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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
IOWA**

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	67,324	33,462	32,717	1,110	23	12	721,527	343,484	368,151	9,599	190	103
Age												
5 and younger	5	0	4	0	1	0	58	0	47	0	11	0
6-14	6	0	4	0	2	0	53	0	48	0	5	0
15-20	153	0	143	3	7	0	1,740	0	1,634	34	72	0
21-44	13,647	1	13,122	515	8	1	152,947	8	148,375	4,481	71	12
45-64	19,620	12	19,119	480	3	6	219,609	112	215,169	4,254	16	58
65-74	10,211	9,794	307	103	2	5	109,604	106,122	2,882	752	15	33
75-84	11,416	11,394	16	6	0	0	118,038	117,812	172	54	0	0
85 and older	12,266	12,261	2	3	0	0	119,478	119,430	24	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	41,318	24,241	16,452	602	11	12	442,761	250,756	186,564	5,251	87	103
Male	26,006	9,221	16,265	508	12	0	278,766	92,728	181,587	4,348	103	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	46,309	20,406	25,232	651	16	4	511,056	216,317	288,765	5,789	141	44
African American	2,197	656	1,462	76	2	1	23,918	7,172	16,042	680	12	12
Other/unknown	18,818	12,400	6,023	383	5	7	186,553	119,995	63,344	3,130	37	47
Use of Nursing Facilities^c												
Entire year	11,145	10,194	951	0	0	0	119,447	108,460	10,987	0	0	0
Part year	6,778	6,134	644	0	0	0	61,215	54,555	6,660	0	0	0
None	49,401	17,134	31,122	1,110	23	12	540,865	180,469	350,504	9,599	190	103
Maintenance Assistance Status												
Cash	18,890	6,190	12,473	222	5	0	212,956	69,910	140,922	2,085	39	0
Medically needy	1,290	672	488	128	2	0	12,011	6,158	4,748	1,082	23	0
Poverty-related	1,857	779	1,014	48	4	12	19,673	8,533	10,665	350	22	103
Other/unknown	45,287	25,821	18,742	712	12	0	476,887	258,883	211,816	6,082	106	0
Dual Medicare Status^d												
Full dual, all year	63,776	31,653	30,997	1,092	22	12	683,264	323,835	349,725	9,423	178	103
Full dual, part year	3,548	1,809	1,720	18	1	0	38,263	19,649	18,426	176	12	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	67,317	33,462	32,715	1,106	22	12	721,495	343,484	368,143	9,576	189	103
FFS part year, with Rx claims	7	0	2	4	1	0	32	0	8	23	1	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.

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 1 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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Beneficiary Characteristics	Percentage with at Least				Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
	One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx		FFS \$ ^d		
All	42.1	4.4	\$169	\$38	\$15,790	1.1	67,324	
Age								
5 and younger	60.0	16.6	2,387	144	22,263	10.7	5	
6-14	50.0	13.5	1,876	139	14,590	12.9	6	
15-20	73.2	13.9	2,119	152	20,020	10.6	153	
21-44	41.5	4.9	281	57	15,104	1.9	13,647	
45-64	46.6	5.7	226	40	15,436	1.5	19,620	
65-74	41.4	4.9	164	33	12,536	1.3	10,211	
75-84	38.5	3.0	52	17	15,951	0.3	11,416	
85 and older	39.0	2.7	39	15	19,626	0.2	12,266	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	39.7	3.4	78	23	16,308	0.5	33,462	
Disabled	44.9	5.2	237	45	15,703	1.5	32,717	
Adults	30.6	11.1	852	77	2,888	29.5	1,110	
Children	69.6	14.8	1,172	79	8,443	13.9	23	
Unknown	83.3	44.5	3,584	81	18,569	19.3	12	
Gender								
Female	45.1	4.8	164	34	15,141	1.1	41,318	
Male	37.3	3.9	177	45	16,823	1.0	26,006	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	42.5	4.6	175	38	17,282	1.0	46,309	
African American	39.5	3.7	176	48	9,908	1.8	2,197	
Other/unknown	41.4	4.1	152	37	12,805	1.2	18,818	
Use of Nursing Facilities^f								
Entire year	44.6	4.2	78	19	30,997	0.3	11,145	
Part year	51.5	4.1	97	24	18,774	0.5	6,778	
None	40.2	4.5	199	44	11,950	1.7	49,401	
Maintenance Assistance Status								
Cash	42.4	5.3	240	45	6,362	3.8	18,890	
Medically needy	29.3	3.6	154	43	3,700	4.2	1,290	
Poverty related	29.2	3.2	190	59	2,564	7.4	1,857	
Other/unknown	42.8	4.1	139	33	20,610	0.7	45,287	

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number				
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		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		Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			None	None	None	Less	Less	Less	Less	Less					
All	0.4	\$16	1.1	57.9	35.3	3.7	2.1	0.8	0.1	0.1	1,473	67,324	721,527		
Age															
5 and younger	1.4	206	10.7	40.0	20.0	20.0	20.0	0.0	0.0	1,919	5	58			
6-14	1.5	212	12.9	50.0	33.3	0.0	16.7	0.0	0.0	1,652	6	53			
15-20	1.2	186	10.6	26.8	46.4	10.5	13.1	2.6	0.7	1,760	153	1,740			
21-44	0.4	25	1.9	58.5	33.9	3.7	2.7	1.1	0.2	1,348	13,647	152,947			
45-64	0.5	20	1.5	53.4	38.2	4.3	2.7	1.1	0.2	1,379	19,620	219,609			
65-74	0.5	15	1.3	58.6	33.9	3.8	2.4	1.0	0.3	1,168	10,211	109,604			
75-84	0.3	5	0.3	61.5	33.5	3.3	1.3	0.3	0.1	1,543	11,416	118,038			
85 and older	0.3	4	0.2	61.0	35.0	2.8	1.0	0.2	0.0	2,015	12,266	119,478			
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	0.3	8	0.5	60.3	34.4	3.3	1.5	0.5	0.1	1,589	33,462	343,484			
Disabled	0.5	21	1.5	55.1	37.1	4.1	2.6	1.0	0.1	1,396	32,717	368,151			
Adults	1.3	99	29.5	69.4	11.4	3.6	7.7	6.2	1.6	334	1,110	9,599			
Children	1.8	142	13.9	30.4	39.1	4.3	13.0	13.0	0.0	1,022	23	190			
Unknown	5.2	418	19.3	16.7	25.0	8.3	25.0	8.3	16.7	2,163	12	103			
Gender															
Female	0.4	15	1.1	54.9	37.9	4.0	2.2	0.9	0.2	1,413	41,318	442,761			
Male	0.4	17	1.0	62.7	31.3	3.1	2.1	0.6	0.1	1,569	26,006	278,766			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Race															
White	0.4	16	1.0	57.5	35.9	3.6	2.1	0.8	0.2	1,566	46,309	511,056			
African American	0.3	16	1.8	60.5	33.7	2.9	2.2	0.5	0.1	910	2,197	23,918			
Other/unknown	0.4	15	1.2	58.6	34.1	3.9	2.3	0.9	0.1	1,292	18,818	186,553			
Use of Nursing Facilities^f															
Entire year	0.4	7	0.3	55.4	37.7	4.7	1.5	0.5	0.1	2,892	11,145	119,447			
Part year	0.5	11	0.5	48.5	44.6	4.1	2.2	0.6	0.1	2,079	6,778	61,215			
None	0.4	18	1.7	59.8	33.5	3.4	2.3	0.9	0.2	1,092	49,401	540,865			
Maintenance Assistance Status															
Cash	0.5	21	3.8	57.6	34.6	3.8	2.5	1.2	0.3	564	18,890	212,956			
Medically needy	0.4	17	4.2	70.7	22.8	2.9	2.1	1.2	0.3	397	1,290	12,011			
Poverty related	0.3	18	7.4	70.8	23.6	2.2	2.3	0.8	0.3	242	1,857	19,673			
Other/unknown	0.4	13	0.7	57.2	36.5	3.7	2.0	0.6	0.1	1,957	45,287	476,887			

