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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
IOWA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	67,938	33,186	33,506	1,209	24	13	731,129	341,050	378,995	10,740	223	121
Age												
5 and younger	3	0	3	0	0	0	28	0	28	0	0	0
6-14	6	0	4	0	2	0	70	0	48	0	22	0
15-20	141	0	129	1	11	0	1,586	0	1,462	12	112	0
21-44	13,409	2	12,907	491	9	0	151,651	24	147,165	4,385	77	0
45-64	20,778	11	20,186	574	1	6	233,236	116	227,850	5,206	5	59
65-74	10,350	9,944	261	137	1	7	111,207	107,770	2,294	1,074	7	62
75-84	11,195	11,178	11	6	0	0	115,628	115,462	103	63	0	0
85 and older	12,056	12,051	5	0	0	0	117,723	117,678	45	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	41,600	23,954	16,956	663	14	13	446,351	247,903	192,206	5,993	128	121
Male	26,338	9,232	16,550	546	10	0	284,778	93,147	186,789	4,747	95	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	45,588	19,383	25,498	689	16	2	505,787	206,682	292,706	6,232	149	18
African American	2,254	678	1,513	62	1	0	24,676	7,408	16,666	592	10	0
Other/unknown	20,096	13,125	6,495	458	7	11	200,666	126,960	69,623	3,916	64	103
Use of Nursing Facilities^c												
Entire year	10,570	9,659	911	0	0	0	112,766	102,364	10,402	0	0	0
Part year	6,749	6,077	672	0	0	0	61,494	54,604	6,890	0	0	0
None	50,619	17,450	31,923	1,209	24	13	556,869	184,082	361,703	10,740	223	121
Maintenance Assistance Status												
Cash	18,352	5,794	12,326	232	0	0	208,078	65,732	140,143	2,203	0	0
Medically needy	1,023	523	398	100	2	0	9,443	4,777	3,736	920	10	0
Poverty-related	1,442	554	825	46	4	13	15,383	6,122	8,735	379	26	121
Other/unknown	47,121	26,315	19,957	831	18	0	498,225	264,419	226,381	7,238	187	0
Dual Medicare Status^d												
Full dual, all year	64,846	31,670	31,954	1,185	24	13	697,346	324,295	362,227	10,480	223	121
Full dual, part year	3,092	1,516	1,552	24	0	0	33,783	16,755	16,768	260	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	67,926	33,186	33,502	1,201	24	13	731,047	341,050	378,968	10,685	223	121
FFS part year, with Rx claims	9	0	4	5	0	0	50	0	27	23	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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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.

Dual Eligible Beneficiaries

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	39.0	4.3	\$157	\$37	\$16,328	1.0	67,938
Age							
5 and younger	0.0	0.0	0	0	8,344	0.0	3
6-14	50.0	24.0	5,858	244	26,663	22.0	6
15-20	70.2	17.2	1,808	105	19,884	9.1	141
21-44	39.4	4.8	284	59	15,711	1.8	13,409
45-64	43.6	5.4	194	36	15,611	1.2	20,778
65-74	37.4	4.6	155	34	13,449	1.2	10,350
75-84	34.3	2.8	48	17	16,603	0.3	11,195
85 and older	35.8	2.5	31	12	20,423	0.1	12,056
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	35.9	3.2	69	22	17,042	0.4	33,186
Disabled	42.4	5.0	214	42	16,117	1.3	33,506
Adults	26.5	10.8	857	80	2,605	32.9	1,209
Children	66.7	22.9	4,831	211	17,949	26.9	24
Unknown	92.3	38.2	2,659	70	12,136	21.9	13
Gender							
Female	41.9	4.6	158	35	15,631	1.0	41,600
Male	34.4	3.7	154	41	17,430	0.9	26,338
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	39.9	4.5	164	37	17,992	0.9	45,588
African American	37.1	4.0	164	41	10,406	1.6	2,254
Other/unknown	37.0	3.8	140	37	13,218	1.1	20,096
Use of Nursing Facilities^f							
Entire year	40.4	3.9	54	14	32,181	0.2	10,570
Part year	49.7	4.0	89	22	19,936	0.4	6,749
None	37.2	4.4	187	43	12,537	1.5	50,619
Maintenance Assistance Status							
Cash	39.5	5.2	244	47	6,480	3.8	18,352
Medically needy	29.0	4.1	430	105	4,244	10.1	1,023
Poverty related	27.3	3.3	172	53	2,710	6.3	1,442
Other/unknown	39.3	3.9	116	30	20,843	0.6	47,121

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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 eighth states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid

Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number Beneficiaries	Benefit Months
				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			
All	0.4	\$15	1.0	61.0	32.8	3.4	1.8	0.7	0.2	\$1,517	67,938	731,129
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	894	3	28
6-14	2.1	502	22.0	50.0	16.7	0.0	0.0	33.3	0.0	2,285	6	70
15-20	1.5	161	9.1	29.8	34.0	16.3	12.1	7.8	0.0	1,768	141	1,586
21-44	0.4	25	1.8	60.6	32.2	3.5	2.4	1.0	0.2	1,389	13,409	151,651
45-64	0.5	17	1.2	56.4	36.3	4.0	2.2	0.8	0.3	1,391	20,778	233,236
65-74	0.4	14	1.2	62.6	30.5	3.6	1.9	1.0	0.3	1,252	10,350	111,207
75-84	0.3	5	0.3	65.7	30.0	2.9	1.1	0.3	0.1	1,608	11,195	115,628
85 and older	0.3	3	0.1	64.2	32.2	2.5	0.9	0.2	0.0	2,092	12,056	117,723
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	7	0.4	64.1	31.1	3.0	1.3	0.4	0.1	1,658	33,186	341,050
Disabled	0.4	19	1.3	57.6	35.4	3.8	2.2	0.8	0.2	1,425	33,506	378,995
Adults	1.2	97	32.9	73.5	8.9	4.0	5.9	5.4	2.4	293	1,209	10,740
Children	2.5	520	26.9	33.3	20.8	8.3	20.8	16.7	0.0	1,932	24	223
Unknown	4.1	286	21.9	7.7	23.1	15.4	30.8	15.4	7.7	1,304	13	121
Gender												
Female	0.4	15	1.0	58.1	35.3	3.7	1.8	0.8	0.2	1,457	41,600	446,351
Male	0.3	14	0.9	65.6	28.9	3.0	1.8	0.6	0.1	1,612	26,338	284,778
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	15	0.9	60.1	33.8	3.5	1.7	0.7	0.2	1,622	45,588	505,787
African American	0.4	15	1.6	62.9	31.6	2.4	2.2	0.6	0.3	951	2,254	24,676
Other/unknown	0.4	14	1.1	63.0	30.7	3.3	2.0	0.7	0.2	1,324	20,096	200,666
Use of Nursing Facilities^f												
Entire year	0.4	5	0.2	59.6	34.4	4.1	1.5	0.3	0.1	3,017	10,570	112,766
Part year	0.4	10	0.4	50.3	43.4	4.2	1.4	0.5	0.3	2,188	6,749	61,494
None	0.4	17	1.5	62.8	31.1	3.2	1.9	0.8	0.2	1,140	50,619	556,869
Maintenance Assistance Status												
Cash	0.5	22	3.8	60.5	32.3	3.4	2.3	1.1	0.4	572	18,352	208,078
Medically needy	0.4	47	10.1	71.0	20.8	5.2	1.7	1.1	0.3	460	1,023	9,443
Poverty related	0.3	16	6.3	72.7	21.2	2.8	2.4	0.7	0.2	254	1,442	15,383
Other/unknown	0.4	11	0.6	60.7	33.6	3.4	1.6	0.5	0.1	1,971	47,121	498,225

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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.

