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

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 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	23,039	11,714	11,125	196	4	0	245,076	119,439	123,771	1,837	29	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	3	0	3	0	0	0	36	0	36	0	0	0
15-20	77	0	76	0	1	0	886	0	881	0	5	0
21-44	5,101	0	4,951	149	1	0	56,613	0	55,201	1,402	10	0
45-64	6,159	87	6,026	45	1	0	68,355	949	66,979	415	12	0
65-74	4,267	4,204	61	2	0	0	45,784	45,180	584	20	0	0
75-84	3,901	3,893	7	0	1	0	39,628	39,542	84	0	2	0
85 and older	3,531	3,530	1	0	0	0	33,774	33,768	6	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,113	8,264	5,703	143	3	0	150,350	85,219	63,772	1,332	27	0
Male	8,926	3,450	5,422	53	1	0	94,726	34,220	59,999	505	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	22,332	11,367	10,776	185	4	0	237,324	115,652	119,908	1,735	29	0
African American	96	28	65	3	0	0	1,051	309	706	36	0	0
Other/unknown	611	319	284	8	0	0	6,701	3,478	3,157	66	0	0
Use of Nursing Facilities^c												
Entire year	2,584	2,375	209	0	0	0	24,952	22,670	2,282	0	0	0
Part year	1,525	1,305	219	1	0	0	15,145	12,760	2,373	12	0	0
None	18,930	8,034	10,697	195	4	0	204,979	84,009	119,116	1,825	29	0
Maintenance Assistance Status												
Cash	12,468	1,630	10,717	121	0	0	139,196	18,703	119,302	1,191	0	0
Medically needy	1	0	0	0	1	0	2	0	0	0	2	0
Poverty-related	600	184	382	32	2	0	6,439	1,980	4,211	231	17	0
Other/unknown	9,970	9,900	26	43	1	0	99,439	98,756	258	415	10	0
Dual Medicare Status^d												
Full dual, all year	21,951	11,213	10,548	187	3	0	233,306	114,154	117,404	1,731	17	0
Full dual, part year	1,088	501	577	9	1	0	11,770	5,285	6,367	106	12	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	23,039	11,714	11,125	196	4	0	245,076	119,439	123,771	1,837	29	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 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, IDAHO, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx						FFS \$ ^d		
All	37.5		4.6	\$213	\$46	\$15,134	1.4		23,039
Age									
5 and younger	0.0		0.0	0	0	0	0.0		0
6-14	33.3		2.7	66	25	12,577	0.5		3
15-20	76.6		15.0	1,407	94	21,323	6.6		77
21-44	41.8		6.5	415	64	14,080	2.9		5,101
45-64	44.1		6.1	260	43	14,245	1.8		6,159
65-74	33.9		4.7	190	41	10,838	1.8		4,267
75-84	30.2		2.1	41	19	16,182	0.3		3,901
85 and older	31.3		2.0	29	15	22,105	0.1		3,531
Unknown	0.0		0.0	0	0	0	0.0		0
Basis of Eligibility^e									
Aged	31.9		3.0	91	30	16,095	0.6		11,714
Disabled	42.7		5.7	297	52	14,217	2.1		11,125
Adults	80.6		40.1	2,675	67	10,021	26.7		196
Children	0.0		0.0	0	0	204	0.0		4
Unknown	0.0		0.0	0	0	0	0.0		0
Gender									
Female	40.2		5.1	218	42	14,919	1.5		14,113
Male	33.1		3.8	205	53	15,473	1.3		8,926
Unknown	0.0		0.0	0	0	0	0.0		0
Race									
White	37.6		4.6	212	46	15,309	1.4		22,332
African American	43.8		7.7	319	42	13,079	2.4		96
Other/unknown	33.6		4.3	224	53	9,044	2.5		611
Use of Nursing Facilities^f									
Entire year	37.4		3.3	71	22	41,150	0.2		2,584
Part year	44.3		4.8	179	38	26,044	0.7		1,525
None	37.0		4.8	235	49	10,703	2.2		18,930
Maintenance Assistance Status									
Cash	41.7		5.9	307	52	13,532	2.3		12,468
Medically needy	0.0		0.0	0	0	207	0.0		1
Poverty related	34.8		5.0	311	62	2,629	11.8		600
Other/unknown	32.4		3.0	88	29	17,890	0.5		9,970

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.4	\$20	1.4	62.5	30.7	3.0	2.4	1.1	0.3	\$1,423	23,039	245,076
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	0.2	6	0.5	66.7	33.3	0.0	0.0	0.0	0.0	1,048	3	36
15-20	1.3	122	6.6	23.4	51.9	3.9	15.6	5.2	0.0	1,853	77	886
21-44	0.6	37	2.9	58.2	31.5	3.9	4.3	1.6	0.4	1,269	5,101	56,613
45-64	0.6	24	1.8	55.9	35.7	3.8	2.8	1.4	0.5	1,284	6,159	68,355
65-74	0.4	18	1.8	66.1	27.3	2.5	2.4	1.4	0.4	1,010	4,267	45,784
75-84	0.2	4	0.3	69.8	27.2	2.0	0.5	0.3	0.1	1,593	3,901	39,628
85 and older	0.2	3	0.1	68.7	28.2	2.0	0.8	0.3	0.1	2,311	3,531	33,774
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	9	0.6	68.1	27.6	2.1	1.2	0.7	0.2	1,579	11,714	119,439
Disabled	0.5	27	2.1	57.3	34.1	3.8	3.2	1.2	0.4	1,278	11,125	123,771
Adults	4.3	285	26.7	19.4	19.4	8.2	26.5	18.9	7.7	1,069	196	1,837
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	28	4	29
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.5	20	1.5	59.8	32.7	3.3	2.5	1.3	0.4	1,400	14,113	150,350
Male	0.4	19	1.3	66.9	27.4	2.5	2.2	0.8	0.2	1,458	8,926	94,726
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	20	1.4	62.4	30.8	3.0	2.4	1.1	0.3	1,441	22,332	237,324
African American	0.7	29	2.4	56.3	32.3	4.2	4.2	2.1	1.0	1,195	96	1,051
Other/unknown	0.4	21	2.5	66.4	26.7	2.6	2.5	1.8	0.0	825	611	6,701
Use of Nursing Facilities^f												
Entire year	0.3	7	0.2	62.6	31.7	3.6	1.3	0.7	0.2	4,262	2,584	24,952
Part year	0.5	18	0.7	55.7	37.3	3.1	2.1	1.2	0.5	2,622	1,525	15,145
None	0.4	22	2.2	63.0	30.0	2.9	2.6	1.1	0.3	989	18,930	204,979
Maintenance Assistance Status												
Cash	0.5	28	2.3	58.3	33.0	3.6	3.2	1.4	0.5	1,212	12,468	139,196
Medically needy	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	104	1	2
Poverty related	0.5	29	11.8	65.2	25.2	2.2	5.8	1.7	0.0	245	600	6,439
Other/unknown	0.3	9	0.5	67.6	28.1	2.2	1.2	0.7	0.2	1,794	9,970	99,439

