.9	102
5 and younger	21	926	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	17	664	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	538	70,686	13	35.1	148	0.5	184	10	27.0	119	1.1	212
21-44	87,290	11,195,818	2,104	58.4	23,904	0.9	249	1,439	40.0	16,383	0.9	113
45-64	109,470	11,171,582	1,661	48.5	18,946	1.0	234	1,366	39.9	15,445	0.9	92
65-74	6,239	470,981	44	15.7	467	0.7	134	60	21.4	649	0.6	55
75-84	813	46,855	5	13.2	50	0.6	92	6	15.8	72	0.4	13
85 and older	119	15,898	1	14.3	12	2.0	949	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, UTAH, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT				
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	Number of Rx per Benefit Month				Benefit Months Among Users	Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	83,991	6,057,414	740	19.1	7,177	0.8	156	616	15.9	6,292	0.7	59
5 and younger	15	1,347	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	31	8,295	3	300.0	36	0.5	179	0	0.0	0	0.0	0
21-44	1,609	154,125	22	28.6	252	0.8	178	28	36.4	276	0.6	75
45-64	1,357	146,233	13	18.3	107	0.9	354	17	23.9	163	0.5	58
65-74	42,275	3,155,403	285	15.6	3,145	0.9	180	324	17.8	3,517	0.8	64
75-84	28,884	1,952,054	272	20.0	2,506	0.7	140	182	13.4	1,769	0.8	53
85 and older	9,820	639,957	145	26.7	1,131	0.7	100	65	12.0	567	0.7	36
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 Utah, released by CMS in 12/2008. 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, UTAH, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	17,874	63.9	195,099	0.7	\$44	11,771	42.1	128,881	0.6	\$58	20,078	71.7	218,124	0.5	\$28
Female															
All Females	12,109	72.4	131,986	0.7	44	7,968	47.6	87,396	0.6	57	13,673	81.7	149,039	0.5	27
Female, Disabled															
All Ages	6,953	91.8	78,913	0.7	46	3,760	49.7	42,858	0.6	58	7,099	93.8	80,539	0.5	32
5 and younger	0	0.0	0	0.0	0	4	200.0	39	0.7	45	4	200.0	42	0.2	3
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	17	73.9	201	0.5	30	9	39.1	102	0.5	46	16	69.6	186	0.3	8
21-44	2,475	85.3	28,194	0.6	45	1,161	40.0	13,345	0.5	51	2,478	85.4	28,092	0.5	27
45-64	4,217	99.7	47,782	0.7	47	2,383	56.4	27,068	0.6	61	4,264	100.9	48,393	0.6	35
65-74	228	63.5	2,567	0.7	39	182	50.7	2,082	0.6	59	301	83.8	3,441	0.5	21
75-84	14	31.8	155	0.7	42	18	40.9	196	0.4	33	32	72.7	358	0.3	7
85 and older	2	16.7	14	0.6	8	3	25.0	26	0.6	58	4	33.3	27	0.6	82
Female, Other Eligibles															
All Ages	5,156	56.3	53,073	0.7	41	4,208	46.0	44,538	0.6	57	6,574	71.8	68,500	0.6	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	0.1	1
21-44	176	112.8	1,912	0.5	35	74	47.4	796	0.4	32	222	142.3	2,311	0.5	27
45-64	38	79.2	383	0.6	53	18	37.5	193	0.5	42	45	93.8	439	0.7	22
65-74	1,905	53.8	20,948	0.7	40	1,675	47.3	18,790	0.6	59	2,451	69.2	27,409	0.5	21
75-84	1,737	55.1	17,691	0.7	41	1,463	46.4	15,294	0.7	57	2,203	69.9	22,629	0.6	23
85 and older	1,300	57.6	12,139	0.8	42	978	43.4	9,465	0.7	56	1,651	73.2	15,688	0.6	22
Male															
All Males	5,765	51.2	63,113	0.7	44	3,803	33.8	41,485	0.6	59	6,405	56.9	69,085	0.5	29
Male, Disabled															
All Ages	4,252	57.5	48,030	0.7	45	2,434	32.9	27,412	0.6	61	4,377	59.2	48,699	0.5	32
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.8	34	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	12	0.2	1	2	100.0	24	0.1	1
15-20	21	56.8	249	0.5	20	11	29.7	128	0.5	45	11	29.7	128	0.2	2
21-44	2,063	57.3	23,342	0.7	46	1,028	28.5	11,666	0.6	58	1,960	54.4	21,838	0.4	28
45-64	2,063	60.2	23,275	0.7	45	1,277	37.3	14,350	0.7	64	2,223	64.9	24,793	0.5	37
65-74	95	33.8	1,057	0.7	41	103	36.7	1,101	0.6	62	160	56.9	1,692	0.5	23
75-84	9	23.7	95	0.7	42	11	28.9	126	0.7	77	18	47.4	204	0.7	9
85 and older	1	14.3	12	0.3	20	1	14.3	5	0.2	26	3	42.9	20	0.6	4