Dual Eligible Beneficiaries

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, 2007

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	\$15	\$37	0.1	\$9	\$165	0.0	\$1	\$99	0.3	\$4	\$12
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	2.1	502	244	0.7	462	689	0.2	22	92	1.1	18	15
15-20	1.5	161	105	0.7	136	206	0.1	13	97	0.7	12	16
21-44	0.4	25	59	0.1	18	225	0.0	2	114	0.3	5	15
45-64	0.5	17	36	0.1	10	152	0.0	2	105	0.4	5	13
65-74	0.4	14	34	0.1	9	127	0.0	2	82	0.3	4	13
75-84	0.3	5	17	0.0	2	86	0.0	0	75	0.3	3	10
85 and older	0.3	3	12	0.0	1	74	0.0	0	57	0.2	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	7	22	0.0	3	107	0.0	1	75	0.3	3	11
Disabled	0.4	19	42	0.1	12	184	0.0	2	107	0.4	5	13
Adults	1.2	97	80	0.4	70	179	0.1	10	123	0.7	17	23
Children	2.5	520	211	1.3	481	376	0.3	25	92	0.9	14	15
Unknown	4.1	286	70	1.5	218	142	0.3	36	112	2.2	32	14
Gender												
Female	0.4	15	35	0.1	9	158	0.0	2	97	0.4	4	12
Male	0.3	14	41	0.1	9	178	0.0	1	104	0.3	4	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	15	37	0.1	9	169	0.0	2	104	0.3	4	12
African American	0.4	15	41	0.1	10	156	0.0	2	83	0.3	4	13
Other/unknown	0.4	14	37	0.1	9	157	0.0	1	90	0.3	4	12
Use of Nursing Facilities^e												
Entire year	0.4	5	14	0.0	2	83	0.0	0	66	0.3	3	10
Part year	0.4	10	22	0.0	5	109	0.0	1	101	0.4	4	10
None	0.4	17	43	0.1	11	174	0.0	2	101	0.3	4	13
Maintenance Assistance Status												
Cash	0.5	22	47	0.1	14	174	0.0	2	103	0.4	5	14
Medically needy	0.4	47	105	0.1	40	456	0.0	2	93	0.3	5	14
Poverty related	0.3	16	53	0.1	11	138	0.0	2	96	0.2	3	16
Other/unknown	0.4	11	30	0.0	6	149	0.0	1	96	0.3	4	12

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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.

Dual Eligible Beneficiaries

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Off-Patent		Generic	Total	Off-Patent		Generic	Total	Off-Patent		Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$24	\$16	\$3	\$5	\$84	\$282	\$222	\$23	5,618	\$472,270	1,855	2.7	20,017
Biologicals	0.1	0.1	0.0	0.0	52	52	0	0	501	501	0	0	50	25,064	46	0.1	484
Antineoplastic Agents	0.4	0.2	0.0	0.3	207	198	4	6	484	1,150	807	23	422	204,049	99	0.1	984
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	37	31	3	4	59	133	51	12	11,113	659,000	1,665	2.5	17,607
Cardiovascular Agents	1.0	0.2	0.1	0.6	50	33	10	7	49	134	67	12	23,247	1,145,269	2,210	3.3	22,736
Respiratory Agents	0.2	0.1	0.0	0.2	12	8	1	2	47	112	88	15	18,200	861,661	6,443	9.5	73,452
Gastrointestinal Agents	0.4	0.1	0.0	0.3	32	22	6	4	71	158	143	14	6,522	461,916	1,370	2.0	14,527
Genitourinary Agents	0.3	0.2	0.1	0.1	22	16	5	1	71	99	77	14	1,289	92,123	401	0.6	4,170
CNS Drugs	0.7	0.1	0.0	0.6	19	10	1	7	27	161	131	12	137,143	3,693,710	17,704	26.1	193,720
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	64	58	2	4	125	169	127	25	837	104,642	146	0.2	1,626
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	112	111	0	1	315	327	0	88	505	159,287	160	0.2	1,419
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	23	8	4	11	42	234	236	22	13,417	559,735	2,278	3.4	24,420
Neuromuscular Agents	0.7	0.1	0.0	0.6	21	12	2	8	30	195	167	12	42,509	1,264,475	5,245	7.7	59,012
Nutritional Products	0.4	0.1	0.0	0.3	6	1	1	4	16	15	47	14	4,463	71,228	1,043	1.5	11,277
Hematological Agents	0.6	0.0	0.0	0.6	15	11	0	4	24	355	32	7	20,599	499,748	3,110	4.6	33,774
Topical Products	0.3	0.1	0.0	0.1	12	8	2	3	49	98	67	19	2,950	143,248	1,061	1.6	11,500
Miscellaneous Products	0.5	0.3	0.0	0.1	194	184	4	7	403	539	331	52	480	193,595	89	0.1	998
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	20	0	0	0	94	0	0	0	266	25,104	113	0.2	1,232
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.	289,630	10,636,124	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

For information about this classification method, see Wolters Kluwer Health, <http://www.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 2007.

