STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
IOWA

LIST OF TABLES

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, IOWA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**313,848**	**1,393**	**33,107**	**76,360**	**202,988**	**0**	**2,557,266**	**10,801**	**356,604**	**521,630**	**1,668,231**	**0**
Age												
5 and younger	84,828	0	1,929	176	82,723	0	673,573	0	19,616	1,337	652,620	0
6-14	88,617	0	5,359	84	83,174	0	780,633	0	59,938	688	720,007	0
15-20	45,393	0	4,036	6,430	34,927	0	370,754	0	44,927	44,121	281,706	0
21-44	77,312	0	10,553	64,798	1,961	0	567,292	0	114,654	440,393	12,245	0
45-64	16,187	0	11,114	4,871	202	0	153,039	0	116,301	35,088	1,650	0
65-74	557	477	79	1	0	0	5,441	4,646	792	3	0	0
75-84	438	405	33	0	0	0	3,548	3,205	343	0	0	0
85 and older	516	511	4	0	1	0	2,986	2,950	33	0	3	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	178,853	940	16,901	60,236	100,776	0	1,438,607	7,185	183,089	419,150	829,183	0
Male	134,995	453	16,206	16,124	102,212	0	1,118,659	3,616	173,515	102,480	839,048	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	199,361	804	23,651	51,545	123,361	0	1,693,137	6,007	263,072	370,115	1,053,943	0
African American	24,468	32	2,917	5,812	15,707	0	200,799	287	31,296	40,499	128,717	0
Other/unknown	90,019	557	6,539	19,003	63,920	0	663,330	4,507	62,236	111,016	485,571	0
Use of Nursing Facilities[c]												
Entire year	536	195	339	0	2	0	5,884	2,055	3,815	0	14	0
Part year	572	117	432	17	6	0	5,784	1,082	4,513	131	58	0
None	312,740	1,081	32,336	76,343	202,980	0	2,545,598	7,664	348,276	521,499	1,668,159	0
Maintenance Assistance Status												
Cash	134,248	402	25,282	44,433	64,131	0	1,125,513	4,356	273,156	316,183	531,818	0
Medically needy	7,198	98	653	5,202	1,245	0	49,583	863	4,536	35,484	8,700	0
Poverty-related	112,330	7	6	12,915	99,402	0	864,272	68	63	71,056	793,085	0
Other/unknown	60,072	886	7,166	13,810	38,210	0	517,898	5,514	78,849	98,907	334,628	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	243,201	1,393	32,699	56,149	152,960	0	2,150,902	10,801	353,835	412,446	1,373,820	0
FFS part year, with Rx claims	37,824	0	374	12,173	25,277	0	169,902	0	2,528	50,878	116,496	0
FFS part year, no Rx claims	14,756	0	34	2,587	12,135	0	57,150	0	241	8,280	48,629	0
MC all year, with FFS Rx claims	18,067	0	0	5,451	12,616	0	179,312	0	0	50,026	129,286	0

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, IOWA, 2004

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	**68.7 %**	**8.7**	**$542**	**$63**	**$3,470**	**15.6 %**	**313,848**
Age							
5 and younger	71.1	4.0	196	49	1,859	10.5	84,828
6-14	60.7	5.5	406	74	2,252	18.0	88,617
15-20	65.9	7.3	476	65	3,937	12.1	45,393
21-44	74.7	11.4	686	60	4,622	14.8	77,312
45-64	80.8	39.2	2,519	64	11,136	22.6	16,187
65-74	74.0	38.5	2,064	54	11,468	18.0	557
75-84	62.1	30.8	1,426	46	10,164	14.0	438
85 and older	43.6	23.1	932	40	8,840	10.5	516
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	59.4	31.8	1,531	48	10,457	14.6	1,393
Disabled	84.1	33.9	2,648	78	16,952	15.6	33,107
Adults	73.7	8.5	398	47	2,499	15.9	76,360
Children	64.4	4.5	247	55	1,588	15.5	202,988
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	71.7	9.5	540	57	3,296	16.4	178,853
Male	64.8	7.5	545	73	3,699	14.7	134,995
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	71.8	10.3	658	64	3,983	16.5	199,361
African American	66.3	6.5	407	63	2,696	15.1	24,468
Other/unknown	62.5	5.6	324	58	2,542	12.8	90,019
Use of Nursing Facilities[f]							
Entire year	95.7	89.3	5,268	59	50,007	10.5	536
Part year	98.8	81.2	5,099	63	48,720	10.5	572
None	68.6	8.4	526	63	3,307	15.9	312,740
Maintenance Assistance Status							
Cash	74.3	11.9	763	64	4,010	19.0	134,248
Medically needy	41.7	6.9	410	59	3,569	11.5	7,198
Poverty related	60.6	3.5	167	47	1,295	12.9	112,330
Other/unknown	74.6	11.1	767	69	6,318	12.1	60,072