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, UTAH, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					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 \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month
Male, Other Eligibles															
All Ages	1,513	39.1	15,083	0.7	40	1,369	35.4	14,073	0.6	55	2,028	52.4	20,386	0.5	22
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.6	56	1	100.0	12	0.1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	12	1.2	155	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	46	59.7	486	0.5	30	22	28.6	202	0.5	43	92	119.5	963	0.6	49
45-64	45	63.4	426	0.6	46	21	29.6	200	0.6	61	56	78.9	517	0.5	51
65-74	634	34.8	6,842	0.7	41	595	32.7	6,441	0.6	57	883	48.5	9,507	0.6	23
75-84	538	39.6	5,090	0.7	39	536	39.5	5,437	0.6	51	705	52.0	6,821	0.5	15
85 and older	249	45.9	2,227	0.8	40	193	35.5	1,769	0.7	61	291	53.6	2,566	0.5	22
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 Utah, released by CMS in 12/2008. 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.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.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, UTAH, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIDIABETIC					ANTIASTHMATIC				
	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
All	7,931	28.3	88,322	0.7	\$60	9,279	33.1	100,979	0.7	\$48	8,924	31.9	98,564	0.5	\$36
Female															
All Females	4,977	29.8	55,410	0.7	59	6,173	36.9	67,532	0.7	47	5,993	35.8	66,582	0.4	36
Female, Disabled															
All Ages	2,040	26.9	23,333	0.6	57	2,432	32.1	27,436	0.7	52	3,291	43.5	37,544	0.4	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.7	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	4.3	12	0.5	19	0	0.0	0	0.0	0	5	21.7	60	0.3	29
21-44	370	12.8	4,341	0.6	52	507	17.5	5,871	0.7	49	992	34.2	11,433	0.4	27
45-64	1,498	35.4	17,070	0.6	58	1,725	40.8	19,380	0.7	53	2,092	49.5	23,795	0.5	37
65-74	152	42.3	1,702	0.7	63	175	48.7	1,927	0.7	49	192	53.5	2,138	0.5	36
75-84	16	36.4	179	0.9	88	24	54.5	254	0.9	64	10	22.7	118	0.5	47
85 and older	2	16.7	17	0.8	93	1	8.3	4	1.0	50	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,937	32.1	32,077	0.7	61	3,741	40.9	40,096	0.7	43	2,702	29.5	29,038	0.5	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.2	20
21-44	16	10.3	179	0.4	34	24	15.4	275	0.4	43	44	28.2	499	0.3	15
45-64	13	27.1	132	0.3	25	11	22.9	116	0.7	50	9	18.8	99	0.2	15
65-74	1,491	42.1	16,838	0.7	60	1,809	51.1	20,310	0.7	44	1,282	36.2	14,402	0.5	41
75-84	1,054	33.4	11,296	0.7	62	1,351	42.8	14,138	0.7	42	893	28.3	9,317	0.4	36
85 and older	363	16.1	3,632	0.7	61	546	24.2	5,257	0.8	41	473	21.0	4,709	0.4	31
Male															
All Males	2,954	26.2	32,912	0.7	61	3,106	27.6	33,447	0.7	49	2,931	26.0	31,982	0.5	37
Male, Disabled															
All Ages	1,793	24.2	20,347	0.7	60	1,658	22.4	18,476	0.8	53	1,710	23.1	19,219	0.5	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	300.0	36	0.1	3
6-14	1	50.0	12	0.8	43	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	5.4	24	0.6	41	1	2.7	12	0.5	17	6	16.2	72	0.5	51
21-44	554	15.4	6,346	0.7	55	434	12.1	4,874	0.8	57	560	15.6	6,493	0.4	26
45-64	1,127	32.9	12,746	0.7	62	1,090	31.8	12,170	0.8	53	1,027	30.0	11,482	0.5	39
65-74	93	33.1	1,042	0.7	69	110	39.1	1,201	0.6	47	97	34.5	946	0.5	40
75-84	14	36.8	162	0.5	46	23	60.5	219	0.5	20	14	36.8	154	0.2	16
85 and older	2	28.6	15	0.7	69	0	0.0	0	0.0	0	3	42.9	36	0.4	34

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, UTAH, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANTIASTHMATIC				
	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	1,161	30.0	12,565	0.7	63	1,448	37.4	14,971	0.7	45	1,221	31.5	12,763	0.5	42
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	13	16.9	147	0.5	40	4	5.2	48	0.8	53	13	16.9	114	0.2	15
45-64	15	21.1	149	0.4	37	22	31.0	223	0.8	88	9	12.7	85	0.8	57
65-74	642	35.2	7,178	0.7	64	730	40.1	7,871	0.7	47	610	33.5	6,687	0.6	47
75-84	405	29.8	4,231	0.7	64	541	39.9	5,503	0.7	41	438	32.3	4,419	0.5	37
85 and older	86	15.8	860	0.7	61	151	27.8	1,326	0.8	42	151	27.8	1,458	0.5	36
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 Utah, released by CMS in 12/2008. 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.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.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, UTAH, 2005