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

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	0.4	\$16	\$38	0.1	\$10	\$147	0.0	\$2	\$102	0.3	\$5	\$13
Age												
5 and younger	1.4	206	144	0.8	187	241	0.0	0	0	0.7	19	29
6-14	1.5	212	139	0.8	198	262	0.0	3	79	0.7	11	16
15-20	1.2	186	152	0.6	167	292	0.1	11	77	0.5	9	17
21-44	0.4	25	57	0.1	17	197	0.0	3	115	0.3	5	16
45-64	0.5	20	40	0.1	12	141	0.0	2	115	0.4	6	15
65-74	0.5	15	33	0.1	9	108	0.0	2	83	0.4	5	13
75-84	0.3	5	17	0.0	2	76	0.0	0	54	0.3	3	11
85 and older	0.3	4	15	0.0	1	77	0.0	0	60	0.3	3	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	8	23	0.0	4	96	0.0	1	75	0.3	3	11
Disabled	0.5	21	45	0.1	14	168	0.0	2	106	0.4	5	15
Adults	1.3	99	77	0.4	66	157	0.1	15	165	0.8	17	22
Children	1.8	142	79	0.6	107	177	0.3	21	72	0.9	14	16
Unknown	5.2	418	81	2.1	315	153	0.3	40	119	2.8	62	22
Gender												
Female	0.4	15	34	0.1	9	132	0.0	2	101	0.4	5	13
Male	0.4	17	45	0.1	11	174	0.0	2	105	0.3	4	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	16	38	0.1	10	152	0.0	2	102	0.3	5	14
African American	0.3	16	48	0.1	11	174	0.0	2	132	0.3	4	14
Other/unknown	0.4	15	37	0.1	9	131	0.0	2	99	0.3	4	13
Use of Nursing Facilities^e												
Entire year	0.4	7	19	0.0	3	100	0.0	0	74	0.4	4	11
Part year	0.5	11	24	0.1	5	103	0.0	1	88	0.4	4	11
None	0.4	18	44	0.1	12	155	0.0	2	105	0.3	5	14
Maintenance Assistance Status												
Cash	0.5	21	45	0.1	14	144	0.0	2	106	0.4	5	15
Medically needy	0.4	17	43	0.1	10	134	0.0	2	118	0.3	4	15
Poverty related	0.3	18	59	0.1	13	140	0.0	2	96	0.2	3	17
Other/unknown	0.4	13	33	0.1	8	151	0.0	1	99	0.3	4	13

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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.medi-span.com/master-drug-database.aspx>.
 d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Therapeutic Category	Number of Rx per Benefit Month												Users ^e				
	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 of Dual Benes	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$18	\$12	\$3	\$3	\$72	\$264	\$110	\$17	6,201	\$447,237	2,358	3.5	25,280
Biologicals	0.1	0.1	0.0	0.0	40	40	0	1	344	394	0	44	91	31,333	72	0.1	777
Antineoplastic Agents	0.4	0.1	0.0	0.2	109	102	0	7	295	724	0	31	482	142,384	128	0.2	1,301
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.3	27	20	3	4	53	112	49	15	12,041	633,811	2,244	3.3	23,630
Cardiovascular Agents	0.8	0.3	0.1	0.4	34	23	6	5	43	80	97	10	26,373	1,123,681	3,171	4.7	32,955
Respiratory Agents	0.3	0.1	0.0	0.2	10	7	1	3	40	117	66	15	24,837	997,540	8,596	12.8	97,972
Gastrointestinal Agents	0.4	0.1	0.0	0.2	30	22	4	4	77	150	657	15	7,319	565,511	1,794	2.7	18,764
Genitourinary Agents	0.3	0.1	0.1	0.1	22	13	8	1	72	92	89	16	1,583	113,250	494	0.7	5,186
CNS Drugs	0.7	0.1	0.0	0.6	20	10	2	8	29	150	113	13	134,674	3,841,791	17,725	26.3	193,670
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	56	46	4	7	110	160	77	37	944	103,822	161	0.2	1,848
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	92	92	0	0	303	303	0	121	686	207,910	246	0.4	2,267
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	26	12	4	11	53	204	225	25	15,096	794,857	2,840	4.2	30,042
Neuromuscular Agents	0.7	0.1	0.0	0.6	22	12	2	8	32	191	145	14	39,489	1,267,886	5,243	7.8	58,367
Nutritional Products	0.3	0.0	0.0	0.3	7	2	2	4	20	37	48	13	4,881	97,518	1,343	2.0	14,183
Hematological Agents	0.6	0.0	0.0	0.5	20	15	1	4	35	553	31	7	19,875	690,195	3,230	4.8	35,162
Topical Products	0.2	0.1	0.0	0.1	10	6	2	2	44	83	54	19	3,561	156,499	1,411	2.1	15,159
Miscellaneous Products	0.4	0.2	0.0	0.1	112	94	4	14	280	397	182	100	500	140,139	122	0.2	1,252
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	40	0	0	0	318	12,752	114	0.2	1,271
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.	298,951	11,368,116	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2008. This table was produced on 02/12/2010.
 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.medi-span.com/master-drug-database.aspx>.
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Iowa, 0.1 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.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(t)s = beneficiary (or beneficiaries); Bene Mo(t)s = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