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.3 includes beneficiaries represented by Cell K 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 seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, 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 fost 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, IOWA, 2004

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	
				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		Beneficiaries	Benefit Months
All	**1.1**	**$67**	**15.6 %**	**31.3 %**	**49.4 %**	**7.7 %**	**7.5 %**	**2.9 %**	**1.2 %**	**$426**	**313,848**	**2,557,266**
Age												
5 and younger	0.5	25	10.5	28.9	61.7	5.3	3.1	0.7	0.3	234	84,828	673,573
6-14	0.6	46	18.0	39.3	48.0	5.9	5.2	1.2	0.4	256	88,617	780,633
15-20	0.9	58	12.1	34.1	47.9	8.1	7.2	1.9	0.7	482	45,393	370,754
21-44	1.6	94	14.8	25.3	45.0	11.7	11.6	4.5	1.9	630	77,312	567,292
45-64	4.1	266	22.6	19.2	21.4	10.2	22.9	18.2	8.1	1,178	16,187	153,039
65-74	3.9	211	18.0	26.0	15.6	11.7	21.5	18.0	7.2	1,174	557	5,441
75-84	3.8	176	14.0	37.9	13.0	7.3	19.2	18.0	4.6	1,255	438	3,548
85 and older	4.0	161	10.5	56.4	5.0	4.7	15.3	15.1	3.5	1,528	516	2,986
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	4.1	198	14.6	40.6	10.3	7.5	18.6	17.7	5.4	1,349	1,393	10,801
Disabled	3.2	246	15.6	15.9	30.1	12.1	23.1	14.0	4.9	1,574	33,107	356,604
Adults	1.2	58	15.9	26.3	47.2	11.6	9.9	3.3	1.7	366	76,360	521,630
Children	0.5	30	15.5	35.6	53.6	5.5	3.9	0.9	0.4	193	202,988	1,668,231
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.2	67	16.4	28.3	50.2	8.5	8.1	3.4	1.5	410	178,853	1,438,607
Male	0.9	66	14.7	35.2	48.3	6.7	6.7	2.4	0.8	446	134,995	1,118,659
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.2	77	16.5	28.2	49.8	8.4	8.6	3.6	1.5	469	199,361	1,693,137
African American	0.8	50	15.1	33.7	50.4	6.8	6.1	2.2	0.9	329	24,468	200,799
Other/unknown	0.8	44	12.8	37.5	48.3	6.4	5.4	1.8	0.7	345	90,019	663,330
Use of Nursing Facilities[f]												
Entire year	8.1	480	10.5	4.3	3.5	2.6	22.0	40.3	27.2	4,555	536	5,884
Part year	8.0	504	10.5	1.2	6.5	5.6	25.7	34.1	26.9	4,818	572	5,784
None	1.0	65	15.9	31.4	49.5	7.7	7.4	2.8	1.1	406	312,740	2,545,598
Maintenance Assistance Status												
Cash	1.4	91	19.0	25.7	49.3	8.9	9.8	4.5	1.9	478	134,248	1,125,513
Medically needy	1.0	60	11.5	58.3	24.6	6.3	7.2	2.8	0.9	518	7,198	49,583
Poverty related	0.5	22	12.9	39.4	51.1	5.3	3.2	0.7	0.3	168	112,330	864,272
Other/unknown	1.3	89	12.1	25.4	49.3	9.8	10.4	3.8	1.3	733	60,072	517,898

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.4 includes the beneficiaries represented by Cell K 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 seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NONDUAL BENEFICIARIES, IOWA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**1.1**	**$67**	**$63**	**0.4**	**$50**	**$119**	**0.1**	**$4**	**$63**	**0.6**	**$13**	**$23**
Age												
5 and younger	0.5	25	49	0.2	18	109	0.0	2	39	0.3	5	17
6-14	0.6	46	74	0.3	38	118	0.0	2	56	0.3	6	23
15-20	0.9	58	65	0.4	45	114	0.0	3	61	0.4	10	23
21-44	1.6	94	60	0.5	67	123	0.1	6	70	0.9	21	22
45-64	4.1	266	64	1.5	188	123	0.2	19	79	2.3	59	25
65-74	3.9	211	54	1.5	151	101	0.2	11	48	2.2	49	22
75-84	3.8	176	46	1.4	119	87	0.2	11	48	2.2	46	21
85 and older	4.0	161	40	1.2	103	82	0.3	9	33	2.4	49	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.1	198	48	1.5	136	93	0.3	11	44	2.4	50	21
Disabled	3.2	246	78	1.3	186	147	0.2	16	78	1.7	44	26
Adults	1.2	58	47	0.4	40	97	0.1	4	58	0.8	15	20
Children	0.5	30	55	0.2	23	99	0.0	1	45	0.3	6	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.2	67	57	0.4	48	110	0.1	4	60	0.7	15	22
Male	0.9	66	73	0.4	52	130	0.0	3	70	0.5	11	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.2	77	64	0.5	58	119	0.1	5	65	0.7	15	23
African American	0.8	50	63	0.3	38	127	0.0	3	66	0.5	9	21
Other/unknown	0.8	44	58	0.3	33	116	0.0	3	55	0.4	9	21
Use of Nursing Facilities[e]												
Entire year	8.1	480	59	2.8	328	118	0.5	37	70	4.7	113	24
Part year	8.0	504	63	2.8	352	124	0.5	37	67	4.6	115	25
None	1.0	65	63	0.4	48	119	0.1	4	63	0.6	13	22
Maintenance Assistance Status												
Cash	1.4	91	64	0.5	67	123	0.1	6	71	0.8	18	23
Medically needy	1.0	60	59	0.4	43	117	0.1	4	68	0.6	13	23
Poverty related	0.5	22	47	0.2	16	90	0.0	1	41	0.3	5	19
Other/unknown	1.3	89	69	0.6	69	124	0.1	5	58	0.7	15	23