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	9,375	33.5	105,088	0.4	\$30	10,563	37.7	114,205	0.7	\$26	27,992	286,627
Female												
All Females	6,483	38.8	72,955	0.5	34	6,928	41.4	74,814	0.7	27	16,726	172,628
Female, Disabled												
All Ages	3,133	41.4	36,073	0.4	32	2,229	29.4	25,054	0.7	25	7,571	82,208
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
6-14	0	0.0	0	0.0	0	1	50.0	12	0.6	15	2	24
15-20	4	17.4	48	0.3	3	5	21.7	60	0.3	4	23	254
21-44	1,053	36.3	12,061	0.3	24	413	14.2	4,672	0.6	22	2,901	31,672
45-64	1,885	44.6	21,779	0.5	36	1,583	37.4	17,796	0.7	25	4,228	45,864
65-74	167	46.5	1,926	0.5	32	190	52.9	2,121	0.7	27	359	3,833
75-84	22	50.0	246	0.5	22	32	72.7	343	0.7	27	44	453
85 and older	2	16.7	13	0.8	67	5	41.7	50	0.6	25	12	87
Female, Other Eligibles												
All Ages	3,350	36.6	36,882	0.5	36	4,699	51.3	49,760	0.7	28	9,155	90,420
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	1	50.0	12	0.9	13	2	24
21-44	79	50.6	844	0.3	14	20	12.8	202	0.5	17	156	1,511
45-64	19	39.6	195	0.4	17	18	37.5	173	0.6	20	48	433
65-74	1,440	40.7	16,438	0.4	33	1,815	51.3	20,279	0.7	28	3,540	36,667
75-84	1,148	36.4	12,683	0.5	38	1,760	55.8	18,540	0.7	27	3,153	31,144
85 and older	664	29.4	6,722	0.6	46	1,085	48.1	10,554	0.8	28	2,256	20,641
Male												
All Males	2,892	25.7	32,133	0.4	22	3,635	32.3	39,391	0.7	24	11,266	113,999
Male, Disabled												
All Ages	1,859	25.1	21,143	0.4	18	1,927	26.1	21,535	0.7	24	7,394	78,217
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	1	50.0	12	0.3	9	2	24
15-20	8	21.6	87	0.3	19	6	16.2	71	0.4	8	37	411
21-44	794	22.0	9,011	0.3	12	597	16.6	6,794	0.7	22	3,601	38,759
45-64	954	27.8	10,902	0.4	22	1,175	34.3	13,043	0.7	25	3,427	35,851
65-74	89	31.7	985	0.4	26	117	41.6	1,292	0.7	25	281	2,729
75-84	12	31.6	141	0.5	38	25	65.8	260	0.7	24	38	383
85 and older	2	28.6	17	0.1	5	6	85.7	63	0.9	27	7	48

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, UTAH, 2005

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY						ANTIHYPERTENSIVE					
	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 Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	1,033	26.7	10,990	0.4	29	1,708	44.1	17,856	0.7	24	3,872	35,782
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	25	32.5	241	0.4	21	14	18.2	137	0.6	25	77	641
45-64	22	31.0	225	0.4	25	24	33.8	239	0.6	23	71	463
65-74	483	26.5	5,374	0.4	26	822	45.1	8,911	0.7	25	1,822	17,457
75-84	371	27.3	3,912	0.4	30	635	46.8	6,550	0.7	24	1,357	12,613
85 and older	132	24.3	1,238	0.5	38	213	39.2	2,019	0.7	23	543	4,584
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 Utah, released by CMS in 12/2008. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, UTAH, 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	\$490	8.5	2,779	26,124
Age				
0-64	764	10.6	375	3,993
65-74	590	9.8	461	4,624
75-84	473	8.7	912	8,182
85 and older	337	6.9	1,031	9,325
Unknown	0	0.0	0	0
Gender				
Female	463	8.6	1,896	17,797
Male	548	8.5	883	8,327
Unknown	0	0.0	0	0
Race				
White	493	8.6	2,546	23,971
African American	564	8.3	22	214
Other/unknown	443	7.3	211	1,939
Basis of Eligibility^c				
Aged	438	8.1	2,369	21,771
Disabled	749	10.6	410	4,353
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 Utah, released by CMS in 12/2008. 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 1,987 beneficiaries who were in nursing facilities for part of their enrollment and their 18,257 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, UTAH, 2005

CORE ELIGIBLE BENEFICIARIES, 2005																						
Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users								\$ per Rx					Users				
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months					
Anti-infective Agents	0.5	0.1	0.0	0.3	\$25	\$14	\$3	\$8	\$55	\$107	\$75	\$28	8,045	\$442,313	1,748	62.9	17,685					
Biologicals	0.1	0.0	0.0	0.1	2	1	0	2	22	25	73	21	230	5,159	208	7.5	2,252					
Antineoplastic Agents	0.8	0.2	0.0	0.6	97	63	0	34	126	310	0	60	555	70,046	76	2.7	720					
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.7	63	46	4	12	46	85	44	17	22,135	1,020,283	1,627	58.5	16,140					
Cardiovascular Agents	2.1	0.6	0.0	1.4	68	43	0	25	33	69	18	17	40,139	1,315,930	2,006	72.2	19,360					
Respiratory Agents	0.8	0.5	0.0	0.3	50	45	0	5	65	99	60	16	7,859	508,250	994	35.8	10,151					
Gastrointestinal Agents	1.0	0.3	0.0	0.7	67	33	0	34	64	107	41	46	15,614	1,005,547	1,494	53.8	14,970					
Genitourinary Agents	0.7	0.3	0.0	0.4	37	27	0	10	50	80	52	25	6,327	316,617	824	29.7	8,540					
CNS Drugs	1.9	1.0	0.0	0.9	179	147	0	32	93	145	80	35	42,343	3,940,078	2,244	80.7	21,960					
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	54	40	0	15	59	190	0	21	192	11,391	19	0.7	210					
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	166	166	0	0	162	162	0	0	5,276	852,088	522	18.8	5,140					
Analgesics and Anesthetics	1.5	0.3	0.1	1.2	65	27	7	31	42	92	78	27	28,637	1,209,013	1,915	68.9	18,692					
Neuromuscular Agents	1.4	0.4	0.0	1.0	103	47	3	54	74	127	111	53	15,038	1,111,151	1,052	37.9	10,737					
Nutritional Products	0.9	0.0	0.0	0.9	16	0	0	16	18	24	16	18	10,078	183,895	1,160	41.7	11,423					
Hematological Agents	1.3	0.2	0.0	1.0	48	35	1	12	38	140	15	13	10,718	408,707	868	31.2	8,534					
Topical Products	0.6	0.2	0.0	0.3	23	15	0	7	41	76	40	21	8,686	356,257	1,486	53.5	15,480					
Miscellaneous Products	0.4	0.1	0.0	0.3	13	4	0	9	34	66	0	28	798	26,789	215	7.7	2,141					
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	28	0	0	0	309	8,738	130	4.7	1,260					
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.	222,979	12,792,252	n.a.	n.a.	n.a.					