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, IOWA, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,367,818	1,152	1.7	12,170	0.5	\$230	\$112
ANTIANKXIETY AGENTS	1,243,579	15,315	22.5	168,050	0.6	12	7
ANTICONVULSANT	1,188,395	5,076	7.5	57,200	0.7	30	21
ANTIDEPRESSANTS	816,396	2,568	3.8	27,541	0.4	71	30
ANALGESICS - NonNarcotic	738,084	21,973	32.3	235,684	0.6	5	3
ANTIASTHMATIC	555,217	1,533	2.3	16,604	0.3	105	33
ANTIDIABETIC	456,995	1,300	1.9	13,934	0.4	73	33
ULCER DRUGS	413,127	2,065	3.0	22,402	0.3	54	18
ANTIHYPERLIPIDEMIC	409,235	1,214	1.8	13,045	0.4	78	31
ANALGESICS - Narcotic	324,055	2,332	3.4	25,209	0.3	38	13
Total	7,512,901	54,528	n.a.	591,839	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIANSIETY 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
All	336,189	\$7,512,901	1,152	1.7	12,170	0.5	\$112	15,315	22.5	168,050	0.6	\$7
Female												
All Females	230,369	4,744,485	602	1.4	6,357	0.5	107	10,459	25.1	114,378	0.6	7
Female, Disabled												
All Ages	82,184	2,730,948	418	2.5	4,603	0.5	112	4,477	26.4	51,647	0.6	8
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	484	47,136	14	27.5	161	0.4	112	10	19.6	105	0.5	5
21-44	23,806	1,045,689	219	3.7	2,455	0.5	109	1,372	23.3	15,857	0.6	7
45-64	56,542	1,540,620	170	1.6	1,830	0.5	106	3,059	28.1	35,349	0.6	8
65-74	1,309	97,218	14	10.0	155	0.9	233	33	23.6	310	0.6	7
75-84	31	189	1	14.3	2	0.5	12	2	28.6	14	0.4	3
85 and older	12	96	0	0.0	0	0.0	0	1	20.0	12	1.0	8
Female, Other Eligibles												
All Ages	148,185	2,013,537	184	0.7	1,754	0.4	94	5,982	24.3	62,731	0.6	7
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	20	1,193	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	92	15,769	4	57.1	48	0.6	190	1	14.3	12	0.1	0
21-44	3,502	299,462	58	18.7	578	0.5	119	70	22.6	738	0.5	6
45-64	2,179	167,764	15	5.4	172	0.6	101	29	10.5	316	0.6	7
65-74	31,102	683,755	56	0.9	602	0.5	101	1,475	23.3	16,410	0.6	8
75-84	40,857	362,699	23	0.3	174	0.2	29	1,864	23.8	19,827	0.6	7
85 and older	70,433	482,895	28	0.3	180	0.3	26	2,543	25.7	25,428	0.6	6
Male												
All Males	105,820	2,768,416	550	2.1	5,813	0.5	118	4,856	18.4	53,672	0.6	8
Male, Disabled												
All Ages	61,662	1,996,023	428	2.6	4,729	0.5	121	3,097	18.7	35,757	0.6	9
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	548	58,111	19	24.4	228	0.9	148	7	9.0	84	0.2	4
21-44	21,295	984,608	271	3.9	3,055	0.5	132	1,158	16.5	13,464	0.6	8
45-64	39,102	918,599	135	1.4	1,413	0.5	93	1,914	20.6	22,018	0.7	9
65-74	717	34,705	3	2.5	33	1.1	183	18	14.9	191	0.7	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	44,158	772,393	122	1.2	1,084	0.5	103	1,759	18.0	17,915	0.6	6
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	156	36,807	5	100.0	60	1.4	542	2	40.0	24	0.2	3
21-44	1,518	156,050	29	15.1	303	0.5	131	14	7.3	151	0.5	5
45-64	894	63,007	14	4.4	150	0.4	45	17	5.4	174	0.4	5

65-74	14,896	295,402	35	0.9	334	0.6	75	619	16.5	6,702	0.6	8
75-84	14,538	136,780	20	0.6	114	0.5	40	634	18.8	6,421	0.6	6
85 and older	12,156	84,347	19	0.9	123	0.3	23	473	21.8	4,443	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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	ANTICONSULSANT					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
All	5,076	7.5	57,200	0.7	\$21	2,568	3.8	27,541	0.4	\$30	21,973	32.3	235,684	0.6	\$3
Female															
All Females	3,182	7.6	35,873	0.7	20	1,695	4.1	18,282	0.4	31	15,319	36.8	163,624	0.6	3
Female, Disabled															
All Ages	2,251	13.3	25,808	0.7	21	1,112	6.6	12,439	0.4	31	2,496	14.7	29,111	0.5	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	10	19.6	120	0.8	112	23	45.1	269	0.4	21	5	9.8	60	0.1	1
21-44	851	14.5	9,716	0.6	27	432	7.4	4,930	0.4	31	566	9.6	6,680	0.4	3
45-64	1,370	12.6	15,754	0.7	16	635	5.8	7,041	0.4	31	1,891	17.4	22,040	0.5	3
65-74	19	13.6	206	0.6	50	22	15.7	199	0.6	39	29	20.7	291	0.6	4
75-84	1	14.3	12	0.8	6	0	0.0	0	0.0	0	5	71.4	40	0.4	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	931	3.8	10,065	0.7	18	583	2.4	5,843	0.5	32	12,823	52.0	134,513	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	1	50.0	10	0.8	92	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	14.3	12	0.3	50	5	71.4	60	0.4	40	1	14.3	8	0.1	1
21-44	76	24.5	758	0.6	83	145	46.8	1,527	0.5	52	9	2.9	102	0.1	1
45-64	36	13.0	389	0.5	59	75	27.2	851	0.5	41	10	3.6	99	0.4	3
65-74	371	5.8	4,197	0.7	14	207	3.3	2,291	0.5	26	1,784	28.1	19,839	0.6	3
75-84	237	3.0	2,567	0.7	7	89	1.1	701	0.3	13	3,660	46.8	38,729	0.6	3
85 and older	209	2.1	2,132	0.7	6	62	0.6	413	0.3	8	7,359	74.4	75,736	0.7	4
Male															
All Males	1,894	7.2	21,327	0.7	22	873	3.3	9,259	0.4	27	6,654	25.3	72,060	0.5	3
Male, Disabled															
All Ages	1,579	9.5	17,974	0.7	22	644	3.9	7,079	0.4	27	2,492	15.1	29,088	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	0	0.0	0	0.0	0
15-20	21	26.9	252	0.6	70	16	20.5	191	0.5	15	9	11.5	108	0.2	1
21-44	729	10.4	8,321	0.7	29	276	3.9	3,138	0.4	31	631	9.0	7,490	0.4	2
45-64	824	8.8	9,355	0.7	14	345	3.7	3,679	0.4	24	1,831	19.7	21,287	0.5	2
65-74	5	4.1	46	0.7	24	7	5.8	71	0.7	25	21	17.4	203	0.6	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
Male, Other Eligibles															
All Ages	315	3.2	3,353	0.7	21	229	2.3	2,180	0.4	25	4,162	42.5	42,972	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	1	20.0	12	1.5	182	7	140.0	84	0.4	22	1	20.0	12	0.1	1
21-44	36	18.8	372	0.5	63	58	30.2	600	0.5	48	3	1.6	35	0.3	14