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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, IDAHO, 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	\$20	\$46	0.1	\$14	\$149	0.0	\$1	\$118	0.3	\$5	\$15
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.2	6	25	0.1	5	34	0.0	0	0	0.1	1	10
15-20	1.3	122	94	0.6	102	168	0.0	4	89	0.7	16	25
21-44	0.6	37	64	0.2	28	173	0.0	2	135	0.4	8	18
45-64	0.6	24	43	0.1	15	140	0.0	2	120	0.4	7	16
65-74	0.4	18	41	0.1	12	129	0.0	1	97	0.3	5	14
75-84	0.2	4	19	0.0	2	99	0.0	0	66	0.2	2	11
85 and older	0.2	3	15	0.0	1	72	0.0	0	42	0.2	2	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	9	30	0.0	6	121	0.0	0	90	0.2	3	12
Disabled	0.5	27	52	0.1	19	161	0.0	2	132	0.4	6	17
Adults	4.3	285	67	1.5	212	142	0.1	14	96	2.6	60	23
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.5	20	42	0.1	14	138	0.0	1	123	0.4	6	15
Male	0.4	19	53	0.1	14	171	0.0	1	108	0.3	4	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	20	46	0.1	14	149	0.0	1	119	0.3	5	15
African American	0.7	29	42	0.2	22	106	0.0	1	93	0.5	6	13
Other/unknown	0.4	21	53	0.1	15	183	0.0	1	81	0.3	5	16
Use of Nursing Facilities^e												
Entire year	0.3	7	22	0.0	4	111	0.0	0	60	0.3	3	10
Part year	0.5	18	38	0.1	12	142	0.0	1	87	0.4	5	13
None	0.4	22	49	0.1	15	151	0.0	1	122	0.3	5	16
Maintenance Assistance Status												
Cash	0.5	28	52	0.1	19	158	0.0	2	126	0.4	7	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	29	62	0.2	21	133	0.0	1	109	0.3	7	22
Other/unknown	0.3	9	29	0.0	5	118	0.0	1	89	0.3	3	12