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	\$1,358,470	1,367	2.0	14,574	0.4	\$219	\$93
ANTIANKXIETY AGENTS	1,298,607	14,889	22.1	163,182	0.6	13	8
ANTICONVULSANT	1,172,831	4,942	7.3	55,389	0.7	32	21
ANTIDEPRESSANTS	914,046	3,326	4.9	35,371	0.4	67	26
ANALGESICS - NonNarcotic	782,219	23,115	34.3	248,284	0.6	5	3
ANTHYPERLIPIDEMIC	537,033	1,548	2.3	16,705	0.3	93	32
ANTIASTHMATIC	531,668	1,849	2.7	19,935	0.3	86	27
MISC. HEMATOLOGICAL	506,889	319	0.5	3,244	0.3	520	156
ULCER DRUGS	478,126	2,803	4.2	30,249	0.3	49	16
ANTIDIABETIC	442,365	1,644	2.4	17,320	0.4	68	26
Total	8,022,254	55,802	n.a.	604,253	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, IOWA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups								ANTIPSYCHOTICS						ANTIANXIETY AGENTS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		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	334,125	\$8,022,254	1,367	2.0	14,574	0.4	\$93		14,889	22.1	163,182	0.6	\$8							
Female																				
All Females	230,018	4,779,853	743	1.8	7,960	0.4	86		10,195	24.7	111,451	0.6	8							
Female, Disabled																				
All Ages	75,909	2,677,370	479	2.9	5,327	0.4	92		4,175	25.4	48,022	0.6	9							
5 and younger	2	166	0	0.0	0	0.0	0		0	0.0	0	0.0	0							
6-14	5	91	0	0.0	0	0.0	0		0	0.0	0	0.0	0							
15-20	424	56,717	15	29.4	180	0.4	153		6	11.8	67	0.3	5							
21-44	22,552	985,363	255	4.3	2,851	0.4	94		1,352	22.8	15,629	0.6	8							
45-64	51,984	1,579,111	206	2.0	2,265	0.4	84		2,786	27.1	32,019	0.6	9							
65-74	906	55,711	3	1.9	31	0.7	128		30	18.6	295	0.6	7							
75-84	36	211	0	0.0	0	0.0	0		1	8.3	12	1.3	10							
85 and older	0	0	0	0.0	0	0.0	0		0	0.0	0	0.0	0							
Female, Other Eligibles																				
All Ages	154,109	2,102,483	264	1.1	2,633	0.4	74		6,020	24.2	63,429	0.6	7							
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	54	4,255	2	33.3	24	0.1	32		0	0.0	0	0.0	0							
21-44	2,295	229,953	60	19.2	653	0.4	99		54	17.3	591	0.5	7							
45-64	1,872	152,184	15	6.3	161	0.7	135		41	17.2	420	0.7	7							
65-74	32,010	748,767	88	1.4	975	0.4	90		1,478	23.4	16,542	0.6	8							
75-84	43,408	412,077	45	0.6	368	0.2	28		1,947	24.5	20,543	0.6	7							
85 and older	74,470	555,247	54	0.5	452	0.2	23		2,500	24.9	25,333	0.6	6							
Male																				
All Males	104,107	3,242,401	624	2.4	6,614	0.4	102		4,694	18.0	51,731	0.6	9							
Male, Disabled																				
All Ages	58,503	2,477,608	482	3.0	5,293	0.5	114		2,942	18.1	33,740	0.6	9							
5 and younger	1	5	0	0.0	0	0.0	0		0	0.0	0	0.0	0							
6-14	6	588	0	0.0	0	0.0	0		0	0.0	0	0.0	0							
15-20	685	205,410	38	41.3	437	0.5	111		11	12.0	119	0.6	8							
21-44	21,297	1,306,014	304	4.2	3,370	0.5	125		1,120	15.6	12,876	0.6	9							
45-64	35,868	926,253	133	1.5	1,412	0.4	92		1,786	20.2	20,504	0.7	10							
65-74	646	39,338	7	4.8	74	0.8	69		25	17.1	241	0.6	7							
75-84	0	0	0	0.0	0	0.0	0		0	0.0	0	0.0	0							
85 and older	0	0	0	0.0	0	0.0	0		0	0.0	0	0.0	0							

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, IOWA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTI-ANXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	45,604	764,793	142	1.5	1,321	0.3	52	1,752	18.0	17,991	0.6	7
5 and younger	2	78	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,252	113,170	19	8.9	186	0.3	78	27	12.7	303	0.6	10
45-64	708	64,966	6	2.3	47	0.6	129	15	5.7	162	0.8	14
65-74	14,972	324,491	51	1.4	543	0.4	64	627	17.5	6,902	0.6	8
75-84	15,616	154,364	38	1.1	319	0.3	23	611	17.7	6,225	0.6	6
85 and older	13,054	107,724	28	1.3	226	0.3	28	472	21.2	4,399	0.5	5
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 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, IOWA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANALGESICS - NonNarcotic				
	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
	4,942	7.3	55,389	0.7	\$21	3,326	4.9	35,371	0.4	\$26	23,115	34.3	248,284	0.6	\$3
All															
Female															
All Females	3,072	7.4	34,518	0.7	21	2,252	5.5	24,140	0.4	26	16,122	39.0	172,693	0.6	3
Female, Disabled															
All Ages	2,098	12.8	24,037	0.6	22	1,408	8.6	15,677	0.4	28	2,504	15.2	29,251	0.5	2
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.3	2
15-20	11	21.6	132	0.7	82	21	41.2	252	0.4	27	3	5.9	36	0.2	1
21-44	817	13.8	9,386	0.6	30	538	9.1	6,045	0.4	27	606	10.2	7,136	0.4	2
45-64	1,259	12.2	14,411	0.7	16	826	8.0	9,141	0.4	28	1,873	18.2	21,841	0.5	3
65-74	10	6.2	96	0.6	17	23	14.3	239	0.5	27	16	9.9	166	0.4	2
75-84	1	8.3	12	0.3	3	0	0.0	0	0.0	0	5	41.7	60	0.3	1
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	974	3.9	10,481	0.7	18	844	3.4	8,463	0.4	22	13,618	54.8	143,442	0.7	4
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	2	33.3	24	0.4	64	5	83.3	60	0.4	16	0	0.0	0	0.0	0
21-44	64	20.5	692	0.6	80	150	48.1	1,559	0.5	41	15	4.8	170	0.2	2
45-64	37	15.5	395	0.6	59	87	36.6	932	0.5	40	5	2.1	59	0.2	1
65-74	401	6.3	4,481	0.7	16	300	4.7	3,325	0.3	19	1,897	30.0	21,428	0.6	3
75-84	264	3.3	2,741	0.7	7	156	2.0	1,348	0.2	8	3,877	48.8	41,523	0.6	3
85 and older	206	2.1	2,148	0.7	7	146	1.5	1,239	0.2	8	7,824	77.9	80,262	0.7	4
Male															
All Males	1,870	7.2	20,871	0.7	22	1,074	4.1	11,231	0.4	26	6,993	26.9	75,591	0.5	3
Male, Disabled															
All Ages	1,544	9.5	17,534	0.7	22	784	4.8	8,466	0.4	26	2,512	15.4	29,197	0.5	2
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	22	23.9	255	0.4	49	24	26.1	275	0.5	29	7	7.6	84	0.2	1
21-44	734	10.2	8,336	0.7	29	367	5.1	4,018	0.4	29	700	9.7	8,223	0.4	2
45-64	785	8.9	8,915	0.7	14	382	4.3	4,068	0.4	24	1,777	20.1	20,643	0.5	2
65-74	3	2.1	28	0.6	98	11	7.5	105	0.7	44	27	18.5	235	0.5	2
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