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, UTAH, 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	\$2,411,831	1,379	49.6	14,176	0.9	\$196	\$170
ANTIDEPRESSANTS	1,269,359	2,377	85.5	23,907	0.9	62	53
ULCER DRUGS	897,800	1,434	51.6	14,414	0.8	74	62
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	853,141	627	22.6	6,163	0.9	161	138
ANTICONVULSANT	766,264	947	34.1	9,836	1.0	80	78
ANALGESICS - Narcotic	664,289	2,167	78.0	21,001	1.0	32	32
ANTIDIABETIC	598,597	1,197	43.1	12,005	0.9	55	50
ANTIHYPERTENSIVE	478,690	664	23.9	6,743	0.9	81	71
ANALGESICS - ANTI-INFLAMMATORY	443,432	845	30.4	8,762	0.7	73	51
ANTIASTHMATIC	415,194	980	35.3	10,023	0.5	76	41
Total	8,798,597	12,617		127,030	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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 1,987 beneficiaries who were in nursing facilities for part of their enrollment and their 18,257 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, UTAH, 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	108,999	\$8,798,597	1,379	49.6	14,176	0.9	\$170	2,377	85.5	23,907	0.9	\$53
Female												
All Females	73,255	5,598,200	883	46.6	8,982	0.8	153	1,681	88.7	16,665	0.9	53
Female, Disabled												
All Ages	12,191	1,073,708	116	60.1	1,312	1.0	221	210	108.8	2,285	0.9	62
64 or younger	11,249	1,010,334	104	58.8	1,182	1.0	231	196	110.7	2,123	0.9	62
65-74	929	61,551	11	73.3	126	0.8	123	14	93.3	162	1.0	52
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	13	1,823	1	100.0	4	1.0	314	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	61,064	4,524,492	767	45.0	7,670	0.8	141	1,471	86.4	14,380	0.9	51
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12,849	1,008,030	157	62.8	1,628	0.8	160	259	103.6	2,641	0.9	54
75-84	25,289	1,892,308	319	50.2	3,163	0.8	141	602	94.8	5,857	0.8	52
85 and older	22,926	1,624,154	291	35.6	2,879	0.8	131	610	74.6	5,882	0.9	49
Male												
All Males	35,744	3,200,397	496	56.2	5,194	0.9	201	696	78.8	7,242	0.8	54
Male, Disabled												
All Ages	12,454	1,284,604	164	75.6	1,896	1.0	258	202	93.1	2,337	0.9	61
64 or younger	11,543	1,212,879	152	76.8	1,762	1.0	266	185	93.4	2,143	0.9	60
65-74	792	64,564	11	68.8	122	0.9	151	15	93.8	170	0.9	65
75-84	119	7,161	1	33.3	12	1.2	176	2	66.7	24	1.0	79
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	23,290	1,915,793	332	49.8	3,298	0.9	168	494	74.2	4,905	0.8	51
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,733	783,683	111	61.7	1,249	1.0	212	152	84.4	1,652	0.8	58
75-84	9,691	762,812	135	49.3	1,297	0.9	165	205	74.8	1,984	0.8	48
85 and older	4,866	369,298	86	40.6	752	0.7	98	137	64.6	1,269	0.8	46
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 Utah, released by CMS in 12/2008. 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 1,987 beneficiaries who were in nursing facilities for part of their enrollment and their 18,257 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, UTAH, 2005