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.5 includes the beneficiaries represented by Cell K 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 other than the original patent holder. In Iowa, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

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

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

TABLE ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL BENEFICIARIES, IOWA, 2004

| Therapeutic Category | Number of Rx per Benefit Month Among Users | | | | $ per Benefit Month Among Users | | | | $ per Rx | | | | Total Number of Rx | Total 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			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$12	$7	$1	$3	$42	$78	$58	$21	388,643	$16,370,794	150,473	47.9 %	1,388,056
Biologicals	0.3	0.3	0.0	0.0	276	271	3	2	919	937	898	286	4,664	4,287,166	1,624	0.5	15,508
Antineoplastic Agents	0.6	0.2	0.0	0.4	150	120	6	24	255	773	215	58	4,851	1,234,957	808	0.3	8,230
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	25	17	3	6	50	92	32	24	236,619	11,905,109	52,129	16.6	482,007
Cardiovascular Agents	1.1	0.4	0.0	0.7	38	26	1	10	35	72	36	15	243,259	8,445,522	22,353	7.1	224,272
Respiratory Agents	0.4	0.2	0.0	0.2	19	14	0	4	48	88	35	19	335,919	16,193,458	90,525	28.8	851,653
Gastrointestinal Agents	0.5	0.2	0.0	0.3	35	25	3	7	74	143	55	30	126,636	9,382,343	27,881	8.9	269,118
Genitourinary Agents	0.3	0.1	0.0	0.1	14	9	2	3	51	79	46	24	32,883	1,676,045	13,174	4.2	119,506
CNS Drugs	1.0	0.5	0.0	0.4	89	72	4	13	90	141	93	30	498,852	44,664,146	52,206	16.6	499,509
Stimulants/Anti-obesity/Anorexia	0.8	0.7	0.0	0.2	71	64	1	6	87	98	73	41	155,212	13,447,662	19,093	6.1	190,261
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	223	222	0	1	444	468	0	33	3,276	1,454,710	639	0.2	6,532
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	20	12	1	7	43	159	246	17	276,027	11,902,318	66,197	21.1	604,737
Neuromuscular Agents	0.7	0.3	0.1	0.3	64	46	9	9	89	147	114	27	163,239	14,513,633	22,625	7.2	225,359
Nutritional Products	0.4	0.1	0.0	0.3	8	2	0	6	22	34	23	20	44,754	987,939	15,017	4.8	124,981
Hematological Agents	0.6	0.2	0.1	0.3	136	125	4	7	216	687	37	21	26,237	5,673,460	4,297	1.4	41,810
Topical Products	0.2	0.1	0.0	0.1	9	5	1	3	40	79	46	22	161,336	6,460,809	78,351	25.0	738,487
Miscellaneous Products	0.4	0.2	0.0	0.2	76	56	8	13	199	339	257	67	7,095	1,412,111	1,926	0.6	18,593
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	25	0	0	0	8,572	213,418	3,471	1.1	35,952
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.	2,718,074	170,225,600	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. 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.

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Iowa, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, IOWA, 2004