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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, IDAHO, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Generic	Generic	Generic		Generic	Generic	Generic		Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$12	\$2	\$6	\$61	\$157	\$674	\$26	3,171	\$192,266	897	3.9	9,831
Biologicals	0.1	0.1	0.0	0.1	3	1	0	2	26	17	0	34	14	357	11	0.0	126
Antineoplastic Agents	0.4	0.1	0.0	0.3	58	43	0	15	164	523	0	55	180	29,515	49	0.2	508
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	29	22	1	7	46	95	47	17	5,624	260,533	822	3.6	8,864
Cardiovascular Agents	1.0	0.3	0.0	0.6	40	29	3	8	42	83	97	14	9,783	410,760	961	4.2	10,207
Respiratory Agents	0.3	0.1	0.0	0.2	14	9	1	5	48	111	67	23	8,479	406,893	2,466	10.7	28,099
Gastrointestinal Agents	0.5	0.3	0.0	0.2	54	44	7	3	105	153	543	15	3,357	352,379	595	2.6	6,544
Genitourinary Agents	0.3	0.2	0.0	0.1	22	17	3	2	66	90	93	20	842	55,729	236	1.0	2,555
CNS Drugs	0.7	0.1	0.0	0.6	30	21	2	7	42	176	111	12	40,855	1,727,806	5,282	22.9	58,217
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	64	60	0	4	133	165	0	36	459	61,215	83	0.4	959
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	211	210	0	1	486	494	0	89	313	152,071	65	0.3	720
Analgesics and Anesthetics	0.6	0.1	0.0	0.6	29	11	2	16	45	176	142	28	8,775	395,149	1,256	5.5	13,609
Neuromuscular Agents	0.7	0.1	0.0	0.6	24	15	0	8	35	169	62	14	15,350	534,137	1,981	8.6	22,281
Nutritional Products	0.2	0.0	0.0	0.2	4	0	0	4	16	16	72	16	2,558	40,545	987	4.3	10,901
Hematological Agents	0.6	0.0	0.0	0.5	16	12	0	4	29	335	33	9	5,730	165,831	929	4.0	10,180
Topical Products	0.2	0.1	0.0	0.1	11	8	0	3	48	98	56	21	1,314	63,334	505	2.2	5,591
Miscellaneous Products	0.5	0.3	0.0	0.2	235	200	4	30	465	786	133	139	99	46,034	17	0.1	196
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	24	0	0	0	52	1,234	26	0.1	276
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.	106,955	4,895,788	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Idaho, 0.4 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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 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	\$891,164	626	2.7	6,896	0.5	\$258	\$129	
ANTICONVULSANT	477,327	1,848	8.0	20,934	0.6	35	23	
ANTIDEPRESSANTS	445,108	1,420	6.2	15,602	0.4	67	29	
ANTIANSXIETY AGENTS	240,396	4,201	18.2	46,439	0.5	10	5	
ULCER DRUGS	233,995	597	2.6	6,691	0.4	89	35	
ANTIASTHMATIC	223,655	669	2.9	7,310	0.3	91	31	
ANALGESICS - Narcotic	218,474	1,416	6.1	15,407	0.4	38	14	
ANTHYPERLIPIDEMIC	183,853	443	1.9	4,884	0.4	94	38	
ANTIDIABETIC	162,876	518	2.2	5,565	0.5	65	29	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	152,071	72	0.3	804	0.4	486	189	
Total	3,228,919	11,810	n.a.	130,532	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
All	64,607	\$3,228,919	626	2.7	6,896	0.5	\$129	1,848	8.0	20,934	0.6	\$23
Female												
All Females	43,710	2,023,952	369	2.6	4,060	0.5	108	1,218	8.6	13,798	0.6	24
Female, Disabled												
All Ages	24,866	1,267,193	246	4.3	2,808	0.5	102	850	14.9	9,754	0.6	23
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	356	38,100	12	36.4	143	0.7	118	10	30.3	118	0.8	105
21-44	9,968	585,109	152	6.8	1,728	0.4	96	395	17.6	4,549	0.6	27
45-64	14,461	639,869	82	2.4	937	0.5	110	442	13.0	5,059	0.7	18
65-74	75	4,058	0	0.0	0	0.0	0	2	8.3	16	0.6	3
75-84	6	57	0	0.0	0	0.0	0	1	33.3	12	0.4	4
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	18,844	756,759	123	1.5	1,252	0.5	123	368	4.4	4,044	0.7	25
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,679	221,871	40	33.3	451	0.5	139	46	38.3	499	0.7	85
45-64	888	65,171	8	11.1	71	0.4	53	17	23.6	182	0.5	56
65-74	8,005	367,849	43	1.6	465	0.6	162	163	6.1	1,869	0.7	23
75-84	3,748	55,910	13	0.5	118	0.3	43	90	3.3	952	0.6	5
85 and older	3,524	45,958	19	0.7	147	0.4	49	52	1.8	542	0.6	6
Male												
All Males	20,897	1,204,967	257	2.9	2,836	0.5	160	630	7.1	7,136	0.6	21
Male, Disabled												
All Ages	15,545	982,554	218	4.0	2,423	0.5	172	532	9.8	6,054	0.7	22
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	345	46,806	15	34.9	167	0.6	144	9	20.9	108	0.9	135
21-44	7,577	624,692	151	5.6	1,696	0.5	178	288	10.6	3,270	0.6	24
45-64	7,476	302,150	52	2.0	560	0.5	162	233	8.9	2,652	0.7	16
65-74	145	8,854	0	0.0	0	0.0	0	2	5.4	24	0.8	26
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 Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit per Month	Mean Rx \$ per Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit per Month	Mean Rx \$ per Benefit per Month
Male, Other Eligibles												
All Ages	5,352	222,413	39	1.1	413	0.5	87	98	2.8	1,082	0.6	13
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	656	46,527	6	20.0	65	0.4	72	6	20.0	67	0.6	25
45-64	617	45,708	8	13.1	90	0.4	68	5	8.2	57	0.7	30
65-74	2,589	98,969	13	0.9	148	0.6	104	52	3.4	577	0.7	16
75-84	946	22,914	7	0.6	61	0.6	129	23	1.9	251	0.5	4
85 and older	544	8,295	5	0.7	49	0.3	36	12	1.7	130	0.6	4
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-ANXIETY AGENTS					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
All	1,420	6.2	15,602	0.4	\$29	4,201	18.2	46,439	0.5	\$5	597	2.6	6,691	0.4	\$35
Female															
All Females	959	6.8	10,561	0.4	29	2,885	20.4	31,935	0.6	5	386	2.7	4,373	0.4	34
Female, Disabled															
All Ages	578	10.1	6,523	0.4	28	1,364	23.9	15,772	0.6	6	223	3.9	2,599	0.4	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	16	48.5	186	0.3	24	3	9.1	36	0.3	2	6	18.2	71	0.2	17
21-44	285	12.7	3,243	0.4	26	504	22.4	5,833	0.5	6	88	3.9	1,037	0.3	26
45-64	275	8.1	3,070	0.4	31	852	25.1	9,843	0.6	6	129	3.8	1,491	0.4	37
65-74	2	8.3	24	0.3	18	4	16.7	48	0.6	4	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	33.3	12	0.1	1	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	381	4.5	4,038	0.5	29	1,521	18.1	16,163	0.6	5	163	1.9	1,774	0.4	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	120	100.0	1,317	0.5	42	46	38.3	507	0.5	5	36	30.0	394	0.4	38
45-64	40	55.6	436	0.5	30	16	22.2	179	0.6	5	12	16.7	127	0.6	77
65-74	152	5.7	1,714	0.5	23	486	18.2	5,464	0.6	5	91	3.4	1,038	0.4	34
75-84	38	1.4	315	0.4	18	469	17.3	4,927	0.6	5	8	0.3	74	0.4	30
85 and older	31	1.1	256	0.3	11	504	17.8	5,086	0.5	4	16	0.6	141	0.3	20
Male															
All Males	461	5.2	5,041	0.4	29	1,316	14.7	14,504	0.5	5	211	2.4	2,318	0.4	37
Male, Disabled															
All Ages	354	6.5	3,997	0.4	29	866	16.0	9,904	0.5	5	153	2.8	1,699	0.4	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	100.0	24	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	30.2	148	0.7	37	1	2.3	12	0.1	1	4	9.3	44	0.3	13
21-44	214	7.9	2,429	0.5	32	352	13.0	4,044	0.5	5	81	3.0	888	0.4	35
45-64	124	4.7	1,384	0.3	22	510	19.4	5,826	0.6	5	66	2.5	743	0.4	33
65-74	1	2.7	12	0.3	2	3	8.1	22	0.5	4	2	5.4	24	0.8	64
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 Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-ANXIETY AGENTS					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	107	3.1	1,044	0.5	29	450	12.8	4,600	0.5	4	58	1.7	619	0.4	46
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	25	83.3	285	0.6	50	3	10.0	31	0.1	1	10	33.3	120	0.6	72
45-64	20	32.8	177	0.6	36	16	26.2	164	0.4	5	10	16.4	106	0.6	59
65-74	35	2.3	378	0.4	19	202	13.2	2,180	0.6	5	27	1.8	294	0.3	38
75-84	19	1.6	134	0.3	13	133	11.3	1,318	0.5	4	6	0.5	54	0.3	19
85 and older	8	1.1	70	0.2	5	96	13.7	907	0.4	3	5	0.7	45	0.7	25
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	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	669	2.9	7,310	0.3	\$31	1,416	6.1	15,407	0.4	\$14	443	1.9	4,884	0.4	\$38
Female															
All Females	467	3.3	5,150	0.3	32	922	6.5	10,053	0.4	15	262	1.9	2,938	0.4	38
Female, Disabled															
All Ages	294	5.2	3,305	0.3	35	558	9.8	6,169	0.4	14	123	2.2	1,409	0.4	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	11	33.3	131	0.2	11	11	33.3	126	0.2	2	1	3.0	12	0.9	71
21-44	127	5.7	1,431	0.3	24	273	12.2	3,015	0.3	14	30	1.3	347	0.4	31
45-64	154	4.5	1,719	0.4	46	273	8.0	3,016	0.4	14	90	2.7	1,026	0.4	40
65-74	2	8.3	24	0.8	98	1	4.2	12	0.1	1	2	8.3	24	0.3	25
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	173	2.1	1,845	0.3	25	364	4.3	3,884	0.5	16	139	1.7	1,529	0.4	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	41	34.2	441	0.3	20	121	100.8	1,284	0.6	18	9	7.5	106	0.4	27
45-64	13	18.1	147	0.2	16	30	41.7	335	0.6	45	16	22.2	185	0.4	40
65-74	92	3.4	1,035	0.4	31	141	5.3	1,619	0.4	10	90	3.4	1,011	0.4	40
75-84	13	0.5	108	0.3	18	34	1.3	309	0.3	11	16	0.6	154	0.5	37
85 and older	14	0.5	114	0.2	7	38	1.3	337	0.3	8	8	0.3	73	0.3	21
Male															
All Males	202	2.3	2,160	0.3	28	494	5.5	5,354	0.3	13	181	2.0	1,946	0.4	38
Male, Disabled															
All Ages	118	2.2	1,296	0.3	26	366	6.8	4,058	0.3	14	106	2.0	1,150	0.4	39
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	6	14.0	72	0.3	29	8	18.6	93	0.1	1	0	0.0	0	0.0	0
21-44	56	2.1	642	0.3	22	205	7.6	2,298	0.3	15	44	1.6	482	0.4	43
45-64	49	1.9	498	0.3	27	150	5.7	1,631	0.4	12	60	2.3	644	0.4	35
65-74	7	18.9	84	0.6	53	3	8.1	36	0.8	8	2	5.4	24	0.8	78
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 Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC							
	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
		Benes	Among Users					Benes	Among Users					Benes	Among Users			
Male, Other Eligibles																		
All Ages	84	2.4	864	0.4	31	128	3.7	1,296	0.4	12	75	2.1	796	0.4	35			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
21-44	13	43.3	148	0.3	25	32	106.7	361	0.7	23	8	26.7	94	0.4	39			
45-64	16	26.2	168	0.4	41	22	36.1	212	0.6	19	11	18.0	94	0.5	54			
65-74	36	2.4	376	0.4	37	48	3.1	535	0.3	5	41	2.7	469	0.4	35			
75-84	14	1.2	114	0.3	18	19	1.6	142	0.2	4	12	1.0	116	0.2	19			
85 and older	5	0.7	58	0.2	12	7	1.0	46	0.2	2	3	0.4	23	0.2	19			
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