45-64	23	7.3	249	0.6	70	28	8.9	271	0.4	21	14	4.4	157	0.3	1
65-74	153	4.1	1,701	0.7	13	92	2.5	928	0.4	18	1,118	29.9	12,248	0.6	3
75-84	66	2.0	695	0.6	7	26	0.8	162	0.2	6	1,531	45.5	15,862	0.6	3
85 and older	36	1.7	324	0.5	6	18	0.8	135	0.2	6	1,495	69.0	14,658	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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,533	2.3	16,604	0.3	\$33	1,300	1.9	13,934	0.4	\$33	2,065	3.0	22,402	0.3	\$18
Female															
All Females	1,019	2.4	11,058	0.3	35	762	1.8	8,227	0.5	34	1,371	3.3	14,895	0.3	18
Female, Disabled															
All Ages	619	3.7	6,986	0.3	35	412	2.4	4,623	0.4	37	669	3.9	7,653	0.3	19
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	14	27.5	150	0.4	40	3	5.9	36	0.8	45	7	13.7	77	0.4	20
21-44	196	3.3	2,295	0.3	46	83	1.4	954	0.4	41	205	3.5	2,402	0.3	17
45-64	392	3.6	4,373	0.3	29	308	2.8	3,469	0.5	35	428	3.9	4,868	0.3	20
65-74	17	12.1	168	0.5	50	18	12.9	164	0.8	71	29	20.7	306	0.4	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	400	1.6	4,072	0.4	34	350	1.4	3,604	0.5	31	702	2.8	7,242	0.4	17
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	2	100.0	22	0.3	10
15-20	2	28.6	24	0.6	54	1	14.3	12	1.1	168	2	28.6	24	0.3	14
21-44	72	23.2	777	0.4	35	32	10.3	334	0.6	39	65	21.0	665	0.3	19
45-64	45	16.3	473	0.5	43	18	6.5	194	0.7	32	34	12.3	388	0.5	39
65-74	196	3.1	2,166	0.4	35	207	3.3	2,265	0.5	33	241	3.8	2,732	0.4	22
75-84	64	0.8	481	0.3	26	68	0.9	630	0.4	17	156	2.0	1,560	0.4	12
85 and older	21	0.2	151	0.3	22	24	0.2	169	0.4	18	202	2.0	1,851	0.4	10
Male															
All Males	514	2.0	5,546	0.3	31	538	2.0	5,707	0.4	31	694	2.6	7,507	0.3	19
Male, Disabled															
All Ages	355	2.1	3,932	0.3	27	351	2.1	3,865	0.4	30	450	2.7	5,028	0.3	19
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	7.7	72	0.2	15	1	1.3	12	0.3	44	10	12.8	120	0.2	10
21-44	100	1.4	1,138	0.2	22	78	1.1	909	0.4	29	174	2.5	2,024	0.3	18
45-64	235	2.5	2,596	0.3	29	253	2.7	2,752	0.4	29	257	2.8	2,795	0.3	19
65-74	14	11.6	126	0.5	36	19	15.7	192	0.6	43	9	7.4	89	0.8	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	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	159	1.6	1,614	0.4	40	187	1.9	1,842	0.5	33	244	2.5	2,479	0.4	20
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	20.0	12	0.1	4	0	0.0	0	0.0	0	1	20.0	12	0.7	6
21-44	5	2.6	53	0.1	4	10	5.2	100	0.5	91	19	9.9	195	0.5	39
45-64	14	4.4	159	0.5	41	25	7.9	231	0.4	40	10	3.2	120	0.5	62
65-74	93	2.5	1,017	0.3	37	99	2.6	1,057	0.5	31	101	2.7	1,119	0.4	21

75-84	28	0.8	242	0.7	68	46	1.4	418	0.5	22	65	1.9	634	0.3	11
85 and older	18	0.8	131	0.3	22	7	0.3	36	0.3	9	48	2.2	399	0.3	9
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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic					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	1,214	1.8	13,045	0.4	\$31	2,332	3.4	25,209	0.3	\$13	67,938	731,129
Female												
All Females	716	1.7	7,792	0.4	33	1,517	3.6	16,496	0.3	13	41,600	446,351
Female, Disabled												
All Ages	383	2.3	4,316	0.4	29	963	5.7	10,846	0.3	11	16,956	192,206
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	0	0.0	0	0.0	0	13	25.5	155	0.2	2	51	577
21-44	67	1.1	777	0.3	22	357	6.1	4,053	0.3	8	5,877	66,997
45-64	299	2.7	3,356	0.4	29	564	5.2	6,350	0.3	14	10,873	123,220
65-74	17	12.1	183	0.7	55	29	20.7	288	0.3	7	140	1,261
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	70
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	45
Female, Other Eligibles												
All Ages	333	1.4	3,476	0.5	37	554	2.2	5,650	0.4	16	24,644	254,145
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	10	0.4	4	1	50.0	10	0.1	1	2	22
15-20	0	0.0	0	0.0	0	1	14.3	8	0.1	2	7	73
21-44	19	6.1	180	0.4	22	146	47.1	1,562	0.5	18	310	2,830
45-64	29	10.5	322	0.6	47	64	23.2	706	0.6	47	276	2,540
65-74	195	3.1	2,182	0.5	40	219	3.5	2,391	0.4	9	6,344	69,031
75-84	65	0.8	626	0.4	30	75	1.0	606	0.2	12	7,820	81,820
85 and older	24	0.2	156	0.3	19	48	0.5	367	0.2	3	9,885	97,829
Male												
All Males	498	1.9	5,253	0.4	30	815	3.1	8,713	0.3	13	26,338	284,778
Male, Disabled												
All Ages	322	1.9	3,436	0.4	28	557	3.4	6,067	0.3	9	16,550	186,789
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	2	2.6	24	0.3	23	11	14.1	129	0.1	1	78	885
21-44	70	1.0	807	0.5	32	224	3.2	2,503	0.2	4	7,030	80,168
45-64	238	2.6	2,494	0.3	25	316	3.4	3,370	0.3	13	9,313	104,630
65-74	12	9.9	111	0.6	64	6	5.0	65	0.4	8	121	1,033
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	33
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	176	1.8	1,817	0.4	34	258	2.6	2,646	0.4	21	9,788	97,989
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	4	80.0	48	0.2	1	5	51
21-44	19	9.9	194	0.4	34	74	38.5	779	0.7	51	192	1,656
45-64	11	3.5	102	0.5	39	46	14.6	499	0.4	10	316	2,846
65-74	106	2.8	1,167	0.4	37	94	2.5	1,029	0.3	10	3,745	39,882

75-84	29	0.9	262	0.4	24	25	0.7	182	0.2	2	3,364	33,705
85 and older	11	0.5	92	0.4	19	15	0.7	109	0.2	2	2,166	19,849
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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