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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	1,434	51.6	14,414	0.8	\$62	627	22.6	6,163	0.9	\$138	947	34.1	9,836	1.0	\$78
Female															
All Females	993	52.4	9,882	0.8	62	409	21.6	3,994	0.9	136	602	31.8	6,159	1.0	72
Female, Disabled															
All Ages	123	63.7	1,347	0.9	68	27	14.0	305	0.8	365	154	79.8	1,684	1.1	116
64 or younger	115	65.0	1,257	0.9	68	25	14.1	281	0.8	383	142	80.2	1,540	1.1	121
65-74	8	53.3	90	0.6	60	2	13.3	24	1.0	151	12	80.0	144	1.0	62
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	870	51.1	8,535	0.8	61	382	22.4	3,689	0.9	117	448	26.3	4,475	0.9	55
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	155	62.0	1,592	0.9	70	55	22.0	591	0.9	127	115	46.0	1,253	1.0	76
75-84	359	56.5	3,419	0.9	59	167	26.3	1,544	0.9	118	196	30.9	1,979	0.9	52
85 and older	356	43.5	3,524	0.8	60	160	19.6	1,554	0.9	112	137	16.7	1,243	0.8	39
Male															
All Males	441	49.9	4,532	0.8	63	218	24.7	2,169	0.9	144	345	39.1	3,677	1.0	88
Male, Disabled															
All Ages	117	53.9	1,305	1.0	69	36	16.6	414	0.8	271	175	80.6	1,983	1.1	105
64 or younger	107	54.0	1,208	1.0	70	33	16.7	386	0.8	282	167	84.3	1,891	1.1	109
65-74	9	56.3	85	0.8	57	3	18.8	28	0.8	117	7	43.8	80	0.8	37
75-84	1	33.3	12	1.0	92	0	0.0	0	0.0	0	1	33.3	12	0.9	47
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	324	48.6	3,227	0.8	60	182	27.3	1,755	0.9	114	170	25.5	1,694	0.9	68
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	93	51.7	991	0.8	67	53	29.4	600	0.9	113	82	45.6	888	0.9	73
75-84	153	55.8	1,496	0.8	54	76	27.7	680	0.9	112	64	23.4	598	1.0	68
85 and older	78	36.8	740	0.9	64	53	25.0	475	0.9	117	24	11.3	208	0.7	49
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 Utah, released by CMS in 12/2008. 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 1,987 beneficiaries who were in nursing facilities for part of their enrollment and their 18,257 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, DELAWARE, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERLIPIDEMIC				
	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	2,167	78.0	21,001	1.0	\$32	1,197	43.1	12,005	0.9	\$50	664	23.9	6,743	0.9	\$71
Female															
All Females	1,591	83.9	15,385	1.0	33	807	42.6	7,956	0.9	49	424	22.4	4,233	0.9	69
Female, Disabled															
All Ages	188	97.4	2,058	1.3	35	93	48.2	983	1.1	57	61	31.6	637	0.8	62
64 or younger	172	97.2	1,886	1.4	36	84	47.5	895	1.1	59	53	29.9	553	0.8	64
65-74	15	100.0	168	1.2	29	8	53.3	84	0.8	28	8	53.3	84	0.8	53
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	1	100.0	4	0.3	5	1	100.0	4	1.0	50	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,403	82.4	13,327	0.9	32	714	41.9	6,973	0.9	48	363	21.3	3,596	0.9	70
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	221	88.4	2,292	1.1	32	159	63.6	1,675	0.9	52	89	35.6	946	0.9	77
75-84	558	87.9	5,142	1.0	39	320	50.4	3,007	0.9	49	157	24.7	1,476	0.9	72
85 and older	624	76.3	5,893	0.8	27	235	28.7	2,291	0.8	44	117	14.3	1,174	0.8	63
Male															
All Males	576	65.2	5,616	0.9	29	390	44.2	4,049	0.9	51	240	27.2	2,510	0.9	74
Male, Disabled															
All Ages	146	67.3	1,595	1.1	38	80	36.9	897	1.1	59	66	30.4	763	0.9	68
64 or younger	131	66.2	1,442	1.1	38	64	32.3	731	1.1	65	57	28.8	659	0.8	65
65-74	14	87.5	141	1.0	44	14	87.5	142	0.7	31	8	50.0	92	1.0	95
75-84	1	33.3	12	1.1	6	2	66.7	24	1.3	32	1	33.3	12	0.9	42
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	430	64.6	4,021	0.9	25	310	46.5	3,152	0.9	49	174	26.1	1,747	0.9	77
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	130	72.2	1,297	1.1	25	99	55.0	1,069	0.9	53	65	36.1	704	0.9	85
75-84	176	64.2	1,579	0.9	21	150	54.7	1,507	0.9	50	80	29.2	767	0.9	74
85 and older	124	58.5	1,145	0.7	31	61	28.8	576	0.8	40	29	13.7	276	0.7	63
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 Utah, released by CMS in 12/2008. 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 1,987 beneficiaries who were in nursing facilities for part of their enrollment and their 18,257 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.medspan.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, DELAWARE, 2005