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

ANTIDIABETIC						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Beneficiaries	Number of Benefit Months
				Rx per Month	Mean Rx \$ per Benefit Month				Rx per Month	Mean Rx \$ per Benefit Month		
All	518	2.2	5,565	0.5	\$29	72	0.3	804	0.4	\$189	23,039	245,076
Female												
All Females	351	2.5	3,822	0.5	30	44	0.3	498	0.4	203	14,113	150,350
Female, Disabled												
All Ages	182	3.2	2,068	0.5	33	27	0.5	314	0.4	225	5,703	63,772
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	12
15-20	4	12.1	33	0.5	17	0	0.0	0	0.0	0	33	390
21-44	55	2.4	644	0.4	28	17	0.8	201	0.4	219	2,246	25,223
45-64	121	3.6	1,367	0.5	36	10	0.3	113	0.5	236	3,395	37,904
65-74	2	8.3	24	0.2	17	0	0.0	0	0.0	0	24	201
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
Female, Other Eligibles												
All Ages	169	2.0	1,754	0.4	27	17	0.2	184	0.4	166	8,410	86,578
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5
21-44	15	12.5	167	0.5	39	1	0.8	4	0.5	772	120	1,110
45-64	8	11.1	90	0.5	30	0	0.0	0	0.0	0	72	764
65-74	102	3.8	1,136	0.4	28	9	0.3	101	0.5	261	2,677	29,096
75-84	27	1.0	231	0.3	17	1	0.0	12	0.1	14	2,713	28,030
85 and older	17	0.6	130	0.4	16	6	0.2	67	0.3	13	2,827	27,573
Male												
All Males	167	1.9	1,743	0.4	28	28	0.3	306	0.4	167	8,926	94,726
Male, Disabled												
All Ages	101	1.9	1,088	0.5	26	21	0.4	244	0.4	195	5,422	59,999
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	1	2.3	12	0.2	2	0	0.0	0	0.0	0	43	491
21-44	39	1.4	431	0.5	30	18	0.7	208	0.4	169	2,705	29,978
45-64	61	2.3	645	0.5	24	3	0.1	36	0.3	346	2,631	29,075
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	37	383
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Dual Medicaid Beneficiaries