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	\$5	0.4	10,570	112,766
Age				
0-64	11	0.6	904	10,334
65-74	11	0.6	1,287	14,194
75-84	4	0.4	3,011	31,888
85 and older	3	0.3	5,368	56,350
Unknown	0	0.0	0	0
Gender				
Female	5	0.4	7,720	82,678
Male	5	0.3	2,850	30,088
Unknown	0	0.0	0	0
Race				
White	5	0.4	6,129	67,922
African American	17	0.6	78	907
Other/unknown	5	0.4	4,363	43,937
Basis of Eligibility^c				
Aged	4	0.3	9,659	102,364
Disabled	12	0.6	911	10,402
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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 6,749 beneficiaries who were in nursing facilities for part of their enrollment and their 61,494 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Eligible Beneficiaries

TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		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
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.4	0.1	0.0	0.3	\$21	\$15	\$1	\$4	\$53	\$152	\$96	\$15	250	\$13,163	79	0.7	639
Biologicals	0.1	0.1	0.0	0.0	8	8	0	0	58	58	0	0	9	519	9	0.1	62
Antineoplastic Agents	0.3	0.0	0.0	0.3	26	24	0	2	93	768	0	9	9	840	5	0.0	32
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.4	33	27	1	5	43	89	31	12	609	26,293	99	0.9	792
Cardiovascular Agents	1.0	0.1	0.1	0.7	24	7	9	8	24	65	66	11	1,160	28,138	155	1.5	1,173
Respiratory Agents	0.2	0.0	0.0	0.2	5	2	0	3	21	75	67	14	1,811	38,896	677	6.4	7,722
Gastrointestinal Agents	0.5	0.1	0.0	0.4	16	7	4	5	31	86	102	12	332	10,155	83	0.8	651
Genitourinary Agents	0.4	0.2	0.1	0.1	21	14	6	2	55	63	63	24	87	4,789	32	0.3	223
CNS Drugs	0.7	0.0	0.0	0.7	9	2	0	7	13	82	60	10	24,936	312,099	3,095	29.3	33,610
Stimulants/Anti-obesity/Anorexia	0.2	0.1	0.0	0.0	22	20	2	0	125	168	50	14	9	1,121	5	0.0	51
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	35	35	0	0	91	91	0	0	103	9,355	34	0.3	268
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	8	1	0	7	17	75	168	14	372	6,202	83	0.8	735
Neuromuscular Agents	0.9	0.0	0.0	0.9	13	4	1	9	14	140	124	10	3,896	55,969	394	3.7	4,284
Nutritional Products	0.5	0.1	0.0	0.3	7	2	0	5	15	15	17	15	518	7,838	114	1.1	1,126
Hematological Agents	0.7	0.0	0.0	0.7	5	1	0	5	7	73	27	7	6,990	50,837	861	8.1	9,371
Topical Products	0.3	0.1	0.0	0.2	11	6	1	3	38	75	51	18	163	6,219	61	0.6	555
Miscellaneous Products	0.3	0.0	0.0	0.3	1	0	0	1	4	0	0	4	8	33	3	0.0	30
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	17	0	0	0	60	1,021	16	0.2	177
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.	41,322	573,487	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 6,749 beneficiaries who were in nursing facilities for part of their enrollment and their 61,494 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 2007. 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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- 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, 2007

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	\$415,328	9,861	93.3	108,384	0.7	\$5	\$4
ANTIANSXIETY AGENTS	229,214	2,878	27.2	31,442	0.7	10	7
LAXATIVES	130,860	2,360	22.3	26,036	0.6	8	5
HEMATOPOIETIC AGENTS	78,648	1,834	17.4	20,405	0.7	6	4
ANTIHIISTAMINES	55,510	1,106	10.5	12,472	0.4	11	4
ANTICONVULSANT	52,236	391	3.7	4,268	0.9	14	12
OPHTHALMIC	46,119	1,438	13.6	16,264	0.4	8	3
COUGH/COLD/ALLERGY	37,343	1,590	15.0	18,189	0.2	11	2
ANTIPSYCHOTICS	35,439	57	0.5	486	0.4	178	73
HYPNOTICS	31,000	218	2.1	2,411	0.9	14	13
Total	1,111,697	21,733	n.a.	240,357	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,749 beneficiaries who were in nursing facilities for part of their enrollment and their 61,494 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 2007. 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 2007 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 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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANALGESICS - NonNarcotic					ANTI-ANXIETY 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	150,422	\$1,111,697	9,861	93.3	108,384	0.7	\$4	2,878	27.2	31,442	0.7	\$7
Female												
All Females	116,227	853,985	7,466	96.7	82,207	0.7	4	2,150	27.8	23,545	0.7	7
Female, Disabled												
All Ages	7,618	72,208	369	84.8	4,299	0.7	4	156	35.9	1,819	0.9	10
64 or younger	7,527	71,252	360	83.9	4,215	0.7	4	155	36.1	1,812	0.9	10
65-74	91	956	9	150.0	84	0.8	4	1	16.7	7	0.6	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	108,609	781,777	7,097	97.4	77,908	0.7	4	1,994	27.4	21,726	0.7	7
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12,352	115,515	685	94.0	7,703	0.7	4	260	35.7	2,906	0.8	9
75-84	30,902	217,445	1,983	96.2	21,766	0.7	4	600	29.1	6,556	0.8	8
85 and older	65,355	448,817	4,429	98.5	48,439	0.7	4	1,134	25.2	12,264	0.7	6
Male												
All Males	34,195	257,712	2,395	84.0	26,177	0.7	4	728	25.5	7,897	0.6	7
Male, Disabled												
All Ages	6,069	60,135	318	66.8	3,676	0.6	3	144	30.3	1,660	0.7	9
64 or younger	6,068	60,129	317	66.7	3,664	0.6	3	144	30.3	1,660	0.7	9
65-74	1	6	1	100.0	12	0.1	1	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	28,126	197,577	2,077	87.5	22,501	0.7	4	584	24.6	6,237	0.6	6
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,733	54,544	475	86.2	5,355	0.6	3	147	26.7	1,599	0.7	8
75-84	11,269	78,054	812	85.5	8,790	0.7	4	234	24.6	2,509	0.6	7
85 and older	10,124	64,979	790	90.5	8,356	0.7	4	203	23.3	2,129	0.6	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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,749 beneficiaries who were in nursing facilities for part of their enrollment and their 61,494 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 2007. 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 2007 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, IOWA, 2007