| Top 10 Drug Groups | Total Medicaid Rx $ | Users | | | Among Users | | |
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$25,065,519	19,001	6.1 %	205,589	0.7	$187	$122
ANTIDEPRESSANTS	14,435,778	44,511	14.2	450,597	0.5	61	32
ANTICONVULSANT	12,236,349	14,664	4.7	157,788	0.7	109	78
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	11,827,925	20,208	6.4	212,765	0.6	87	56
ANTIASTHMATIC	9,400,751	49,363	15.7	503,009	0.3	63	19
ANALGESICS - Narcotic	6,150,893	54,668	17.4	538,946	0.3	42	11
ULCER DRUGS	5,915,915	21,793	6.9	222,992	0.4	75	27
ANTIDIABETIC	4,244,184	8,666	2.8	90,541	0.7	67	47
MISC. HEMATOLOGICAL	4,077,843	1,048	0.3	11,125	0.6	645	367
DERMATOLOGICAL	3,579,849	55,584	17.7	574,233	0.2	41	6
Total	96,935,006	289,506		2,967,585	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]
NONDUAL BENEFICIARIES, IOWA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**1,147,901**	**$96,935,006**	**19,001**	**6.1 %**	**205,589**	**0.7**	**$122**	**44,511**	**14.2 %**	**450,597**	**0.5**	**$32**
Female	667,029	50,533,353	9,433	5.3	101,360	0.6	109	31,394	17.6	314,183	0.5	32
Disabled	336,121	30,174,469	5,238	31.0	59,600	0.7	138	10,676	63.2	121,311	0.6	40
5 and younger	3,883	302,069	7	0.9	73	0.7	132	7	0.9	73	0.5	19
6-14	18,601	1,908,875	367	20.0	4,240	0.7	125	332	18.1	3,786	0.6	31
15-20	19,556	1,997,445	484	31.3	5,467	0.7	134	714	46.2	8,150	0.6	35
21-44	110,166	10,697,987	2,220	39.0	25,291	0.7	136	4,166	73.1	47,426	0.6	40
45-64	183,330	15,226,431	2,155	30.9	24,473	0.7	143	5,447	78.2	61,772	0.7	41
65-74	496	36,896	4	9.8	44	0.7	216	8	19.5	80	0.6	26
75-84	82	4,672	1	5.0	12	0.1	1	2	10.0	24	0.6	29
85 and older	7	94	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	330,908	20,358,884	4,195	2.6	41,760	0.4	68	20,718	12.8	192,872	0.4	27
5 and younger	29,107	1,327,852	72	0.2	791	0.4	61	99	0.2	1,038	0.3	14
6-14	68,731	5,131,797	1,087	2.6	11,732	0.5	89	2,121	5.2	22,397	0.5	24
15-20	54,994	3,509,296	1,004	4.2	10,165	0.5	72	4,257	17.7	41,574	0.4	24
21-44	148,297	8,455,111	1,762	3.4	16,479	0.3	49	12,844	24.5	114,722	0.4	27
45-64	17,744	1,168,453	157	5.1	1,379	0.4	49	1,102	35.9	9,957	0.5	35
65-74	5,755	397,268	38	12.4	421	0.9	175	119	38.9	1,344	0.6	34
75-84	3,099	191,964	40	15.3	421	0.7	89	86	33.0	905	0.7	36
85 and older	3,181	177,143	35	9.4	372	0.7	75	90	24.1	935	0.9	47
Male	480,872	46,401,653	9,568	7.1	104,229	0.7	135	13,117	9.7	136,414	0.6	33
Disabled	236,384	26,831,812	5,324	32.9	60,623	0.8	158	5,548	34.2	62,554	0.6	39
5 and younger	6,601	740,717	46	4.0	522	0.5	75	33	2.9	358	0.4	15
6-14	49,230	7,185,452	1,382	39.2	15,887	0.7	131	904	25.6	10,425	0.6	33
15-20	34,653	4,228,958	979	39.3	11,312	0.8	162	835	33.5	9,552	0.7	42
21-44	71,026	7,993,834	1,899	39.1	21,549	0.8	176	1,908	39.3	21,651	0.6	42
45-64	74,659	6,670,723	1,017	24.5	11,345	0.8	165	1,863	44.9	20,531	0.6	37
65-74	162	10,080	1	2.6	8	0.1	6	5	13.2	37	0.2	8
75-84	53	2,048	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
Other Eligibles	244,488	19,569,841	4,244	3.6	43,606	0.6	101	7,569	6.4	73,860	0.5	28
5 and younger	37,162	2,265,352	166	0.4	1,702	0.4	59	108	0.3	1,148	0.3	12
6-14	117,012	9,968,297	2,313	5.5	24,718	0.6	105	2,936	7.0	30,988	0.5	26
15-20	47,862	4,131,758	1,184	6.8	12,039	0.7	108	2,163	12.5	21,168	0.5	31
21-44	29,187	2,275,627	457	3.2	3,888	0.4	75	1,861	13.0	15,808	0.4	26
45-64	8,643	639,993	72	3.6	675	0.4	91	392	19.5	3,597	0.5	31
65-74	1,928	148,102	19	11.0	210	1.3	208	43	25.0	454	0.6	27
75-84	1,526	90,344	19	13.2	215	0.9	97	32	22.2	349	0.7	36
85 and older	1,168	50,368	14	10.1	159	0.6	65	34	24.5	348	0.7	29
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 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]