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

ANTIDIABETIC						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes		Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		Number of Users	Users as % of Dual Benes		Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		Number of Beneficiaries	Number of Benefit Months
		Benes	Among Users	Month	Month		Benes	Among Users	Month	Month		
Male, Other Eligibles												
All Ages	66	1.9	655	0.4	31	7	0.2	62	0.4	54	3,504	34,727
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	3	10.0	36	0.6	45	0	0.0	0	0.0	0	30	302
45-64	8	13.1	63	1.0	125	2	3.3	18	0.3	36	61	612
65-74	36	2.4	386	0.4	24	3	0.2	36	0.5	71	1,529	16,104
75-84	12	1.0	105	0.2	9	1	0.1	5	0.2	4	1,181	11,514
85 and older	7	1.0	65	0.2	6	1	0.1	3	0.3	49	703	6,195
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 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	0.3	2,584	24,952
Age				
0-64	23	0.6	215	2,353
65-74	14	0.6	312	3,203
75-84	6	0.3	794	7,693
85 and older	4	0.2	1,263	11,703
Unknown	0	0.0	0	0
Gender				
Female	6	0.3	1,853	18,222
Male	10	0.4	731	6,730
Unknown	0	0.0	0	0
Race				
White	7	0.3	2,552	24,630
African American	5	0.5	10	82
Other/unknown	1	0.2	22	240
Basis of Eligibility^c				
Aged	6	0.3	2,375	22,670
Disabled	23	0.6	209	2,282
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 1,525 beneficiaries who were in nursing facilities for part of their enrollment and their 15,145 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Medicaid Beneficiaries

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	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	0.3	0.1	0.0	0.3	\$10	\$4	\$0	\$6	\$29	\$61	\$0	\$21	100	\$2,929	34	1.3	289
Biologicals	0.2	0.0	0.0	0.2	6	0	0	6	34	0	0	34	1	34	1	0.0	6
Antineoplastic Agents	0.3	0.1	0.0	0.3	28	1	0	27	91	23	0	105	17	1,542	5	0.2	55
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.2	31	27	1	3	54	89	30	12	197	10,697	41	1.6	346
Cardiovascular Agents	0.8	0.2	0.0	0.6	17	11	0	6	22	64	27	10	480	10,377	70	2.7	610
Respiratory Agents	0.3	0.0	0.0	0.2	8	2	1	5	29	64	79	20	386	11,216	130	5.0	1,376
Gastrointestinal Agents	0.6	0.3	0.0	0.3	37	32	0	5	65	108	0	19	173	11,311	34	1.3	307
Genitourinary Agents	0.4	0.3	0.0	0.1	27	21	4	2	60	65	96	27	83	4,992	20	0.8	186
CNS Drugs	0.6	0.1	0.0	0.6	12	7	0	5	18	118	45	9	3,971	72,124	629	24.3	6,242
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	39	39	0	0	145	156	0	6	13	1,882	4	0.2	48
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	76	76	0	0	362	362	0	0	11	3,977	5	0.2	52
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	16	0	1	15	25	72	113	24	288	7,318	51	2.0	452
Neuromuscular Agents	0.8	0.0	0.0	0.8	11	2	0	8	13	51	53	11	890	11,498	103	4.0	1,073
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	3	16	9	24	16	231	3,662	127	4.9	1,295
Hematological Agents	0.7	0.0	0.0	0.7	12	8	0	5	18	532	0	7	1,514	27,165	212	8.2	2,205
Topical Products	0.4	0.1	0.0	0.2	12	7	1	3	32	46	67	18	70	2,271	24	0.9	197
Miscellaneous Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	18	0	0	0	8	145	3	0.1	25
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.	8,433	183,140	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 1,525 beneficiaries who were in nursing facilities for part of their enrollment and their 15,145 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 Idaho, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 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	
ANTIPSYCHOTICS	\$29,320	32	1.2	291	0.5	\$197	\$101	
HEMATOPOIETIC AGENTS	29,158	325	12.6	3,401	0.6	13	9	
ANTIANSXIETY AGENTS	25,077	549	21.2	5,478	0.6	8	5	
ANTIDEPRESSANTS	11,749	65	2.5	596	0.5	42	20	
ANTICONVULSANT	9,115	91	3.5	976	0.8	11	9	
COUGH/COLD/ALLERGY	7,838	116	4.5	1,289	0.2	25	6	
ANTIDIABETIC	6,623	31	1.2	272	0.4	54	24	
HYPNOTICS	5,978	41	1.6	433	0.8	17	14	
ANALGESICS - Narcotic	5,872	49	1.9	410	0.5	28	14	
MISC. GI	4,966	9	0.3	101	0.4	127	49	
Total	135,696	1,308	n.a.	13,247	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 1,525 beneficiaries who were in nursing facilities for part of their enrollment and their 15,145 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.medi-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 Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					HEMATOPOIETIC 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	7,653	\$135,696	32	1.2	291	0.5	\$101	325	12.6	3,401	0.6	\$9
Female												
All Females	5,556	83,309	18	1.0	164	0.6	108	233	12.6	2,527	0.6	4
Female, Disabled												
All Ages	523	10,998	3	3.0	36	0.7	126	19	18.8	204	0.6	5
64 or younger	517	10,956	3	3.1	36	0.7	126	19	19.4	204	0.6	5
65-74	6	42	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	5,033	72,311	15	0.9	128	0.5	103	214	12.2	2,323	0.6	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	911	21,458	4	2.2	48	0.8	209	20	10.8	232	0.5	3
75-84	1,771	24,805	0	0.0	0	0.0	0	73	13.7	810	0.6	4
85 and older	2,351	26,048	11	1.1	80	0.4	39	121	11.7	1,281	0.7	4
Male												
All Males	2,097	52,387	14	1.9	127	0.4	92	92	12.6	874	0.7	21
Male, Disabled												
All Ages	649	28,621	2	1.9	23	0.7	185	16	14.8	183	0.9	82
64 or younger	649	28,621	2	1.9	23	0.7	185	16	14.8	183	0.9	82
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	1,448	23,766	12	1.9	104	0.4	71	76	12.2	691	0.7	5
64 or younger	14	93	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	558	9,442	5	4.0	52	0.3	34	21	16.9	216	0.6	5
75-84	493	9,487	4	1.5	25	0.9	174	29	11.1	270	0.8	6
85 and older	383	4,744	3	1.3	27	0.2	48	26	11.4	205	0.6	4
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 1,525 beneficiaries who were in nursing facilities for part of their enrollment and their 15,145 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.medi-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, IDAHO, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	549	21.2	5,478	0.6	\$5	65	2.5	596	0.5	\$20	91	3.5	976	0.8	\$9
Female															
All Females	393	21.2	3,947	0.6	5	42	2.3	386	0.5	20	66	3.6	712	0.8	10
Female, Disabled															
All Ages	26	25.7	295	0.6	5	4	4.0	46	0.5	25	11	10.9	127	0.9	15
64 or younger	25	25.5	283	0.6	5	4	4.1	46	0.5	25	11	11.2	127	0.9	15
65-74	1	33.3	12	0.5	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	367	20.9	3,652	0.6	5	38	2.2	340	0.5	19	55	3.1	585	0.8	8
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	43	23.2	472	0.7	5	8	4.3	83	0.8	24	17	9.2	197	0.9	10
75-84	127	23.9	1,281	0.6	5	15	2.8	113	0.4	29	17	3.2	193	0.9	7
85 and older	197	19.1	1,899	0.6	4	15	1.5	144	0.3	9	21	2.0	195	0.6	9
Male															
All Males	156	21.3	1,531	0.6	5	23	3.1	210	0.4	20	25	3.4	264	0.8	9
Male, Disabled															
All Ages	35	32.4	407	0.7	6	5	4.6	60	0.3	12	8	7.4	89	0.7	10
64 or younger	35	32.4	407	0.7	6	5	4.6	60	0.3	12	8	7.4	89	0.7	10
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	121	19.4	1,124	0.5	4	18	2.9	150	0.4	23	17	2.7	175	0.9	8
64 or younger	2	25.0	24	0.6	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	36	29.0	364	0.6	5	9	7.3	74	0.6	34	7	5.6	71	1.0	12
75-84	40	15.3	360	0.5	4	6	2.3	52	0.3	17	6	2.3	68	0.6	4
85 and older	43	18.8	376	0.4	3	3	1.3	24	0.1	2	4	1.7	36	1.2	7
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 1,525 beneficiaries who were in nursing facilities for part of their enrollment and their 15,145 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.medi-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, IDAHO, 2006