Beneficiary Characteristics	LAXATIVES					HEMATOPOIETIC AGENTS					ANTI-HISTAMINES				
	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	2,360	22.3	26,036	0.6	\$5	1,834	17.4	20,405	0.7	\$4	1,106	10.5	12,472	0.4	\$5
Female															
All Females	1,802	23.3	19,914	0.6	5	1,398	18.1	15,595	0.7	4	808	10.5	9,133	0.4	5
Female, Disabled															
All Ages	126	29.0	1,449	0.7	6	72	16.6	843	0.7	4	78	17.9	913	0.4	4
64 or younger	125	29.1	1,442	0.7	6	72	16.8	843	0.7	4	78	18.2	913	0.4	4
65-74	1	16.7	7	0.3	3	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	1,676	23.0	18,465	0.6	5	1,326	18.2	14,752	0.7	4	730	10.0	8,220	0.4	5
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	151	20.7	1,701	0.6	5	167	22.9	1,888	0.7	4	112	15.4	1,290	0.4	4
75-84	454	22.0	4,955	0.6	5	404	19.6	4,536	0.7	4	235	11.4	2,655	0.5	5
85 and older	1,071	23.8	11,809	0.6	5	755	16.8	8,328	0.7	4	383	8.5	4,275	0.4	5
Male															
All Males	558	19.6	6,122	0.6	5	436	15.3	4,810	0.7	4	298	10.5	3,339	0.4	4
Male, Disabled															
All Ages	112	23.5	1,303	0.7	6	50	10.5	588	0.8	5	60	12.6	692	0.4	4
64 or younger	112	23.6	1,303	0.7	6	50	10.5	588	0.8	5	60	12.6	692	0.4	4
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	446	18.8	4,819	0.6	5	386	16.3	4,222	0.6	4	238	10.0	2,647	0.4	4
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	91	16.5	1,030	0.6	6	89	16.2	1,017	0.6	4	53	9.6	618	0.5	5
75-84	213	22.4	2,295	0.6	4	137	14.4	1,552	0.7	4	89	9.4	989	0.4	4
85 and older	142	16.3	1,494	0.6	4	160	18.3	1,653	0.6	4	96	11.0	1,040	0.4	4
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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,749 beneficiaries who were in nursing facilities for part of their enrollment and their 61,494 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 2007. 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 2007 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, IOWA, 2007

Beneficiary Characteristics	ANTICONVULSANT					OPHTHALMIC					COUGH/COLD/ALLERGY				
	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	391	3.7	4,268	0.9	\$12	1,438	13.6	16,264	0.4	\$3	1,590	15.0	18,189	0.2	\$2
Female															
All Females	284	3.7	3,102	0.9	11	1,127	14.6	12,806	0.4	3	1,275	16.5	14,664	0.2	2
Female, Disabled															
All Ages	48	11.0	560	1.0	19	62	14.3	726	0.3	3	95	21.8	1,121	0.2	2
64 or younger	48	11.2	560	1.0	19	60	14.0	707	0.3	3	91	21.2	1,089	0.2	2
65-74	0	0.0	0	0.0	0	2	33.3	19	0.2	2	4	66.7	32	0.3	3
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	236	3.2	2,542	0.9	10	1,065	14.6	12,080	0.4	3	1,180	16.2	13,543	0.2	2
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	65	8.9	741	1.0	14	117	16.0	1,358	0.3	4	143	19.6	1,669	0.2	2
75-84	65	3.2	697	0.8	9	253	12.3	2,891	0.4	3	335	16.3	3,836	0.2	2
85 and older	106	2.4	1,104	0.8	7	695	15.5	7,831	0.4	3	702	15.6	8,038	0.2	2
Male															
All Males	107	3.8	1,166	0.9	15	311	10.9	3,458	0.3	2	315	11.1	3,525	0.2	2
Male, Disabled															
All Ages	41	8.6	462	1.1	25	49	10.3	574	0.3	2	51	10.7	583	0.2	2
64 or younger	41	8.6	462	1.1	25	49	10.3	574	0.3	2	51	10.7	583	0.2	2
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	66	2.8	704	0.8	8	262	11.0	2,884	0.3	2	264	11.1	2,942	0.2	2
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	362	0.9	9	51	9.3	569	0.3	2	48	8.7	549	0.1	1
75-84	19	2.0	210	0.8	9	118	12.4	1,310	0.3	2	111	11.7	1,254	0.2	2
85 and older	14	1.6	132	0.6	5	93	10.7	1,005	0.3	3	105	12.0	1,139	0.1	2
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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,749 beneficiaries who were in nursing facilities for part of their enrollment and their 61,494 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 2007. 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 2007 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, IOWA, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS						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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	57	0.5	486	0.4	\$73	218	2.1	2,411	0.9	\$13	10,570	112,766
Female												
All Females	32	0.4	268	0.4	91	142	1.8	1,574	0.9	16	7,720	82,678
Female, Disabled												
All Ages	8	1.8	76	0.5	86	24	5.5	279	1.1	10	435	5,001
64 or younger	7	1.6	72	0.5	85	23	5.4	275	1.1	10	429	4,945
65-74	1	16.7	4	0.5	103	1	16.7	4	0.3	2	6	56
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	24	0.3	192	0.4	93	118	1.6	1,295	0.9	17	7,285	77,677
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	8	1.1	83	0.4	187	29	4.0	340	0.9	15	729	8,051
75-84	4	0.2	26	0.2	13	43	2.1	442	0.9	8	2,061	22,003
85 and older	12	0.3	83	0.3	25	46	1.0	513	0.8	25	4,495	47,623
Male												
All Males	25	0.9	218	0.4	51	76	2.7	837	0.9	8	2,850	30,088
Male, Disabled												
All Ages	7	1.5	73	0.3	31	29	6.1	348	1.2	10	476	5,401
64 or younger	7	1.5	73	0.3	31	29	6.1	348	1.2	10	475	5,389
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	18	0.8	145	0.5	61	47	2.0	489	0.7	7	2,374	24,687
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	1.3	63	0.5	88	16	2.9	166	0.8	6	551	6,075
75-84	4	0.4	30	0.7	68	19	2.0	207	0.7	7	950	9,885
85 and older	7	0.8	52	0.2	24	12	1.4	116	0.6	7	873	8,727
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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,749 beneficiaries who were in nursing facilities for part of their enrollment and their 61,494 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 2007. 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 2007 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}
IOWA, 2007