NONDUAL BENEFICIARIES, IOWA, 2004

Beneficiary Characteristics	ANTICONVULSANT					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	14,664	4.7 %	157,788	0.7	$78	20,208	6.4 %	212,765	0.6	$56	49,363	15.7 %	503,009	0.3	$19
Female	8,977	5.0	95,757	0.7	73	6,363	3.6	67,235	0.6	52	27,859	15.6	283,556	0.3	19
Disabled	5,310	31.4	60,472	0.8	88	1,219	7.2	13,998	0.6	56	7,845	46.4	88,817	0.4	30
5 and younger	120	15.1	1,318	0.7	75	18	2.3	202	0.6	36	394	49.7	4,336	0.3	24
6-14	451	24.6	5,234	0.8	107	577	31.5	6,628	0.7	57	463	25.2	5,356	0.3	25
15-20	448	29.0	5,142	0.9	105	247	16.0	2,801	0.7	62	372	24.1	4,295	0.3	23
21-44	2,157	37.8	24,625	0.8	94	236	4.1	2,712	0.5	50	2,442	42.8	27,660	0.4	23
45-64	2,127	30.5	24,081	0.8	75	141	2.0	1,655	0.6	56	4,148	59.5	46,896	0.5	36
65-74	6	14.6	67	0.3	34	0	0.0	0	0.0	0	23	56.1	238	0.6	46
75-84	1	5.0	5	0.8	85	0	0.0	0	0.0	0	2	10.0	24	1.1	66
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	3
Other Eligibles	3,667	2.3	35,285	0.5	49	5,144	3.2	53,237	0.6	51	20,014	12.4	194,739	0.3	14
5 and younger	88	0.2	892	0.4	35	209	0.5	2,193	0.4	29	5,306	13.1	52,415	0.2	10
6-14	496	1.2	5,296	0.6	57	3,457	8.4	36,039	0.6	52	4,438	10.8	45,730	0.3	16
15-20	626	2.6	6,363	0.5	53	913	3.8	9,695	0.6	55	2,883	12.0	28,509	0.2	13
21-44	2,139	4.1	19,658	0.4	45	525	1.0	4,929	0.5	46	6,552	12.5	59,945	0.3	15
45-64	234	7.6	2,143	0.5	53	39	1.3	369	0.6	51	610	19.9	5,746	0.4	27
65-74	43	14.1	483	0.9	73	1	0.3	12	0.1	1	122	39.9	1,430	0.7	40
75-84	22	8.4	243	0.8	48	0	0.0	0	0.0	0	48	18.4	453	0.4	21
85 and older	19	5.1	207	0.7	30	0	0.0	0	0.0	0	55	14.7	511	0.5	28
Male	5,687	4.2	62,031	0.8	84	13,845	10.3	145,530	0.7	57	21,504	15.9	219,453	0.3	18
Disabled	3,801	23.5	43,252	0.9	97	3,041	18.8	34,986	0.7	65	4,779	29.5	53,664	0.4	28
5 and younger	135	11.9	1,500	0.7	95	104	9.2	1,159	0.5	35	662	58.3	7,276	0.3	25
6-14	766	21.7	8,890	0.8	93	1,978	56.1	22,719	0.7	64	984	27.9	11,294	0.3	23
15-20	582	23.4	6,750	0.9	107	718	28.8	8,340	0.8	72	546	21.9	6,328	0.3	27
21-44	1,461	30.1	16,617	1.0	111	194	4.0	2,237	0.6	57	889	18.3	10,184	0.4	23
45-64	856	20.6	9,483	0.7	70	47	1.1	531	0.7	71	1,693	40.8	18,526	0.5	35
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	5.3	20	0.7	27
75-84	1	7.7	12	0.1	5	0	0.0	0	0.0	0	3	23.1	36	0.2	11
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,886	1.6	18,779	0.5	54	10,804	9.1	110,544	0.6	55	16,725	14.1	165,789	0.3	15
5 and younger	150	0.4	1,523	0.5	50	629	1.5	6,509	0.4	29	7,775	18.3	76,119	0.2	12
6-14	628	1.5	6,844	0.5	51	8,061	19.1	82,687	0.7	55	5,721	13.6	58,737	0.3	17
15-20	447	2.6	4,433	0.6	65	1,915	11.0	19,583	0.6	64	1,754	10.1	17,693	0.3	16
21-44	511	3.6	4,513	0.4	47	182	1.3	1,602	0.5	51	1,115	7.8	9,736	0.3	19
45-64	119	5.9	1,127	0.6	60	17	0.8	163	0.5	44	245	12.2	2,274	0.4	24
65-74	13	7.6	136	0.8	126	0	0.0	0	0.0	0	59	34.3	633	0.5	37
75-84	11	7.6	119	0.6	26	0	0.0	0	0.0	0	31	21.5	338	0.6	27
85 and older	7	5.0	84	0.5	10	0	0.0	0	0.0	0	25	18.0	259	0.3	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 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]