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTIDIABETIC					HYPNOTICS				
	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	116	4.5	1,289	0.2	\$6	31	1.2	272	0.4	\$24	41	1.6	433	0.8	\$14
Female															
All Females	91	4.9	1,014	0.2	6	23	1.2	204	0.5	27	25	1.3	272	0.9	17
Female, Disabled															
All Ages	7	6.9	84	0.1	2	3	3.0	36	0.6	18	2	2.0	24	1.5	12
64 or younger	7	7.1	84	0.1	2	3	3.1	36	0.6	18	2	2.0	24	1.5	12
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	84	4.8	930	0.3	7	20	1.1	168	0.5	29	23	1.3	248	0.8	18
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	15	8.1	171	0.4	6	1	0.5	12	1.3	20	5	2.7	60	0.8	22
75-84	27	5.1	311	0.3	9	11	2.1	84	0.4	35	12	2.3	125	1.0	19
85 and older	42	4.1	448	0.2	5	8	0.8	72	0.3	24	6	0.6	63	0.7	13
Male															
All Males	25	3.4	275	0.2	6	8	1.1	68	0.4	16	16	2.2	161	0.7	8
Male, Disabled															
All Ages	4	3.7	48	0.1	4	2	1.9	24	0.5	25	4	3.7	39	0.9	7
64 or younger	4	3.7	48	0.1	4	2	1.9	24	0.5	25	4	3.7	39	0.9	7
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	21	3.4	227	0.3	7	6	1.0	44	0.3	12	12	1.9	122	0.6	8
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	5	4.0	56	0.3	5	4	3.2	28	0.4	15	6	4.8	60	0.9	9
75-84	7	2.7	75	0.3	10	0	0.0	0	0.0	0	2	0.8	24	0.1	1
85 and older	9	3.9	96	0.2	5	2	0.9	16	0.1	6	4	1.7	38	0.4	13
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 1,525 beneficiaries who were in nursing facilities for part of their enrollment and their 15,145 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.medi-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, IDAHO, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic						MISC. GI						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	49	1.9	410	0.5	\$14		9	0.3	101	0.4	\$49	2,584	24,952
Female													
All Females	34	1.8	314	0.6	17		6	0.3	65	0.3	14	1,853	18,222
Female, Disabled													
All Ages	1	1.0	10	0.1	5		1	1.0	10	0.1	1	101	1,090
64 or younger	1	1.0	10	0.1	5		1	1.0	10	0.1	1	98	1,069
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0	3	21
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	33	1.9	304	0.6	18		5	0.3	55	0.3	16	1,752	17,132
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	1	12
65-74	7	3.8	84	0.9	20		0	0.0	0	0.0	0	185	1,958
75-84	9	1.7	59	0.6	32		4	0.8	43	0.4	20	532	5,371
85 and older	17	1.6	161	0.4	11		1	0.1	12	0.2	2	1,034	9,791
Male													
All Males	15	2.1	96	0.3	5		3	0.4	36	0.5	113	731	6,730
Male, Disabled													
All Ages	5	4.6	39	0.4	7		2	1.9	24	0.8	161	108	1,192
64 or younger	5	4.6	39	0.4	7		2	1.9	24	0.8	161	108	1,192
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
Male, Other Eligibles													
All Ages	10	1.6	57	0.2	4		1	0.2	12	0.1	16	623	5,538
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	8	80
65-74	3	2.4	26	0.2	2		0	0.0	0	0.0	0	124	1,224
75-84	4	1.5	21	0.3	6		1	0.4	12	0.1	16	262	2,322
85 and older	3	1.3	10	0.3	5		0	0.0	0	0.0	0	229	1,912
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 1,525 beneficiaries who were in nursing facilities for part of their enrollment and their 15,145 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.medi-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}
 IDAHO, 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	7,517	32.6	2.2	50,893	\$25	\$567,739	\$11	11.6	23,039	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	
6-14	1	33.3	0.3	1	2	6	6	3.0	3	
15-20	18	23.4	0.7	51	9	731	14	0.7	77	
21-44	1,691	33.2	2.2	11,271	25	129,374	11	6.1	5,101	
45-64	2,438	39.6	3.1	19,185	35	217,448	11	13.6	6,159	
65-74	1,267	29.7	2.0	8,745	23	99,607	11	12.3	4,267	
75-84	1,086	27.8	1.6	6,125	17	67,938	11	43.0	3,901	
85 and older	1,016	28.8	1.6	5,515	15	52,635	10	51.7	3,531	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	3,376	28.8	1.7	20,443	19	220,809	11	20.7	11,714	
Disabled	4,048	36.4	2.7	29,864	31	340,243	11	10.3	11,125	
Adults	93	47.4	3.0	586	34	6,687	11	1.3	196	
Children	0	0.0	0.0	0	0	0	0	0.0	4	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	5,089	36.1	2.5	35,158	28	391,261	11	12.7	14,113	
Male	2,428	27.2	1.8	15,735	20	176,478	11	9.7	8,926	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	7,313	32.7	2.2	49,663	25	550,116	11	11.6	22,332	
African American	42	43.8	3.6	349	38	3,680	11	12.0	96	
Other/unknown	162	26.5	1.4	881	23	13,943	16	10.2	611	
Use of Nursing Facilities^d										
Entire year	831	32.2	2.1	5,517	21	53,182	10	29.0	2,584	
Part year	613	40.2	2.4	3,679	24	36,207	10	13.2	1,525	
None	6,073	32.1	2.2	41,697	25	478,350	11	10.8	18,930	
Maintenance Assistance Status										
Cash	4,448	35.7	2.6	32,876	30	377,642	11	9.9	12,468	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	1	
Poverty related	156	26.0	1.0	585	12	7,336	13	3.9	600	
Other/unknown	2,913	29.2	1.7	17,432	18	182,761	10	20.8	9,970	