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY						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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	845	30.4	8,762	0.7	\$51	980	35.3	10,023	0.5	\$41	2,779	26,124
Female												
All Females	604	31.9	6,279	0.7	53	591	31.2	5,962	0.5	39	1,896	17,797
Female, Disabled												
All Ages	74	38.3	831	0.7	34	78	40.4	886	0.7	56	193	2,030
64 or younger	66	37.3	749	0.7	33	69	39.0	778	0.7	59	177	1,862
65-74	7	46.7	78	0.8	47	9	60.0	108	0.5	40	15	164
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	100.0	4	1.0	87	0	0.0	0	0.0	0	1	4
Female, Other Eligibles												
All Ages	530	31.1	5,448	0.7	56	513	30.1	5,076	0.5	36	1,703	15,767
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	74	29.6	815	0.7	56	97	38.8	987	0.5	45	250	2,518
75-84	208	32.8	2,158	0.7	56	218	34.3	2,121	0.5	39	635	5,736
85 and older	248	30.3	2,475	0.7	56	198	24.2	1,968	0.4	28	818	7,513
Male												
All Males	241	27.3	2,483	0.7	44	389	44.1	4,061	0.6	45	883	8,327
Male, Disabled												
All Ages	66	30.4	751	0.6	31	91	41.9	1,047	0.8	52	217	2,323
64 or younger	61	30.8	697	0.6	28	83	41.9	951	0.8	56	198	2,131
65-74	5	31.3	54	0.6	68	6	37.5	72	0.3	16	16	156
75-84	0	0.0	0	0.0	0	2	66.7	24	0.1	7	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	175	26.3	1,732	0.7	49	298	44.7	3,014	0.6	43	666	6,004
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	50	27.8	532	0.6	43	97	53.9	1,075	0.6	49	180	1,786
75-84	74	27.0	730	0.7	54	127	46.4	1,240	0.6	41	274	2,410
85 and older	51	24.1	470	0.7	50	74	34.9	699	0.5	37	212	1,808
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 Utah, released by CMS in 12/2008. 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 1,987 beneficiaries who were in nursing facilities for part of their enrollment and their 18,257 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.medspan.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}
DELAWARE, 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	15,903	56.8	6.0	167,966	\$101	\$2,822,881	\$17	2.7	27,992
Age									
5 and younger	4	100.0	20.0	80	272	1,087	14	2.4	4
6-14	3	75.0	4.8	19	40	159	8	0.3	4
15-20	27	42.9	7.0	441	155	9,737	22	3.9	63
21-44	3,372	50.1	4.7	31,908	98	662,050	21	2.3	6,735
45-64	4,688	60.3	7.4	57,154	134	1,041,519	18	2.7	7,774
65-74	3,201	53.3	5.4	32,607	80	478,422	15	2.7	6,002
75-84	2,717	59.2	5.8	26,651	80	367,117	14	2.9	4,592
85 and older	1,891	67.1	6.8	19,106	93	262,790	14	3.9	2,818
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	7,392	58.6	5.9	74,060	83	1,049,650	14	3.0	12,623
Disabled	8,322	55.6	6.2	92,534	117	1,752,145	19	2.6	14,965
Adults	172	54.8	4.1	1,280	62	19,474	15	2.0	314
Children	11	14.7	0.6	47	8	605	13	1.9	75
Unknown	6	40.0	3.0	45	67	1,007	22	3.2	15
Gender									
Female	10,537	63.0	6.9	114,840	115	1,926,265	17	3.1	16,726
Male	5,366	47.6	4.7	53,126	80	896,616	17	2.2	11,266
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	13,434	58.2	6.5	150,090	111	2,569,673	17	2.8	23,092
African American	201	45.5	3.8	1,662	65	28,865	17	2.6	442
Other/unknown	2,268	50.9	3.6	16,214	50	224,343	14	2.2	4,458
Use of Nursing Facilities^d									
Entire year	2,202	79.2	11.2	31,123	164	455,865	15	3.6	2,779
Part year	1,589	80.0	9.4	18,626	138	275,087	15	3.3	1,987
None	12,112	52.1	5.1	118,217	90	2,091,929	18	2.5	23,226
Maintenance Assistance Status									
Cash	4,346	56.0	5.1	39,503	90	698,029	18	2.6	7,765
Medically needy	1,863	48.4	4.9	18,819	90	347,925	18	2.5	3,848
Poverty related	4,095	51.0	4.8	38,310	79	633,187	17	2.2	8,037
Other/unknown	5,599	67.1	8.6	71,334	137	1,143,740	16	3.3	8,342

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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}
DELAWARE, 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	0.6	\$10	\$17	\$0	\$4	286,627
Age						
5 and younger	1.8	24	14	0	8	45
6-14	0.4	3	8	0	0	48
15-20	0.6	14	22	0	6	701
21-44	0.4	9	21	0	5	72,583
45-64	0.7	13	18	0	6	82,611
65-74	0.5	8	15	0	3	60,686
75-84	0.6	8	14	0	3	44,593
85 and older	0.8	10	14	0	3	25,360
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	9	14	0	3	122,958
Disabled	0.6	11	19	0	5	160,425
Adults	0.5	7	15	0	4	2,839
Children	0.2	2	13	0	1	260
Unknown	0.3	7	22	0	1	145
Gender						
Female	0.7	11	17	0	4	172,628
Male	0.5	8	17	0	3	113,999
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	11	17	0	5	235,832
African American	0.4	7	17	0	3	4,164
Other/unknown	0.3	5	14	0	1	46,631
Use of Nursing Facilities^d						
Entire year	1.2	17	15	0	6	26,124
Part year	1.0	15	15	0	6	18,257
None	0.5	9	18	0	4	242,246
Maintenance Assistance Status						
Cash	0.5	8	18	0	3	85,888
Medically needy	0.6	11	18	0	4	32,815
Poverty related	0.5	7	17	0	4	84,934
Other/unknown	0.9	14	16	0	5	82,990

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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}
DELAWARE, 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	26,518	\$106	\$2,822,881	100.0	167,966	\$17	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	1	2,929	2,929	0.1	10	293	0.0	
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	
Cough and cold medications	4,316	60	257,604	9.1	11,210	23	6.7	
Vitamins and minerals	5,001	127	634,169	22.5	35,234	18	21.0	
Non-prescription drugs	8,349	60	502,304	17.8	54,497	9	32.4	
Barbiturates	264	85	22,483	0.8	2,703	8	1.6	
Benzodiazepines	7,906	148	1,169,526	41.4	61,297	19	36.5	
Other Part D Excl Rx Drugs	681	343	233,866	8.3	3,015	78	1.8	

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries: 27,992
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$104,217,575
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,723