NONDUAL BENEFICIARIES, IOWA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**54,668**	**17.4 %**	**538,946**	**0.3**	**$11**	**21,793**	**6.9 %**	**222,992**	**0.4**	**$27**	**8,666**	**2.8 %**	**90,541**	**0.7**	**$47**
Female	40,033	22.4	393,183	0.3	11	14,789	8.3	151,787	0.3	26	6,025	3.4	63,265	0.7	46
Disabled	10,390	61.5	118,219	0.4	24	6,266	37.1	71,487	0.4	36	3,798	22.5	43,202	0.7	50
5 and younger	65	8.2	741	0.1	1	182	23.0	2,022	0.4	32	0	0.0	0	0.0	0
6-14	206	11.2	2,387	0.1	2	212	11.6	2,487	0.5	49	27	1.5	324	0.7	51
15-20	356	23.1	4,087	0.1	3	248	16.1	2,850	0.4	30	46	3.0	521	0.7	53
21-44	4,098	71.9	46,869	0.3	20	1,945	34.1	22,302	0.4	32	797	14.0	9,109	0.7	46
45-64	5,646	81.0	63,923	0.5	29	3,657	52.5	41,581	0.5	37	2,908	41.7	33,048	0.7	50
65-74	12	29.3	135	0.2	2	16	39.0	173	0.3	13	20	48.8	200	0.6	36
75-84	5	25.0	53	0.1	1	5	25.0	60	0.4	18	0	0.0	0	0.0	0
85 and older	2	100.0	24	0.2	2	1	50.0	12	0.1	2	0	0.0	0	0.0	0
Other Eligibles	29,643	18.3	274,964	0.2	5	8,523	5.3	80,300	0.3	17	2,227	1.4	20,063	0.6	39
5 and younger	1,030	2.5	10,654	0.1	1	899	2.2	7,703	0.2	13	18	0.0	190	0.4	36
6-14	1,722	4.2	18,201	0.1	2	798	1.9	8,418	0.2	14	146	0.4	1,428	0.7	54
15-20	4,896	20.4	46,859	0.2	2	1,423	5.9	13,891	0.2	11	157	0.7	1,495	0.6	47
21-44	20,353	38.8	183,845	0.2	5	4,586	8.8	42,369	0.2	17	1,329	2.5	11,246	0.5	34
45-64	1,313	42.8	11,870	0.3	12	530	17.3	4,788	0.4	31	316	10.3	2,906	0.7	44
65-74	173	56.5	1,965	0.5	22	124	40.5	1,413	0.5	31	129	42.2	1,474	0.8	47
75-84	70	26.8	741	0.5	16	80	30.7	858	0.6	35	93	35.6	919	0.7	42
85 and older	86	23.1	829	0.7	31	83	22.3	860	0.7	30	39	10.5	405	0.8	38
Male	14,635	10.8	145,763	0.3	14	7,004	5.2	71,205	0.4	28	2,641	2.0	27,276	0.7	49
Disabled	4,950	30.5	55,131	0.4	27	3,292	20.3	36,880	0.5	38	1,690	10.4	18,903	0.7	49
5 and younger	107	9.4	1,235	0.1	1	229	20.2	2,406	0.5	37	1	0.1	12	0.2	13
6-14	314	8.9	3,665	0.1	2	252	7.1	2,961	0.5	51	24	0.7	270	0.9	58
15-20	435	17.5	5,048	0.2	3	296	11.9	3,469	0.4	40	41	1.6	475	0.8	59
21-44	1,615	33.3	18,125	0.3	19	1,021	21.0	11,632	0.5	35	369	7.6	4,176	0.7	51
45-64	2,469	59.6	26,980	0.5	41	1,483	35.8	16,301	0.5	37	1,242	30.0	13,838	0.7	48
65-74	5	13.2	32	0.5	14	6	15.8	51	0.5	61	11	28.9	122	0.7	40
75-84	5	38.5	46	0.2	2	5	38.5	60	0.3	10	2	15.4	10	1.0	58
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	9,685	8.2	90,632	0.2	6	3,712	3.1	34,325	0.3	19	951	0.8	8,373	0.7	47
5 and younger	1,410	3.3	14,715	0.1	1	1,110	2.6	9,426	0.2	14	20	0.0	184	0.7	38
6-14	1,702	4.0	17,954	0.1	2	642	1.5	6,922	0.2	12	125	0.3	1,220	0.9	63
15-20	1,876	10.8	17,941	0.1	2	531	3.1	5,195	0.2	14	94	0.5	892	0.9	81
21-44	3,890	27.1	32,619	0.3	10	1,031	7.2	8,924	0.3	27	376	2.6	3,002	0.6	41
45-64	672	33.5	5,972	0.4	23	268	13.4	2,469	0.4	32	247	12.3	2,135	0.6	42
65-74	44	25.6	485	0.5	13	59	34.3	624	0.5	28	40	23.3	403	0.7	34
75-84	44	30.6	436	0.6	40	39	27.1	419	0.5	24	32	22.2	363	0.6	27