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 f on Table 1 for methodology used to determine use of nursing facilities.

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

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$2	\$11	\$0	\$1	245,076
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	6	0	0	36
15-20	0.1	1	14	0	0	886
21-44	0.2	2	11	0	2	56,613
45-64	0.3	3	11	0	2	68,355
65-74	0.2	2	11	0	1	45,784
75-84	0.2	2	11	0	1	39,628
85 and older	0.2	2	10	0	1	33,774
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	11	0	1	119,439
Disabled	0.2	3	11	0	2	123,771
Adults	0.3	4	11	0	2	1,837
Children	0.0	0	0	0	0	29
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	3	11	0	2	150,350
Male	0.2	2	11	0	1	94,726
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	11	0	1	237,324
African American	0.3	4	11	0	3	1,051
Other/unknown	0.1	2	16	0	1	6,701
Use of Nursing Facilities^d						
Entire year	0.2	2	10	0	1	24,952
Part year	0.2	2	10	0	2	15,145
None	0.2	2	11	0	1	204,979
Maintenance Assistance Status						
Cash	0.2	3	11	0	2	139,196
Medically needy	0.0	0	0	0	0	2
Poverty related	0.1	1	13	0	1	6,439
Other/unknown	0.2	2	10	0	1	99,439

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
IDAHO, 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	Excluded Rx
All	9,197	\$62	\$567,739	100.0	50,893	\$11	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	3	20	61	0.0	5	12	0.0
Cough and cold medications	1,916	63	121,565	21.4	4,682	26	9.2
Vitamins and minerals	915	43	38,888	6.8	2,383	16	4.7
Non-prescription drugs	861	33	28,523	5.0	3,451	8	6.8
Barbiturates	154	106	16,323	2.9	1,558	10	3.1
Benzodiazepines	5,245	67	349,835	61.6	38,373	9	75.4
Other Part D Excl Rx Drugs	103	122	12,544	2.2	441	28	0.9

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 IDAHO, 2006

Total Number of Dual Eligible Beneficiaries: 23,039
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$4,895,788
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$212

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,402	62.5	\$0	0.0
1-500	7,427	32.2	589,550	12.0
501-1,000	299	1.3	210,444	4.3
1,001-1,500	183	0.8	221,790	4.5
1,501-2,000	126	0.5	218,664	4.5
2,001-2,500	96	0.4	215,548	4.4
2,501-3,000	69	0.3	192,226	3.9
3,001-3,500	61	0.3	195,417	4.0
3,501-4,000	56	0.2	208,435	4.3
4,001-4,500	38	0.2	161,758	3.3
4,501-5,000	28	0.1	133,161	2.7
5,001-5,500	29	0.1	151,718	3.1
5,501-6,000	28	0.1	161,407	3.3
6,001-6,500	19	0.1	117,862	2.4
6,501-7,000	22	0.1	149,489	3.1
7,001-7,500	11	0.0	79,775	1.6
7,501-8,000	12	0.1	92,760	1.9
8,001-8,500	13	0.1	106,383	2.2
8,501-9,000	11	0.0	96,414	2.0
9,001-9,500	11	0.0	101,206	2.1
9,501-10,000	8	0.0	77,983	1.6
10,001+	90	0.4	1,413,798	28.9

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

Dual Medicaid Beneficiaries

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 11,056
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$3,286,244
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$297

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	6,331	57.3	\$0	0.0
1-500	3,942	35.7	352,717	10.7
501-1,000	190	1.7	133,392	4.1
1,001-1,500	112	1.0	135,102	4.1
1,501-2,000	79	0.7	137,900	4.2
2,001-2,500	67	0.6	149,935	4.6
2,501-3,000	45	0.4	124,647	3.8
3,001-3,500	39	0.4	125,269	3.8
3,501-4,000	33	0.3	123,092	3.7
4,001-4,500	26	0.2	109,928	3.3
4,501-5,000	16	0.1	75,440	2.3
5,001-5,500	19	0.2	99,747	3.0
5,501-6,000	20	0.2	114,811	3.5
6,001-6,500	14	0.1	86,853	2.6
6,501-7,000	10	0.1	67,817	2.1
7,001-7,500	8	0.1	57,760	1.8
7,501-8,000	10	0.1	77,079	2.3
8,001-8,500	10	0.1	82,205	2.5
8,501-9,000	9	0.1	79,284	2.4
9,001-9,500	9	0.1	82,913	2.5
9,501-10,000	5	0.0	48,670	1.5
10,001+	62	0.6	1,021,683	31.1