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,445	12.3	\$0	0.0
1-500	4,438	15.9	864,236	0.8
501-1,000	2,423	8.7	1,793,283	1.7
1,001-1,500	1,919	6.9	2,373,884	2.3
1,501-2,000	1,609	5.7	2,808,434	2.7
2,001-2,500	1,421	5.1	3,181,835	3.1
2,501-3,000	1,302	4.7	3,571,886	3.4
3,001-3,500	1,135	4.1	3,692,733	3.5
3,501-4,000	1,034	3.7	3,874,759	3.7
4,001-4,500	967	3.5	4,112,461	3.9
4,501-5,000	843	3.0	3,993,652	3.8
5,001-5,500	733	2.6	3,852,631	3.7
5,501-6,000	700	2.5	4,016,714	3.9
6,001-6,500	624	2.2	3,901,550	3.7
6,501-7,000	575	2.1	3,874,822	3.7
7,001-7,500	464	1.7	3,358,777	3.2
7,501-8,000	437	1.6	3,385,534	3.2
8,001-8,500	398	1.4	3,286,438	3.2
8,501-9,000	369	1.3	3,229,149	3.1
9,001-9,500	299	1.1	2,762,481	2.7
9,501-10,000	284	1.0	2,765,167	2.7
10,001+	2,573	9.2	39,517,149	37.9

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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}
 DELAWARE, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 14,224
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$66,003,812
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,640

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	1,686	11.9		0	0.0
1-500	2,171	15.3		396,690	0.6
501-1,000	1,051	7.4		775,004	1.2
1,001-1,500	818	5.8		1,013,243	1.5
1,501-2,000	674	4.7		1,180,133	1.8
2,001-2,500	609	4.3		1,363,792	2.1
2,501-3,000	559	3.9		1,534,403	2.3
3,001-3,500	489	3.4		1,590,186	2.4
3,501-4,000	451	3.2		1,691,167	2.6
4,001-4,500	453	3.2		1,925,015	2.9
4,501-5,000	413	2.9		1,952,391	3.0
5,001-5,500	347	2.4		1,824,579	2.8
5,501-6,000	388	2.7		2,224,938	3.4
6,001-6,500	340	2.4		2,124,933	3.2
6,501-7,000	317	2.2		2,138,909	3.2
7,001-7,500	268	1.9		1,942,608	2.9
7,501-8,000	266	1.9		2,060,933	3.1
8,001-8,500	275	1.9		2,272,281	3.4
8,501-9,000	232	1.6		2,030,310	3.1
9,001-9,500	197	1.4		1,820,400	2.8
9,501-10,000	191	1.3		1,860,080	2.8
10,001+	2,029	14.3		32,281,817	48.9

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 13,412
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$37,189,130
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,772

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	1,701	12.7	0	0.0
1-500	2,192	16.3	455,092	1.2
501-1,000	1,335	10.0	990,953	2.7
1,001-1,500	1,080	8.1	1,333,676	3.6
1,501-2,000	917	6.8	1,597,525	4.3
2,001-2,500	797	5.9	1,785,375	4.8
2,501-3,000	728	5.4	1,995,604	5.4
3,001-3,500	637	4.7	2,073,643	5.6
3,501-4,000	571	4.3	2,138,432	5.8
4,001-4,500	505	3.8	2,149,769	5.8
4,501-5,000	419	3.1	1,989,246	5.3
5,001-5,500	377	2.8	1,980,462	5.3
5,501-6,000	303	2.3	1,740,917	4.7
6,001-6,500	276	2.1	1,726,764	4.6
6,501-7,000	248	1.8	1,668,970	4.5
7,001-7,500	192	1.4	1,387,342	3.7
7,501-8,000	166	1.2	1,285,464	3.5
8,001-8,500	117	0.9	965,440	2.6
8,501-9,000	132	1.0	1,154,955	3.1
9,001-9,500	98	0.7	905,007	2.4
9,501-10,000	92	0.7	895,166	2.4
10,001+	529	3.9	6,969,328	18.7

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,002
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$17,847,125
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,973

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	965	16.1		0	0.0
1-500	967	16.1		185,400	1.0
501-1,000	530	8.8		391,884	2.2
1,001-1,500	422	7.0		520,118	2.9
1,501-2,000	361	6.0		629,051	3.5
2,001-2,500	310	5.2		700,111	3.9
2,501-3,000	289	4.8		795,498	4.5
3,001-3,500	254	4.2		829,424	4.6
3,501-4,000	233	3.9		872,831	4.9
4,001-4,500	194	3.2		824,700	4.6
4,501-5,000	189	3.1		898,768	5.0
5,001-5,500	168	2.8		882,369	4.9
5,501-6,000	130	2.2		747,284	4.2
6,001-6,500	130	2.2		812,953	4.6
6,501-7,000	118	2.0		793,791	4.4
7,001-7,500	96	1.6		694,015	3.9
7,501-8,000	75	1.2		581,081	3.3
8,001-8,500	55	0.9		453,077	2.5
8,501-9,000	79	1.3		691,142	3.9
9,001-9,500	50	0.8		461,842	2.6
9,501-10,000	48	0.8		467,000	2.6
10,001+	339	5.6		4,614,786	25.9

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 4,592
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$12,532,135
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,729