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	35,766	52.6	5.7	388,939	\$50	\$3,372,495	\$9	31.7	67,938
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	3
6-14	2	33.3	3.2	19	118	707	37	2.0	6
15-20	53	37.6	1.8	254	21	3,005	12	1.2	141
21-44	5,718	42.6	3.5	46,493	37	499,156	11	13.1	13,409
45-64	10,502	50.5	5.1	106,102	52	1,078,855	10	26.7	20,778
65-74	4,928	47.6	5.1	52,974	44	459,234	9	28.6	10,350
75-84	6,130	54.8	6.5	72,815	49	549,062	8	103.2	11,195
85 and older	8,433	69.9	9.1	110,282	65	782,476	7	211.9	12,056
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	19,374	58.4	7.1	235,035	54	1,780,376	8	77.8	33,186
Disabled	16,170	48.3	4.5	152,375	47	1,573,939	10	22.0	33,506
Adults	208	17.2	1.2	1,459	14	16,924	12	1.6	1,209
Children	10	41.7	1.3	30	35	842	28	0.7	24
Unknown	4	30.8	3.1	40	32	414	10	1.2	13
Gender									
Female	23,938	57.5	6.5	270,482	56	2,308,933	9	35.0	41,600
Male	11,828	44.9	4.5	118,457	40	1,063,562	9	26.3	26,338
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	24,357	53.4	5.9	267,440	53	2,396,305	9	32.1	45,588
African American	954	42.3	3.2	7,189	28	63,550	9	17.2	2,254
Other/unknown	10,455	52.0	5.7	114,310	45	912,640	8	32.5	20,096
Use of Nursing Facilities^d									
Entire year	8,796	83.2	13.4	141,649	96	1,018,483	7	177.6	10,570
Part year	5,537	82.0	9.1	61,116	69	463,979	8	77.5	6,749
None	21,433	42.3	3.7	186,174	37	1,890,033	10	20.0	50,619
Maintenance Assistance Status									
Cash	8,068	44.0	3.9	71,507	40	731,516	10	16.3	18,352
Medically needy	310	30.3	3.3	3,405	28	28,710	8	6.5	1,023
Poverty related	327	22.7	1.0	1,475	11	15,280	10	6.2	1,442
Other/unknown	27,061	57.4	6.6	312,552	55	2,596,989	8	47.5	47,121

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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.

Dual Eligible Beneficiaries

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, 2007

Beneficiary Characteristics	Number Rx per Benefit	Rx \$ per Benefit		Barbiturate \$ per	Benzodiazapine \$ per	Number of Benefit
	Month	Month	\$ per Rx	Benefit Month	Benefit Month	
All	0.5	\$5	\$9	\$0	\$2	731,129
Age						
5 and younger	0.0	0	0	0	0	28
6-14	0.3	10	37	0	0	70
15-20	0.2	2	12	0	1	1,586
21-44	0.3	3	11	0	2	151,651
45-64	0.5	5	10	0	3	233,236
65-74	0.5	4	9	0	2	111,207
75-84	0.6	5	8	0	2	115,628
85 and older	0.9	7	7	0	2	117,723
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	5	8	0	2	341,050
Disabled	0.4	4	10	0	3	378,995
Adults	0.1	2	12	0	1	10,740
Children	0.1	4	28	0	0	223
Unknown	0.3	3	10	0	1	121
Gender						
Female	0.6	5	9	0	2	446,351
Male	0.4	4	9	0	2	284,778
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	5	9	0	2	505,787
African American	0.3	3	9	0	1	24,676
Other/unknown	0.6	5	8	0	2	200,666
Use of Nursing Facilities^d						
Entire year	1.3	9	7	0	2	112,766
Part year	1.0	8	8	0	3	61,494
None	0.3	3	10	0	2	556,869
Maintenance Assistance Status						
Cash	0.3	4	10	0	2	208,078
Medically needy	0.4	3	8	0	2	9,443
Poverty related	0.1	1	10	0	1	15,383
Other/unknown	0.6	5	8	0	2	498,225

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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.

Dual Eligible Beneficiaries

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, 2007

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	49,105	\$69	\$3,372,495	100.0	388,939	\$9	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	2	10	19	0.0	2	10	0.0
Cough and cold medications	5,322	31	164,312	4.9	10,855	15	2.8
Vitamins and minerals	945	69	65,344	1.9	4,098	16	1.1
Non-prescription drugs	23,851	61	1,451,574	43.0	224,490	6	57.7
Barbiturates	533	95	50,508	1.5	6,266	8	1.6
Benzodiazepines	18,196	88	1,609,000	47.7	142,219	11	36.6
Other Part D Excl Rx Drugs	256	124	31,738	0.9	1,009	31	0.3

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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, 2007

Total Number of Dual Eligible Beneficiaries: 67,938
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$10,636,124
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$156

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	41,463	61.0	\$0	0.0
1-500	23,917	35.2	2,044,233	19.2
501-1,000	746	1.1	520,498	4.9
1,001-1,500	394	0.6	483,118	4.5
1,501-2,000	252	0.4	435,420	4.1
2,001-2,500	185	0.3	411,970	3.9
2,501-3,000	150	0.2	410,586	3.9
3,001-3,500	122	0.2	395,404	3.7
3,501-4,000	90	0.1	336,782	3.2
4,001-4,500	89	0.1	378,996	3.6
4,501-5,000	63	0.1	297,707	2.8
5,001-5,500	77	0.1	405,357	3.8
5,501-6,000	58	0.1	334,120	3.1
6,001-6,500	38	0.1	237,412	2.2
6,501-7,000	34	0.1	229,640	2.2
7,001-7,500	32	0.0	232,068	2.2
7,501-8,000	28	0.0	216,302	2.0
8,001-8,500	13	0.0	106,348	1.0
8,501-9,000	13	0.0	114,638	1.1
9,001-9,500	20	0.0	184,088	1.7
9,501-10,000	18	0.0	175,760	1.7
10,001+	136	0.2	2,685,677	25.3

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 IOWA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 33,229
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$6,961,257
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$209

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	19,128	57.6	\$0	0.0	
1-500	12,427	37.4	1,190,542	17.1	
501-1,000	487	1.5	341,672	4.9	
1,001-1,500	240	0.7	294,023	4.2	
1,501-2,000	181	0.5	313,961	4.5	
2,001-2,500	123	0.4	273,390	3.9	
2,501-3,000	101	0.3	275,264	4.0	
3,001-3,500	87	0.3	282,103	4.1	
3,501-4,000	59	0.2	221,066	3.2	
4,001-4,500	52	0.2	220,960	3.2	
4,501-5,000	34	0.1	159,812	2.3	
5,001-5,500	48	0.1	251,997	3.6	
5,501-6,000	41	0.1	236,291	3.4	
6,001-6,500	28	0.1	174,261	2.5	
6,501-7,000	21	0.1	141,578	2.0	
7,001-7,500	19	0.1	138,206	2.0	
7,501-8,000	18	0.1	139,541	2.0	
8,001-8,500	7	0.0	57,148	0.8	
8,501-9,000	9	0.0	79,658	1.1	
9,001-9,500	13	0.0	120,110	1.7	
9,501-10,000	10	0.0	98,122	1.4	
10,001+	96	0.3	1,951,552	28.0	

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 IOWA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 33,601
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$2,505,348
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$74