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, IOWA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANALGESICS - NonNarcotic				
	Number of Users	Users	Number of	Mean	Mean Rx \$	Number of Users	Users	Number of	Mean	Mean Rx \$	Number of Users	Users	Number of	Mean	Mean Rx \$
		as %		Benefit Months			Rx per		as %			Benefit Months		Rx per	
of Dual	Among Users	Benefit	per	Benefit	of Dual	Benefit Months	Benefit	per	Benefit	of Dual	Benefit Months	Benefit	per	Benefit	
Benes	Benefit Months	Month	Benefit	Month	Benes	Among Users	Month	Benefit	Month	Benes	Among Users	Month	Benefit	Month	
Male, Other Eligibles															
All Ages	326	3.3	3,337	0.6	25	290	3.0	2,765	0.4	25	4,481	46.0	46,394	0.6	3
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	35	16.4	352	0.6	73	65	30.5	666	0.5	54	8	3.8	95	0.2	3
45-64	21	8.0	203	0.5	116	33	12.5	302	0.6	39	8	3.0	85	0.3	1
65-74	133	3.7	1,484	0.7	18	77	2.1	801	0.3	17	1,143	31.9	12,641	0.6	3
75-84	98	2.8	956	0.6	7	68	2.0	590	0.2	9	1,707	49.5	17,839	0.6	3
85 and older	39	1.8	342	0.5	7	47	2.1	406	0.2	7	1,615	72.6	15,734	0.6	3
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 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, IOWA, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIASTHMATIC					MISC. HEMATOLOGICAL				
	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	1,548	2.3	16,705	0.3	\$32	1,849	2.7	19,935	0.3	\$27	319	0.5	3,244	0.3	\$156
Female															
All Females	931	2.3	10,067	0.4	32	1,196	2.9	13,029	0.3	26	197	0.5	2,021	0.3	32
Female, Disabled															
All Ages	463	2.8	5,167	0.4	35	692	4.2	7,738	0.3	25	84	0.5	902	0.3	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	2.0	12	0.8	78	21	41.2	252	0.3	30	0	0.0	0	0.0	0
21-44	61	1.0	671	0.3	27	186	3.1	2,130	0.3	23	12	0.2	123	0.3	33
45-64	386	3.7	4,321	0.4	35	464	4.5	5,135	0.3	25	70	0.7	755	0.3	37
65-74	15	9.3	163	0.7	69	21	13.0	221	0.4	35	2	1.2	24	0.5	66
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	468	1.9	4,900	0.3	29	504	2.0	5,291	0.3	28	113	0.5	1,119	0.3	28
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	2	33.3	24	0.5	41	0	0.0	0	0.0	0
21-44	11	3.5	108	0.4	39	74	23.7	784	0.3	27	2	0.6	20	0.2	20
45-64	25	10.5	248	0.5	50	60	25.2	606	0.5	51	3	1.3	36	0.6	81
65-74	262	4.1	2,910	0.3	32	241	3.8	2,735	0.3	28	52	0.8	563	0.3	33
75-84	114	1.4	1,110	0.3	24	83	1.0	794	0.2	15	21	0.3	206	0.2	18
85 and older	56	0.6	524	0.2	15	44	0.4	348	0.3	19	35	0.3	294	0.2	17
Male															
All Males	617	2.4	6,638	0.3	32	653	2.5	6,906	0.3	28	122	0.5	1,223	0.3	362
Male, Disabled															
All Ages	386	2.4	4,224	0.3	30	405	2.5	4,388	0.3	29	64	0.4	690	0.3	614
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	12	0.1	1	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	14	15.2	168	0.4	32	1	1.1	12	0.5	10,425
21-44	116	1.6	1,276	0.3	28	129	1.8	1,463	0.3	24	10	0.1	112	0.4	2,491
45-64	260	2.9	2,833	0.3	31	236	2.7	2,510	0.3	29	51	0.6	542	0.3	34
65-74	10	6.8	115	0.4	31	25	17.1	235	0.6	60	2	1.4	24	0.3	33
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

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, IOWA, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIASTHMATIC					MISC. HEMATOLOGICAL				
	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
Male, Other Eligibles															
All Ages	231	2.4	2,414	0.4	35	248	2.5	2,518	0.3	25	58	0.6	533	0.3	35
5 and younger	0	0.0	0	0.0	0	1	100.0	11	0.2	7	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	17	8.0	190	0.7	51	17	8.0	195	0.2	18	2	0.9	24	0.5	60
45-64	14	5.3	108	0.5	54	14	5.3	138	0.6	43	0	0.0	0	0.0	0
65-74	123	3.4	1,378	0.4	40	137	3.8	1,414	0.3	26	26	0.7	261	0.4	46
75-84	54	1.6	527	0.2	17	53	1.5	542	0.3	23	18	0.5	134	0.3	20
85 and older	23	1.0	211	0.2	19	26	1.2	218	0.2	15	12	0.5	114	0.2	23
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, IOWA, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					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	2,803	4.2	30,249	0.3	\$16	1,644	2.4	17,320	0.4	\$26	67,324	721,527
Female												
All Females	1,833	4.4	19,866	0.3	16	1,035	2.5	11,054	0.4	26	41,318	442,761
Female, Disabled												
All Ages	774	4.7	8,771	0.3	19	477	2.9	5,312	0.4	32	16,452	186,564
5 and younger	1	50.0	12	0.2	14	0	0.0	0	0.0	0	2	24
6-14	1	100.0	12	0.1	6	0	0.0	0	0.0	0	1	12
15-20	6	11.8	72	0.4	19	2	3.9	24	0.5	61	51	596
21-44	251	4.2	2,863	0.3	15	81	1.4	866	0.3	28	5,924	67,537
45-64	498	4.8	5,634	0.3	21	370	3.6	4,191	0.4	31	10,299	116,827
65-74	17	10.6	178	0.5	49	24	14.9	231	0.7	53	161	1,410
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	134
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
Female, Other Eligibles												
All Ages	1,059	4.3	11,095	0.3	13	558	2.2	5,742	0.4	21	24,866	256,197
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	1	4
15-20	1	16.7	12	0.3	3	0	0.0	0	0.0	0	6	65
21-44	44	14.1	462	0.3	20	15	4.8	141	0.6	50	312	2,725
45-64	40	16.8	400	0.4	37	25	10.5	251	0.4	24	238	2,151
65-74	332	5.3	3,760	0.3	16	330	5.2	3,638	0.4	23	6,319	68,888
75-84	261	3.3	2,678	0.3	9	117	1.5	1,045	0.3	15	7,952	83,243
85 and older	381	3.8	3,783	0.4	9	71	0.7	667	0.2	8	10,038	99,121
Male												
All Males	970	3.7	10,383	0.3	16	609	2.3	6,266	0.4	25	26,006	278,766
Male, Disabled												
All Ages	566	3.5	6,356	0.3	17	359	2.2	3,847	0.4	27	16,265	181,587
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
6-14	1	33.3	12	0.4	48	0	0.0	0	0.0	0	3	36
15-20	13	14.1	155	0.2	18	2	2.2	24	0.7	86	92	1,038
21-44	205	2.8	2,333	0.3	14	84	1.2	930	0.4	27	7,198	80,838
45-64	335	3.8	3,730	0.3	18	267	3.0	2,843	0.4	27	8,820	98,342
65-74	12	8.2	126	0.4	35	6	4.1	50	0.5	38	146	1,272
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	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	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	404	4.1	4,027	0.3	15	250	2.6	2,419	0.4	22	9,741	97,179
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	41
21-44	35	16.4	357	0.4	27	23	10.8	214	0.5	46	213	1,847
45-64	16	6.1	146	0.4	36	12	4.6	106	0.4	40	263	2,289
65-74	149	4.2	1,621	0.4	18	120	3.3	1,278	0.4	22	3,585	38,034
75-84	110	3.2	1,035	0.3	9	60	1.7	533	0.3	14	3,448	34,623
85 and older	94	4.2	868	0.3	9	35	1.6	288	0.2	10	2,226	20,333
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 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, IOWA, 2006