85 and older	47	33.8	510	0.5	11	32	23.0	346	0.6	22	17	12.2	174	0.7	35
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 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, IOWA, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					DERMATOLOGICAL						
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**1,048**	**0.3 %**	**11,125**	**0.6**	**$367**	**55,584**	**17.7 %**	**574,233**	**0.2**	**$6**	**313,848**	**2,557,266**
Female	577	0.3	6,187	0.6	67	33,869	18.9	348,779	0.2	6	178,853	1,438,607
Disabled	430	2.5	4,763	0.6	65	6,681	39.5	77,496	0.2	8	16,901	183,089
5 and younger	0	0.0	0	0.0	0	360	45.4	4,076	0.1	4	793	8,138
6-14	3	0.2	36	0.4	19	678	37.0	7,865	0.1	6	1,834	20,453
15-20	0	0.0	0	0.0	0	590	38.2	6,951	0.2	6	1,544	17,099
21-44	61	1.1	700	0.4	65	2,180	38.3	25,465	0.2	8	5,699	62,350
45-64	365	5.2	4,018	0.6	65	2,851	40.9	32,945	0.2	9	6,968	74,409
65-74	0	0.0	0	0.0	0	21	51.2	182	0.3	12	41	407
75-84	1	5.0	9	0.8	94	1	5.0	12	0.1	1	20	213
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	20
Other Eligibles	147	0.1	1,424	0.5	77	27,188	16.8	271,283	0.1	6	161,952	1,255,518
5 and younger	2	0.0	19	0.2	1,121	9,847	24.3	97,251	0.1	5	40,478	319,635
6-14	2	0.0	18	0.2	28	6,510	15.9	68,665	0.1	7	41,058	355,669
15-20	5	0.0	41	0.6	55	3,768	15.7	38,368	0.1	6	24,015	187,258
21-44	44	0.1	356	0.5	67	6,381	12.2	60,086	0.2	7	52,394	362,857
45-64	40	1.3	406	0.4	48	443	14.4	4,228	0.2	6	3,067	22,914
65-74	19	6.2	212	0.5	58	95	31.0	1,115	0.2	17	306	3,048
75-84	22	8.4	236	0.7	73	66	25.3	755	0.2	5	261	2,113
85 and older	13	3.5	136	0.8	93	78	20.9	815	0.2	7	373	2,024
Male	471	0.3	4,938	0.6	741	21,715	16.1	225,454	0.2	6	134,995	1,118,659
Disabled	338	2.1	3,748	0.6	720	4,654	28.7	53,997	0.2	7	16,206	173,515
5 and younger	4	0.4	48	0.6	4,360	439	38.6	4,995	0.1	6	1,136	11,478
6-14	11	0.3	128	0.8	15,698	919	26.1	10,810	0.1	5	3,525	39,485
15-20	3	0.1	36	0.6	6,952	835	33.5	9,782	0.2	7	2,492	27,828
21-44	24	0.5	277	0.6	80	1,397	28.8	16,357	0.2	8	4,854	52,304
45-64	294	7.1	3,243	0.6	64	1,055	25.4	11,967	0.2	9	4,146	41,892
65-74	1	2.6	11	0.3	33	9	23.7	86	0.2	5	38	385
75-84	1	7.7	5	1.0	65	0	0.0	0	0.0	0	13	130
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
Other Eligibles	133	0.1	1,190	0.5	809	17,061	14.4	171,457	0.1	6	118,789	945,144
5 and younger	5	0.0	60	0.5	6,311	8,890	21.0	87,499	0.1	5	42,421	334,322
6-14	6	0.0	47	0.6	4,308	4,838	11.5	51,162	0.1	5	42,200	365,026
15-20	4	0.0	42	0.2	289	2,185	12.6	22,164	0.2	7	17,342	138,569
21-44	32	0.2	271	0.6	1,209	906	6.3	8,169	0.2	10	14,365	89,781
45-64	52	2.6	420	0.4	48	144	7.2	1,367	0.2	7	2,006	13,824
65-74	17	9.9	179	0.6	68	28	16.3	301	0.2	7	172	1,601
75-84	9	6.3	93	0.6	61	33	22.9	384	0.2	4	144	1,092
85 and older	8	5.8	78	0.6	46	37	26.6	411	0.3	7	139	929
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 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.8