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	513	11.2	0	0.0
1-500	733	16.0	155,321	1.2
501-1,000	493	10.7	367,061	2.9
1,001-1,500	376	8.2	465,445	3.7
1,501-2,000	321	7.0	560,593	4.5
2,001-2,500	289	6.3	642,432	5.1
2,501-3,000	261	5.7	717,541	5.7
3,001-3,500	228	5.0	742,747	5.9
3,501-4,000	202	4.4	756,974	6.0
4,001-4,500	194	4.2	827,867	6.6
4,501-5,000	141	3.1	667,230	5.3
5,001-5,500	122	2.7	640,787	5.1
5,501-6,000	107	2.3	614,120	4.9
6,001-6,500	93	2.0	583,624	4.7
6,501-7,000	88	1.9	591,826	4.7
7,001-7,500	65	1.4	470,588	3.8
7,501-8,000	68	1.5	526,222	4.2
8,001-8,500	45	1.0	373,027	3.0
8,501-9,000	38	0.8	332,152	2.7
9,001-9,500	33	0.7	304,967	2.4
9,501-10,000	37	0.8	360,265	2.9
10,001+	145	3.2	1,831,346	14.6

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 2,818
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$6,809,870
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,416

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	223	7.9	0	0.0
1-500	492	17.5	114,371	1.7
501-1,000	312	11.1	232,008	3.4
1,001-1,500	282	10.0	348,113	5.1
1,501-2,000	235	8.3	407,881	6.0
2,001-2,500	198	7.0	442,832	6.5
2,501-3,000	178	6.3	482,565	7.1
3,001-3,500	155	5.5	501,472	7.4
3,501-4,000	136	4.8	508,627	7.5
4,001-4,500	117	4.2	497,202	7.3
4,501-5,000	89	3.2	423,248	6.2
5,001-5,500	87	3.1	457,306	6.7
5,501-6,000	66	2.3	379,513	5.6
6,001-6,500	53	1.9	330,187	4.8
6,501-7,000	42	1.5	283,353	4.2
7,001-7,500	31	1.1	222,739	3.3
7,501-8,000	23	0.8	178,161	2.6
8,001-8,500	17	0.6	139,336	2.0
8,501-9,000	15	0.5	131,661	1.9
9,001-9,500	15	0.5	138,198	2.0
9,501-10,000	7	0.2	67,901	1.0
10,001+	45	1.6	523,196	7.7

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. 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, DELAWARE, 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	27,992	12,623	14,965	314	75	15	287,705	123,818	160,643	2,839	260	145
Age												
5 and younger	4	0	3	0	1	0	45	0	33	0	12	0
6-14	4	0	4	0	0	0	48	0	48	0	0	0
15-20	63	0	60	0	3	0	701	0	665	0	36	0
21-44	6,735	0	6,502	220	9	4	72,616	0	70,464	2,093	20	39
45-64	7,774	3	7,655	87	22	7	82,781	25	81,885	714	80	77
65-74	6,002	5,322	640	7	29	4	60,888	54,168	6,574	32	85	29
75-84	4,592	4,502	82	0	8	0	44,954	44,097	836	0	21	0
85 and older	2,818	2,796	19	0	3	0	25,672	25,528	138	0	6	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	16,726	8,926	7,571	181	33	15	173,446	89,083	82,325	1,782	111	145
Male	11,266	3,697	7,394	133	42	0	114,259	34,735	78,318	1,057	149	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	23,092	9,590	13,194	272	22	14	236,862	92,061	142,112	2,453	101	135
African American	442	116	270	7	49	0	4,173	1,231	2,740	64	138	0
Other/unknown	4,458	2,917	1,501	35	4	1	46,670	30,526	15,791	322	21	10
Use of Nursing Facilities ^c												
Entire year	2,779	2,369	410	0	0	0	26,124	21,771	4,353	0	0	0
Part year	1,987	1,531	452	1	3	0	18,581	13,787	4,771	12	11	0
None	23,226	8,723	14,103	313	72	15	243,000	88,260	151,519	2,827	249	145
Maintenance Assistance Status												
Cash	7,765	3,295	4,294	176	0	0	85,933	37,040	47,143	1,750	0	0
Medically needy	3,848	1,690	2,112	46	0	0	32,897	12,987	19,655	255	0	0
Poverty related	8,037	3,099	4,897	25	1	15	84,934	32,231	52,359	187	12	145
Other/unknown	8,342	4,539	3,662	67	74	0	83,941	41,560	41,486	647	248	0
Dual Status ^d												
Full dual, all year	25,316	11,515	13,406	305	75	15	258,521	112,002	143,361	2,753	260	145
Full dual, part year	2,676	1,108	1,559	9	0	0	29,184	11,816	17,282	86	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	27,619	12,324	14,891	314	75	15	283,530	120,504	159,782	2,839	260	145
FFS part year, with Rx claims	370	296	74	0	0	0	4,149	3,288	861	0	0	0
FFS part year, no Rx claims	2	2	0	0	0	0	23	23	0	0	0	0
MC all year, with Rx claims	1	1	0	0	0	0	3	3	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 Utah, released by CMS in 12/2008. 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, DELAWARE, 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	27,992	287,705	27,992	286,627	0	1,078
Fee-for-service (FFS) all year	27,619	283,530	27,619	283,530	0	0
FFS part year, with Rx claims	370	4,149	370	3,076	0	1,073
FFS part year, with no Rx claims	2	23	2	18	0	5
Managed care (MC) all year, with Rx claims	1	3	1	3	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 Utah, released by CMS in 12/2008. 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