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	\$7	0.4	11,145	119,447
Age				
0-64	18	0.7	942	10,888
65-74	17	0.6	1,314	14,609
75-84	6	0.4	3,220	34,319
85 and older	4	0.3	5,669	59,631
Unknown	0	0.0	0	0
Gender				
Female	7	0.4	8,157	87,696
Male	9	0.4	2,988	31,751
Unknown	0	0.0	0	0
Race				
White	8	0.4	6,736	74,336
African American	4	0.3	91	1,013
Other/unknown	7	0.4	4,318	44,098
Basis of Eligibility^c				
Aged	6	0.4	10,194	108,460
Disabled	19	0.7	951	10,987
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 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 6,778 beneficiaries who were in nursing facilities for part of their enrollment and their 61,215 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users		
	Patented Brand-Name Total	Off-Patent Brand-Name Total	Generic Total	Patented Brand-Name Total	Off-Patent Brand-Name Total	Generic Total	Patented Brand-Name Total	Off-Patent Brand-Name Total	Generic Total	Patented Brand-Name Total	Off-Patent Brand-Name Total	Generic Total	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	0.2	0.0	0.0	0.2	\$10	\$7	\$1	\$2	\$48	\$186	\$82	\$15	295	\$14,044	145	1.3	1,400
Biologicals	0.2	0.1	0.0	0.1	7	4	0	3	44	40	0	51	16	709	12	0.1	103
Antineoplastic Agents	0.2	0.1	0.0	0.2	10	4	0	6	40	65	0	31	16	632	8	0.1	65
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	23	19	1	3	56	116	60	12	828	46,679	207	1.9	2,015
Cardiovascular Agents	0.6	0.1	0.0	0.4	15	9	2	4	26	62	62	10	1,874	48,739	335	3.0	3,234
Respiratory Agents	0.2	0.0	0.0	0.2	5	2	0	3	22	79	61	14	2,956	65,611	1,196	10.7	13,488
Gastrointestinal Agents	0.4	0.1	0.0	0.3	15	10	0	4	40	135	216	15	690	27,716	197	1.8	1,869
Genitourinary Agents	0.2	0.2	0.0	0.0	15	12	2	1	64	77	66	18	178	11,313	79	0.7	742
CNS Drugs	0.7	0.0	0.0	0.7	12	4	0	7	16	109	85	11	26,570	421,502	3,333	29.9	36,468
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.1	0.0	48	44	4	0	115	133	45	0	15	1,728	3	0.0	36
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	34	34	0	0	116	116	0	0	257	29,792	98	0.9	870
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	18	6	4	7	38	138	135	19	870	33,258	197	1.8	1,890
Neuromuscular Agents	0.8	0.0	0.0	0.8	15	5	2	9	19	138	87	12	4,221	78,766	475	4.3	5,178
Nutritional Products	0.3	0.1	0.0	0.2	4	0	0	3	13	9	33	13	616	8,118	209	1.9	2,143
Hematological Agents	0.7	0.0	0.0	0.7	6	1	0	4	8	127	39	7	6,907	57,279	922	8.3	10,185
Topical Products	0.2	0.1	0.0	0.1	8	4	2	3	35	61	60	18	443	15,395	184	1.7	1,872
Miscellaneous Products	0.4	0.3	0.0	0.1	15	12	0	4	42	42	0	44	47	1,985	13	0.1	129
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	27	0	0	0	106	2,888	30	0.3	332
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.	46,905	866,154	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,778 beneficiaries who were in nursing facilities for part of their enrollment and their 61,215 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In Iowa, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Top 10 Drug Groups in Nursing Facilities	Users		Among Users				
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANALGESICS - NonNarcotic	\$467,283	10,711	96.1	118,587	0.7	\$6	\$4
ANTIANKXIETY AGENTS	255,614	3,037	27.2	33,331	0.7	11	8
LAXATIVES	133,341	2,295	20.6	25,628	0.6	8	5
HEMATOPOIETIC AGENTS	104,255	2,414	21.7	26,874	0.7	6	4
ANTIPSYCHOTICS	90,155	134	1.2	1,358	0.4	185	66
ANTICONVULSANT	72,617	452	4.1	4,976	0.8	18	15
ANTIHISTAMINES	55,290	1,077	9.7	12,186	0.4	11	5
ULCER DRUGS	53,319	483	4.3	5,164	0.4	28	10
COUGH/COLD/ALLERGY	52,786	2,122	19.0	24,348	0.2	12	2
OPHTHALMIC	46,216	1,513	13.6	17,097	0.3	8	3
Total	1,330,876	24,238	n.a.	269,549	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. A total of 6,778 beneficiaries who were in nursing facilities for part of their enrollment and their 61,215 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