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,568	64.2	0	0.0
1-500	11,368	33.8	837,163	33.4
501-1,000	228	0.7	157,001	6.3
1,001-1,500	129	0.4	158,088	6.3
1,501-2,000	54	0.2	91,918	3.7
2,001-2,500	44	0.1	99,035	4.0
2,501-3,000	36	0.1	98,854	3.9
3,001-3,500	26	0.1	83,967	3.4
3,501-4,000	21	0.1	77,972	3.1
4,001-4,500	26	0.1	110,741	4.4
4,501-5,000	19	0.1	90,292	3.6
5,001-5,500	18	0.1	95,153	3.8
5,501-6,000	11	0.0	63,469	2.5
6,001-6,500	5	0.0	31,164	1.2
6,501-7,000	7	0.0	47,576	1.9
7,001-7,500	7	0.0	50,164	2.0
7,501-8,000	7	0.0	53,702	2.1
8,001-8,500	4	0.0	32,969	1.3
8,501-9,000	1	0.0	8,903	0.4
9,001-9,500	6	0.0	54,906	2.2
9,501-10,000	4	0.0	38,800	1.5
10,001+	12	0.0	223,511	8.9

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 IOWA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 10,350
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,604,076
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$155

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,481	62.6	\$0	0.0
1-500	3,409	32.9	282,375	17.6
501-1,000	134	1.3	93,295	5.8
1,001-1,500	85	0.8	104,742	6.5
1,501-2,000	34	0.3	58,650	3.7
2,001-2,500	33	0.3	73,474	4.6
2,501-3,000	29	0.3	79,519	5.0
3,001-3,500	22	0.2	71,529	4.5
3,501-4,000	17	0.2	62,889	3.9
4,001-4,500	18	0.2	76,313	4.8
4,501-5,000	14	0.1	66,359	4.1
5,001-5,500	16	0.2	84,820	5.3
5,501-6,000	10	0.1	57,604	3.6
6,001-6,500	3	0.0	18,856	1.2
6,501-7,000	7	0.1	47,576	3.0
7,001-7,500	7	0.1	50,164	3.1
7,501-8,000	6	0.1	45,944	2.9
8,001-8,500	4	0.0	32,969	2.1
8,501-9,000	1	0.0	8,903	0.6
9,001-9,500	5	0.0	45,875	2.9
9,501-10,000	4	0.0	38,800	2.4
10,001+	11	0.1	203,420	12.7

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 11,195
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$531,973
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$47

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,350	65.7	\$0	0.0
1-500	3,713	33.2	277,238	52.1
501-1,000	54	0.5	38,150	7.2
1,001-1,500	25	0.2	30,801	5.8
1,501-2,000	14	0.1	23,189	4.4
2,001-2,500	11	0.1	25,561	4.8
2,501-3,000	6	0.1	16,824	3.2
3,001-3,500	3	0.0	9,273	1.7
3,501-4,000	3	0.0	11,089	2.1
4,001-4,500	6	0.1	25,828	4.9
4,501-5,000	3	0.0	14,499	2.7
5,001-5,500	2	0.0	10,333	1.9
5,501-6,000	0	0.0	0	0.0
6,001-6,500	2	0.0	12,308	2.3
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,758	1.5
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,031	1.7
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	20,091	3.8

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 IOWA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 12,056
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$369,299
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,737	64.2	\$0	0.0
1-500	4,246	35.2	277,550	75.2
501-1,000	40	0.3	25,556	6.9
1,001-1,500	19	0.2	22,545	6.1
1,501-2,000	6	0.0	10,079	2.7
2,001-2,500	0	0.0	0	0.0
2,501-3,000	1	0.0	2,511	0.7
3,001-3,500	1	0.0	3,165	0.9
3,501-4,000	1	0.0	3,994	1.1
4,001-4,500	2	0.0	8,600	2.3
4,501-5,000	2	0.0	9,434	2.6
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,865	1.6
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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

All 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 BENEFICIARIES, IOWA, 2007

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	67,938	33,186	33,506	1,209	24	13	731,165	341,050	379,012	10,759	223	121
Age												
5 and younger	3	0	3	0	0	0	28	0	28	0	0	0
6-14	6	0	4	0	2	0	70	0	48	0	22	0
15-20	141	0	129	1	11	0	1,586	0	1,462	12	112	0
21-44	13,409	2	12,907	491	9	0	151,681	24	147,181	4,399	77	0
45-64	20,778	11	20,186	574	1	6	233,242	116	227,851	5,211	5	59
65-74	10,350	9,944	261	137	1	7	111,207	107,770	2,294	1,074	7	62
75-84	11,195	11,178	11	6	0	0	115,628	115,462	103	63	0	0
85 and older	12,056	12,051	5	0	0	0	117,723	117,678	45	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	41,600	23,954	16,956	663	14	13	446,382	247,903	192,223	6,007	128	121
Male	26,338	9,232	16,550	546	10	0	284,783	93,147	186,789	4,752	95	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	45,588	19,383	25,498	689	16	2	505,811	206,682	292,722	6,240	149	18
African American	2,254	678	1,513	62	1	0	24,677	7,408	16,667	592	10	0
Other/unknown	20,096	13,125	6,495	458	7	11	200,677	126,960	69,623	3,927	64	103
Use of Nursing Facilities^c												
Entire year	10,570	9,659	911	0	0	0	112,766	102,364	10,402	0	0	0
Part year	6,749	6,077	672	0	0	0	61,494	54,604	6,890	0	0	0
None	50,619	17,450	31,923	1,209	24	13	556,905	184,082	361,720	10,759	223	121
Maintenance Assistance Status												
Cash	18,352	5,794	12,326	232	0	0	208,100	65,732	140,152	2,216	0	0
Medically needy	1,023	523	398	100	2	0	9,446	4,777	3,739	920	10	0
Poverty related	1,442	554	825	46	4	13	15,394	6,122	8,740	385	26	121
Other/unknown	47,121	26,315	19,957	831	18	0	498,225	264,419	226,381	7,238	187	0
Dual Status^d												
Full dual, all year	64,846	31,670	31,954	1,185	24	13	697,374	324,295	362,236	10,499	223	121
Full dual, part year	3,092	1,516	1,552	24	0	0	33,791	16,755	16,776	260	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	67,926	33,186	33,502	1,201	24	13	731,047	341,050	378,968	10,685	223	121
FFS part year, with Rx claims	9	0	4	5	0	0	86	0	44	42	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	3	0	0	3	0	0	32	0	0	32	0	0
MC all year, no Rx claims	0	0	0	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 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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.

All Medicaid Beneficiaries

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL BENEFICIARIES, IOWA, 2007

Beneficiary Characteristics	Beneficiaries and		Beneficiaries and		Beneficiaries and	
	Benefit Months in Cell F of Table 1	Included in Cell G of Table 1	Excluded from Cell G of Table 1	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	67,938	731,165	67,938	731,129	0	36
Fee-for-service (FFS) all year	67,926	731,047	67,926	731,047	0	0
FFS part year, with Rx claims	9	86	9	50	0	36
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	3	32	3	32	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Iowa, released by CMS in 4/2010. This table was produced on 10/06/2010.

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.

All Medicaid Beneficiaries