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 11,699
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,069,462
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$91

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,973	68.2	\$0	0.0
1-500	3,423	29.3	227,921	21.3
501-1,000	89	0.8	62,300	5.8
1,001-1,500	52	0.4	63,066	5.9
1,501-2,000	37	0.3	63,892	6.0
2,001-2,500	21	0.2	47,806	4.5
2,501-3,000	20	0.2	55,929	5.2
3,001-3,500	14	0.1	45,400	4.2
3,501-4,000	13	0.1	47,491	4.4
4,001-4,500	7	0.1	30,802	2.9
4,501-5,000	8	0.1	38,225	3.6
5,001-5,500	7	0.1	36,673	3.4
5,501-6,000	5	0.0	29,347	2.7
6,001-6,500	3	0.0	18,397	1.7
6,501-7,000	5	0.0	33,983	3.2
7,001-7,500	2	0.0	14,628	1.4
7,501-8,000	1	0.0	7,719	0.7
8,001-8,500	2	0.0	16,145	1.5
8,501-9,000	1	0.0	8,552	0.8
9,001-9,500	2	0.0	18,293	1.7
9,501-10,000	1	0.0	9,677	0.9
10,001+	13	0.1	193,216	18.1

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 4,267
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$809,629
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$189

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,822	66.1	\$0	0.0
1-500	1,225	28.7	94,049	11.6
501-1,000	52	1.2	36,904	4.6
1,001-1,500	33	0.8	40,243	5.0
1,501-2,000	30	0.7	51,207	6.3
2,001-2,500	15	0.4	34,296	4.2
2,501-3,000	15	0.4	42,392	5.2
3,001-3,500	11	0.3	35,283	4.4
3,501-4,000	10	0.2	36,592	4.5
4,001-4,500	7	0.2	30,802	3.8
4,501-5,000	7	0.2	33,646	4.2
5,001-5,500	7	0.2	36,673	4.5
5,501-6,000	4	0.1	23,462	2.9
6,001-6,500	3	0.1	18,397	2.3
6,501-7,000	4	0.1	27,453	3.4
7,001-7,500	2	0.0	14,628	1.8
7,501-8,000	1	0.0	7,719	1.0
8,001-8,500	2	0.0	16,145	2.0
8,501-9,000	1	0.0	8,552	1.1
9,001-9,500	2	0.0	18,293	2.3
9,501-10,000	1	0.0	9,677	1.2
10,001+	13	0.3	193,216	23.9

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 3,901
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$158,021
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$40

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,724	69.8	\$0	0.0
1-500	1,126	28.9	73,955	46.8
501-1,000	20	0.5	14,032	8.9
1,001-1,500	12	0.3	14,837	9.4
1,501-2,000	6	0.2	10,789	6.8
2,001-2,500	4	0.1	9,186	5.8
2,501-3,000	2	0.1	5,428	3.4
3,001-3,500	3	0.1	10,117	6.4
3,501-4,000	2	0.1	7,262	4.6
4,001-4,500	0	0.0	0	0.0
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	5,885	3.7
6,001-6,500	0	0.0	0	0.0
6,501-7,000	1	0.0	6,530	4.1
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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,531
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$101,812
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$28

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,427	68.7	\$0	0.0
1-500	1,072	30.4	59,917	58.9
501-1,000	17	0.5	11,364	11.2
1,001-1,500	7	0.2	7,986	7.8
1,501-2,000	1	0.0	1,896	1.9
2,001-2,500	2	0.1	4,324	4.2
2,501-3,000	3	0.1	8,109	8.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	1	0.0	3,637	3.6
4,001-4,500	0	0.0	0	0.0
4,501-5,000	1	0.0	4,579	4.5
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
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	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 Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 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	23,039	11,714	11,125	196	4	0	245,082	119,442	123,774	1,837	29	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	3	0	3	0	0	0	36	0	36	0	0	0
15-20	77	0	76	0	1	0	886	0	881	0	5	0
21-44	5,101	0	4,951	149	1	0	56,613	0	55,201	1,402	10	0
45-64	6,159	87	6,026	45	1	0	68,358	949	66,982	415	12	0
65-74	4,267	4,204	61	2	0	0	45,785	45,181	584	20	0	0
75-84	3,901	3,893	7	0	1	0	39,628	39,542	84	0	2	0
85 and older	3,531	3,530	1	0	0	0	33,776	33,770	6	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,113	8,264	5,703	143	3	0	150,353	85,222	63,772	1,332	27	0
Male	8,926	3,450	5,422	53	1	0	94,729	34,220	60,002	505	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	22,332	11,367	10,776	185	4	0	237,330	115,655	119,911	1,735	29	0
African American	96	28	65	3	0	0	1,051	309	706	36	0	0
Other/unknown	611	319	284	8	0	0	6,701	3,478	3,157	66	0	0
Use of Nursing Facilities^c												
Entire year	2,584	2,375	209	0	0	0	24,952	22,670	2,282	0	0	0
Part year	1,525	1,305	219	1	0	0	15,145	12,760	2,373	12	0	0
None	18,930	8,034	10,697	195	4	0	204,985	84,012	119,119	1,825	29	0
Maintenance Assistance Status												
Cash	12,468	1,630	10,717	121	0	0	139,196	18,703	119,302	1,191	0	0
Medically needy	1	0	0	0	1	0	2	0	0	0	2	0
Poverty related	600	184	382	32	2	0	6,442	1,980	4,214	231	17	0
Other/unknown	9,970	9,900	26	43	1	0	99,442	98,759	258	415	10	0
Dual Status^d												
Full dual, all year	21,951	11,213	10,548	187	3	0	233,306	114,154	117,404	1,731	17	0
Full dual, part year	1,088	501	577	9	1	0	11,776	5,288	6,370	106	12	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	23,039	11,714	11,125	196	4	0	245,082	119,442	123,774	1,837	29	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 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 ELIGIBLE BENEFICIARIES, IDAHO, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F 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	23,039	245,082	23,039	245,076	0	6
Fee-for-service (FFS) all year	23,039	245,082	23,039	245,076	0	6
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Idaho, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

Dual Medicaid Beneficiaries