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, IOWA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIANXIETY AGENTS					
	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	163,743	\$1,330,876	10,711	96.1	118,587	0.7	\$4	3,037	27.2	33,331	0.7	\$8	
Female													
All Females	126,596	1,006,704	8,100	99.3	89,730	0.7	4	2,268	27.8	24,898	0.7	8	
Female, Disabled													
All Ages	7,342	82,212	376	82.8	4,364	0.6	4	145	31.9	1,704	0.8	11	
64 or younger	7,253	81,529	369	82.2	4,289	0.6	4	143	31.8	1,680	0.9	11	
65-74	89	683	7	140.0	75	0.5	3	2	40.0	24	0.5	4	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Female, Other Eligibles													
All Ages	119,254	924,492	7,724	100.3	85,366	0.7	4	2,123	27.6	23,194	0.7	7	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	13,651	162,595	751	99.9	8,511	0.7	4	267	35.5	2,992	0.8	10	
75-84	33,357	254,218	2,153	97.6	23,868	0.7	4	663	30.1	7,241	0.7	8	
85 and older	72,246	507,679	4,820	101.6	52,987	0.8	4	1,193	25.1	12,961	0.7	7	
Male													
All Males	37,147	324,172	2,611	87.4	28,857	0.7	4	769	25.7	8,433	0.7	8	
Male, Disabled													
All Ages	6,364	75,155	353	71.0	4,188	0.6	3	166	33.4	1,930	0.7	10	
64 or younger	6,230	73,779	351	71.2	4,164	0.6	3	164	33.3	1,906	0.7	10	
65-74	134	1,376	2	50.0	24	1.0	5	2	50.0	24	1.0	7	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Male, Other Eligibles													
All Ages	30,783	249,017	2,258	90.6	24,669	0.7	4	603	24.2	6,503	0.6	7	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	7,160	75,238	468	84.6	5,315	0.6	3	164	29.7	1,848	0.7	8	
75-84	12,115	90,738	898	88.5	9,830	0.7	4	237	23.3	2,535	0.6	7	
85 and older	11,508	83,041	892	96.6	9,524	0.7	4	202	21.9	2,120	0.6	6	
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 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. A total of 6,778 beneficiaries who were in nursing facilities for part of their enrollment and their 61,215 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Beneficiary Characteristics	LAXATIVES					HEMATOPOIETIC AGENTS					ANTIPSYCHOTICS				
	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	2,295	20.6	25,628	0.6	\$5	2,414	21.7	26,874	0.7	\$4	134	1.2	1,358	0.4	\$66
Female															
All Females	1,787	21.9	19,921	0.6	5	1,829	22.4	20,413	0.7	4	79	1.0	794	0.4	82
Female, Disabled															
All Ages	119	26.2	1,381	0.7	7	91	20.0	1,073	0.7	4	9	2.0	104	0.6	114
64 or younger	118	26.3	1,378	0.7	7	89	19.8	1,049	0.7	4	9	2.0	104	0.6	114
65-74	1	20.0	3	0.7	4	2	40.0	24	1.0	7	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,668	21.7	18,540	0.6	5	1,738	22.6	19,340	0.7	4	70	0.9	690	0.3	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	160	21.3	1,836	0.6	5	192	25.5	2,176	0.7	4	25	3.3	284	0.5	156
75-84	463	21.0	5,158	0.6	5	494	22.4	5,509	0.7	4	24	1.1	214	0.2	22
85 and older	1,045	22.0	11,546	0.6	5	1,052	22.2	11,655	0.7	4	21	0.4	192	0.2	22
Male															
All Males	508	17.0	5,707	0.6	5	585	19.6	6,461	0.7	4	55	1.8	564	0.4	45
Male, Disabled															
All Ages	94	18.9	1,097	0.6	5	76	15.3	884	0.7	4	10	2.0	118	0.5	44
64 or younger	93	18.9	1,085	0.6	5	75	15.2	872	0.7	4	8	1.6	94	0.3	48
65-74	1	25.0	12	0.8	7	1	25.0	12	0.8	5	2	50.0	24	1.3	28
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	414	16.6	4,610	0.6	5	509	20.4	5,577	0.7	4	45	1.8	446	0.3	45
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	95	17.2	1,111	0.6	5	101	18.3	1,179	0.7	4	17	3.1	168	0.4	78
75-84	162	16.0	1,808	0.6	5	193	19.0	2,100	0.6	3	14	1.4	140	0.3	32
85 and older	157	17.0	1,691	0.6	5	215	23.3	2,298	0.7	4	14	1.5	138	0.2	17
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 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. A total of 6,778 beneficiaries who were in nursing facilities for part of their enrollment and their \$1,215 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIHISTAMINES					ULCER DRUGS				
	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$
		of All-Year					of All-Year					Benefit Months			
All	452	4.1	4,976	0.8	\$15	1,077	9.7	12,186	0.4	\$5	483	4.3	5,164	0.4	\$10
Female															
All Females	321	3.9	3,507	0.8	13	786	9.6	8,922	0.4	5	342	4.2	3,666	0.4	10
Female, Disabled															
All Ages	51	11.2	584	0.9	20	63	13.9	754	0.4	5	17	3.7	194	0.4	11
64 or younger	51	11.4	584	0.9	20	62	13.8	742	0.4	5	17	3.8	194	0.4	11
65-74	0	0.0	0	0.0	0	1	20.0	12	0.1	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	270	3.5	2,923	0.8	11	723	9.4	8,168	0.4	5	325	4.2	3,472	0.4	10
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	76	10.1	853	0.9	18	107	14.2	1,226	0.5	5	46	6.1	528	0.4	11
75-84	85	3.9	896	0.8	10	219	9.9	2,509	0.4	5	84	3.8	893	0.4	10
85 and older	109	2.3	1,174	0.8	8	397	8.4	4,433	0.4	4	195	4.1	2,051	0.4	9
Male															
All Males	131	4.4	1,469	0.8	19	291	9.7	3,264	0.4	5	141	4.7	1,488	0.4	12
Male, Disabled															
All Ages	54	10.9	642	0.8	25	71	14.3	837	0.3	3	27	5.4	313	0.4	16
64 or younger	54	11.0	642	0.8	25	69	14.0	813	0.3	3	27	5.5	313	0.4	16
65-74	0	0.0	0	0.0	0	2	50.0	24	0.5	3	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	77	3.1	827	0.7	14	220	8.8	2,427	0.4	5	114	4.6	1,185	0.4	11
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	33	6.0	374	0.8	20	61	11.0	689	0.5	6	29	5.2	307	0.5	17
75-84	31	3.1	322	0.7	8	90	8.9	988	0.4	4	42	4.1	435	0.3	10
85 and older	13	1.4	131	0.6	11	69	7.5	750	0.5	5	43	4.7	443	0.3	8
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 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. A total of 6,778 beneficiaries who were in nursing facilities for part of their enrollment and their 61,215 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2006

Beneficiary Characteristics	COUGH/COLD/ALLERGY					OPHTHALMIC					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	All-Year Nursing Facility Residents
All	2,122	19.0	24,348	0.2	\$2	1,513	13.6	17,097	0.3	\$3	11,145	119,447
Female												
All Females	1,699	20.8	19,557	0.2	2	1,198	14.7	13,546	0.3	3	8,157	87,696
Female, Disabled												
All Ages	104	22.9	1,225	0.2	2	59	13.0	699	0.3	3	454	5,257
64 or younger	103	22.9	1,213	0.2	2	57	12.7	675	0.3	3	449	5,206
65-74	1	20.0	12	0.2	9	2	40.0	24	0.4	3	5	51
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1,595	20.7	18,332	0.2	2	1,139	14.8	12,847	0.3	3	7,703	82,439
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	190	25.3	2,203	0.2	2	117	15.6	1,355	0.4	4	752	8,393
75-84	434	19.7	5,029	0.2	2	275	12.5	3,070	0.3	2	2,205	23,687
85 and older	971	20.5	11,100	0.2	2	747	15.7	8,422	0.3	3	4,746	50,359
Male												
All Males	423	14.2	4,791	0.2	2	315	10.5	3,551	0.3	2	2,988	31,751
Male, Disabled												
All Ages	61	12.3	707	0.2	2	51	10.3	599	0.4	3	497	5,730
64 or younger	60	12.2	695	0.2	2	51	10.3	599	0.4	3	493	5,682
65-74	1	25.0	12	2.3	17	0	0.0	0	0.0	0	4	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	362	14.5	4,084	0.2	2	264	10.6	2,952	0.3	2	2,491	26,021
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	79	14.3	917	0.2	2	56	10.1	668	0.2	2	553	6,117
75-84	139	13.7	1,598	0.2	3	95	9.4	1,084	0.3	2	1,015	10,632
85 and older	144	15.6	1,569	0.2	2	113	12.2	1,200	0.3	3	923	9,272
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 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006. A total of 6,778 beneficiaries who were in nursing facilities for part of their enrollment and their 61,215 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 IOWA, 2006

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	37,169	55.2	6.2	414,851	\$56	\$3,769,362	\$9	33.2	67,324
Age									
5 and younger	3	60.0	5.6	28	40	201	7	1.7	5
6-14	3	50.0	2.2	13	41	248	19	2.2	6
15-20	54	35.3	1.7	266	25	3,790	14	1.2	153
21-44	5,951	43.6	3.6	48,491	42	573,398	12	15.0	13,647
45-64	10,351	52.8	5.2	102,784	58	1,147,402	11	25.9	19,620
65-74	5,193	50.9	5.7	57,800	51	521,284	9	31.0	10,211
75-84	6,680	58.5	7.2	81,911	56	639,897	8	107.3	11,416
85 and older	8,934	72.8	10.1	123,558	72	883,142	7	185.2	12,266
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	20,676	61.8	7.8	262,306	61	2,034,369	8	78.1	33,462
Disabled	16,247	49.7	4.6	150,773	52	1,710,228	11	22.1	32,717
Adults	230	20.7	1.5	1,674	21	23,686	14	2.5	1,110
Children	10	43.5	2.0	47	23	523	11	1.9	23
Unknown	6	50.0	4.3	51	46	556	11	1.3	12
Gender									
Female	24,962	60.4	7.1	291,301	63	2,582,782	9	38.1	41,318
Male	12,207	46.9	4.8	123,550	46	1,186,580	10	25.8	26,006
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	25,838	55.8	6.3	290,021	59	2,734,866	9	33.7	46,309
African American	983	44.7	3.3	7,171	31	67,927	9	17.5	2,197
Other/unknown	10,348	55.0	6.3	117,659	51	966,569	8	33.7	18,818
Use of Nursing Facilities^d									
Entire year	9,562	85.8	14.6	162,866	108	1,207,601	7	139.4	11,145
Part year	5,638	83.2	9.4	63,715	76	513,420	8	78.4	6,778
None	21,969	44.5	3.8	188,270	41	2,048,341	11	20.8	49,401
Maintenance Assistance Status									
Cash	8,659	45.8	4.0	75,526	43	818,789	11	18.0	18,890
Medically needy	391	30.3	3.1	4,022	40	52,176	13	26.3	1,290
Poverty related	447	24.1	1.0	1,770	11	20,622	12	5.8	1,857
Other/unknown	27,672	61.1	7.4	333,533	64	2,877,775	9	45.9	45,287

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006.
 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 1 on Table 1 for methodology used to determine use of nursing facilities.
 Beneficiary = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 IOWA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx			Number of Benefit Months
			Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month		
All	0.6	\$5	\$9	\$0	\$2	721,527
Age						
5 and younger	0.5	3	7	0	0	58
6-14	0.2	5	19	0	0	53
15-20	0.2	2	14	0	1	1,740
21-44	0.3	4	12	0	2	152,947
45-64	0.5	5	11	0	3	219,609
65-74	0.5	5	9	0	2	109,604
75-84	0.7	5	8	0	2	118,038
85 and older	1.0	7	7	0	2	119,478
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.8	6	8	0	2	343,484
Disabled	0.4	5	11	0	3	368,151
Adults	0.2	2	14	0	1	9,599
Children	0.2	3	11	0	0	190
Unknown	0.5	5	11	0	3	103
Gender						
Female	0.7	6	9	0	2	442,761
Male	0.4	4	10	0	2	278,766
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	5	9	0	3	511,056
African American	0.3	3	9	0	1	23,918
Other/unknown	0.6	5	8	0	2	186,553
Use of Nursing Facilities^d						
Entire year	1.4	10	7	0	3	119,447
Part year	1.0	8	8	0	3	61,215
None	0.3	4	11	0	2	540,865
Maintenance Assistance Status						
Cash	0.4	4	11	0	2	212,956
Medically needy	0.3	4	13	0	2	12,011
Poverty related	0.1	1	12	0	1	19,673
Other/unknown	0.7	6	9	0	2	476,887

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006.
 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 1 on Table 1 for methodology used to determine use of nursing facilities.
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 IOWA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	52,352	\$72	\$3,769,362	100.0	414,851	\$9	100.0
Anorexia or weight loss/gain	2	89	177	0.0	4	44	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	3	14	41	0.0	4	10	0.0
Cough and cold medications	7,404	38	279,502	7.4	16,791	17	4.0
Vitamins and minerals	1,263	61	76,541	2.0	4,608	17	1.1
Non-prescription drugs	25,087	65	1,620,538	43.0	250,149	6	60.3
Barbiturates	563	86	48,557	1.3	6,168	8	1.5
Benzodiazepines	17,835	94	1,679,066	44.5	136,407	12	32.9
Other Part D Excl Rx Drugs	195	333	64,940	1.7	720	90	0.2

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006.
 A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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}
 IOWA, 2006

Total Number of Dual Eligible Beneficiaries: 67,324
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$11,368,116
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$168

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	38,993	57.9	\$0	0.0
1-500	25,203	37.4	2,312,689	20.3
501-1,000	1,096	1.6	769,963	6.8
1,001-1,500	483	0.7	591,499	5.2
1,501-2,000	287	0.4	500,877	4.4
2,001-2,500	220	0.3	489,425	4.3
2,501-3,000	167	0.2	458,614	4.0
3,001-3,500	148	0.2	480,259	4.2
3,501-4,000	97	0.1	362,098	3.2
4,001-4,500	109	0.2	464,137	4.1
4,501-5,000	61	0.1	290,196	2.6
5,001-5,500	50	0.1	260,764	2.3
5,501-6,000	50	0.1	287,419	2.5
6,001-6,500	52	0.1	322,011	2.8
6,501-7,000	41	0.1	276,125	2.4
7,001-7,500	27	0.0	196,047	1.7
7,501-8,000	26	0.0	201,282	1.8
8,001-8,500	22	0.0	181,203	1.6
8,501-9,000	33	0.0	288,925	2.5
9,001-9,500	15	0.0	137,863	1.2
9,501-10,000	14	0.0	136,637	1.2
10,001+	130	0.2	2,360,083	20.8

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 IOWA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 32,392
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$7,603,849
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$234

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$	17,829	55.0		\$	0.0
1-500	12,529	38.7		1,269,578	16.7
501-1,000	674	2.1		474,569	6.2
1,001-1,500	303	0.9		371,756	4.9
1,501-2,000	175	0.5		305,107	4.0
2,001-2,500	163	0.5		361,517	4.8
2,501-3,000	107	0.3		292,745	3.8
3,001-3,500	103	0.3		333,279	4.4
3,501-4,000	70	0.2		261,559	3.4
4,001-4,500	68	0.2		288,673	3.8
4,501-5,000	41	0.1		194,038	2.6
5,001-5,500	28	0.1		146,694	1.9
5,501-6,000	35	0.1		200,333	2.6
6,001-6,500	40	0.1		247,437	3.3
6,501-7,000	33	0.1		221,853	2.9
7,001-7,500	22	0.1		160,258	2.1
7,501-8,000	22	0.1		170,161	2.2
8,001-8,500	13	0.0		107,125	1.4
8,501-9,000	26	0.1		227,716	3.0
9,001-9,500	11	0.0		101,506	1.3
9,501-10,000	8	0.0		78,337	1.0
10,001+	92	0.3		1,789,608	23.5

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
 c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 IOWA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+ 33,893
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$2,752,276
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$81

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	20,489	60.5	0	0.0
1-500	12,533	37.0	1,022,223	37.1
501-1,000	387	1.1	269,241	9.8
1,001-1,500	149	0.4	181,115	6.6
1,501-2,000	93	0.3	162,755	5.9
2,001-2,500	45	0.1	100,981	3.7
2,501-3,000	39	0.1	108,028	3.9
3,001-3,500	31	0.1	101,177	3.7
3,501-4,000	19	0.1	70,444	2.6
4,001-4,500	26	0.1	111,561	4.1
4,501-5,000	12	0.0	57,510	2.1
5,001-5,500	16	0.0	82,724	3.0
5,501-6,000	9	0.0	52,403	1.9
6,001-6,500	6	0.0	37,185	1.4
6,501-7,000	4	0.0	27,229	1.0
7,001-7,500	3	0.0	21,597	0.8
7,501-8,000	1	0.0	7,926	0.3
8,001-8,500	5	0.0	41,182	1.5
8,501-9,000	3	0.0	26,048	0.9
9,001-9,500	2	0.0	18,098	0.7
9,501-10,000	4	0.0	38,996	1.4
10,001+	17	0.1	213,853	7.8

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 IOWA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 10,211
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,679,037
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$164

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,986	58.6	\$0	0.0
1-500	3,680	36.0	348,001	20.7
501-1,000	189	1.9	133,880	8.0
1,001-1,500	87	0.9	106,169	6.3
1,501-2,000	65	0.6	113,952	6.8
2,001-2,500	37	0.4	82,739	4.9
2,501-3,000	30	0.3	83,125	5.0
3,001-3,500	26	0.3	84,764	5.0
3,501-4,000	15	0.1	55,660	3.3
4,001-4,500	21	0.2	89,649	5.3
4,501-5,000	10	0.1	47,988	2.9
5,001-5,500	16	0.2	82,724	4.9
5,501-6,000	6	0.1	34,731	2.1
6,001-6,500	6	0.1	37,185	2.2
6,501-7,000	4	0.0	27,229	1.6
7,001-7,500	3	0.0	21,597	1.3
7,501-8,000	1	0.0	7,926	0.5
8,001-8,500	3	0.0	24,723	1.5
8,501-9,000	3	0.0	26,048	1.6
9,001-9,500	2	0.0	18,098	1.1
9,501-10,000	4	0.0	38,996	2.3
10,001+	17	0.2	213,853	12.7

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.

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 2006.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 IOWA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 11,416
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$506,334
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$52

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,026	61.5	\$0	0.0
1-500	4,199	36.8	345,318	57.9
501-1,000	114	1.0	78,225	13.1
1,001-1,500	31	0.3	38,150	6.4
1,501-2,000	20	0.2	35,442	5.9
2,001-2,500	6	0.1	13,302	2.2
2,501-3,000	5	0.0	13,870	2.3
3,001-3,500	4	0.0	13,048	2.2
3,501-4,000	1	0.0	3,836	0.6
4,001-4,500	4	0.0	17,446	2.9
4,501-5,000	2	0.0	9,522	1.6
5,001-5,500	0	0.0	0	0.0
5,501-6,000	2	0.0	11,716	2.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	2	0.0	16,459	2.8
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 IOWA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+ 12,266
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$476,905
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$38

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,477	61.0	\$0	0.0
1-500	4,654	37.9	328,904	69.0
501-1,000	84	0.7	57,136	12.0
1,001-1,500	31	0.3	36,796	7.7
1,501-2,000	8	0.1	13,361	2.8
2,001-2,500	2	0.0	4,940	1.0
2,501-3,000	4	0.0	11,033	2.3
3,001-3,500	1	0.0	3,365	0.7
3,501-4,000	3	0.0	10,948	2.3
4,001-4,500	1	0.0	4,466	0.9
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,956	1.2
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 2006.
 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 BENEFICIARIES, IOWA, 2006

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	67,324	33,462	32,717	1,110	23	12	721,555	343,484	368,160	9,616	192	103
Age												
5 and younger	5	0	4	0	1	0	58	0	47	0	11	0
6-14	6	0	4	0	2	0	53	0	48	0	5	0
15-20	153	0	143	3	7	0	1,740	0	1,634	34	72	0
21-44	13,647	1	13,122	515	8	1	152,974	8	148,384	4,497	73	12
45-64	19,620	12	19,119	480	3	6	219,610	112	215,169	4,255	16	58
65-74	10,211	9,794	307	103	2	5	109,604	106,122	2,682	752	15	33
75-84	11,416	11,394	16	6	0	0	118,038	117,812	172	54	0	0
85 and older	12,266	12,261	2	3	0	0	119,478	119,430	24	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	41,318	24,241	16,452	602	11	12	442,787	250,756	186,573	5,268	87	103
Male	26,006	9,221	16,265	508	12	0	278,768	92,728	181,587	4,348	105	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	46,309	20,406	25,232	651	16	4	511,061	216,317	288,767	5,792	141	44
African American	2,197	656	1,462	76	2	1	23,936	7,172	16,049	689	14	12
Other/unknown	18,818	12,400	6,023	383	5	7	186,558	119,995	63,344	3,135	37	47
Use of Nursing Facilities^c												
Entire year	11,145	10,194	951	0	0	0	119,447	108,460	10,987	0	0	0
Part year	6,778	6,134	644	0	0	0	61,215	54,555	6,660	0	0	0
None	49,401	17,134	31,122	1,110	23	12	540,893	180,469	350,513	9,616	192	103
Maintenance Assistance Status												
Cash	18,890	6,190	12,473	222	5	0	212,971	69,910	140,931	2,091	39	0
Medically needy	1,290	672	488	128	2	0	12,022	6,158	4,748	1,093	23	0
Poverty related	1,857	779	1,014	48	4	12	19,673	8,533	10,665	350	22	103
Other/unknown	45,287	25,821	18,742	712	12	0	476,889	258,883	211,816	6,082	108	0
Dual Status^d												
Full dual, all year	63,776	31,653	30,997	1,092	22	12	683,292	323,835	349,734	9,440	180	103
Full dual, part year	3,548	1,809	1,720	18	1	0	38,263	19,649	18,426	176	12	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	67,317	33,462	32,715	1,106	22	12	721,495	343,484	368,143	9,576	189	103
FFS part year, with Rx claims	7	0	2	4	1	0	60	0	17	40	3	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
 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 1 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 2006. 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 BENEFICIARIES, IOWA, 2006

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	67,324	721,555	67,324	721,527	0	28
Fee-for-service (FFS) all year	67,317	721,495	67,317	721,495	0	0
FFS part year, with Rx claims	7	60	7	32	0	28
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Iowa, released by CMS in 5/2009. This table was produced on 02/12/2010.
^a Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 Beneft(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.

All Medicaid Beneficiaries