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, IOWA, 2004

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	**$480**	**8.1**	**536**	**5,884**
Age				
0-64	557	8.9	339	3,805
65-74	604	8.9	36	389
75-84	320	6.4	60	648
85 and older	250	6.2	101	1,042
Unknown	0	0.0	0	0
Gender				
Female	484	8.2	326	3,581
Male	474	8.0	210	2,303
Unknown	0	0.0	0	0
Race				
White	494	8.3	398	4,492
African American	295	4.5	11	132
Other/unknown	449	7.9	127	1,260
Basis of Eligibility[c]				
Aged	338	6.8	195	2,055
Disabled	556	8.9	339	3,815
Adults	0	0.0	0	0
Children	408	6.0	2	14
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 572 beneficiaries who were in nursing facilities for part of their enrollment and their 5,784 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]

NONDUAL BENEFICIARIES, IOWA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	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			Number of Users	As a Percentage of All-Year Nursing Facility Residents	
Anti-infective Agents	0.4	0.2	0.0	0.2	$34	$25	$2	$7	$76	$137	$72	$28	1,900	$144,775	376	70.1 %	4,255
Biologicals	0.1	0.1	0.0	0.0	4	3	0	1	38	38	0	38	84	3,198	66	12.3	770
Antineoplastic Agents	0.9	0.1	0.0	0.7	287	240	0	47	330	2,006	0	63	138	45,580	14	2.6	159
Endocrine/Metabolic Drugs	1.4	0.7	0.1	0.6	64	51	3	10	47	75	26	18	4,036	189,246	268	50.0	2,962
Cardiovascular Agents	2.0	0.5	0.1	1.4	56	32	2	21	28	66	28	15	7,370	207,647	338	63.1	3,701
Respiratory Agents	1.0	0.5	0.0	0.5	55	44	1	10	55	87	57	21	2,872	159,158	257	47.9	2,902
Gastrointestinal Agents	1.3	0.3	0.1	0.9	59	30	6	23	44	101	41	26	4,895	215,936	330	61.6	3,684
Genitourinary Agents	0.7	0.4	0.0	0.3	43	35	3	6	58	84	54	22	1,208	70,317	149	27.8	1,617
CNS Drugs	2.1	0.9	0.1	1.0	158	122	6	30	77	130	74	29	9,416	721,015	414	77.2	4,566
Stimulants/Anti-obesity/Anorexia	1.3	0.3	0.0	1.0	88	61	0	27	66	193	0	26	161	10,593	10	1.9	120
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	210	210	0	0	256	256	0	0	404	103,300	46	8.6	493
Analgesics and Anesthetics	1.2	0.3	0.0	0.9	64	41	10	13	53	123	985	15	3,953	210,863	297	55.4	3,295
Neuromuscular Agents	1.8	0.5	0.3	1.1	147	75	27	45	80	151	95	42	5,504	439,792	264	49.3	3,001
Nutritional Products	0.8	0.0	0.0	0.8	21	0	2	18	26	5	71	24	1,310	34,056	147	27.4	1,641
Hematological Agents	1.3	0.3	0.2	0.8	77	62	4	11	59	189	25	13	1,757	104,088	126	23.5	1,356
Topical Products	0.6	0.2	0.0	0.4	40	28	2	9	65	153	44	25	2,287	149,363	333	62.1	3,769
Miscellaneous Products	0.3	0.1	0.0	0.2	16	1	13	3	60	18	310	15	113	6,747	37	6.9	416
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	10	0	0	0	17	0	0	0	450	7,752	66	12.3	762
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.	47,858	2,823,426	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 572 beneficiaries who were in nursing facilities for part of their enrollment and their 5,784 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 2004. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

In Iowa, 0.6 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 ND.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]

NONDUAL BENEFICIARIES, IOWA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$425,537	256	47.8 %	2,910	0.9	$155	$146
ANTICONVULSANT	325,836	287	53.5	3,283	1.2	81	99
ANTIDEPRESSANTS	246,645	400	74.6	4,411	0.9	60	56
ULCER DRUGS	159,778	347	64.7	3,884	0.7	56	41
ANTIDIABETIC	134,361	220	41.0	2,443	1.0	58	55
ANALGESICS - Narcotic	135,772	309	57.6	3,465	0.8	51	39
ANTIASTHMATIC	124,442	264	49.3	2,932	0.7	63	42
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	103,300	50	9.3	541	0.7	256	191
MUSCULOSKELETAL THERAPY AGENTS	82,850	85	15.9	966	1.0	89	86
OPHTHALMIC	71,174	181	33.8	2,056	0.3	117	35
Total	1,809,695	2,399		26,891	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 572 beneficiaries who were in nursing facilities for part of their enrollment and their 5,784 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

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]

NONDUAL BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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	22,607	$1,809,695	256	47.8 %	2,910	0.9	$146	287	53.5 %	3,283	1.2	$99
Female	13,713	1,103,588	157	48.2	1,771	0.9	141	163	50.0	1,867	1.3	94
Disabled	9,235	806,388	104	55.0	1,186	0.9	153	136	72.0	1,569	1.3	96
	9,200	803,307	103	54.8	1,174	0.9	153	136	72.3	1,569	1.3	96
64 or younger	35	3,081	1	100.0	12	1.0	161	0	0.0	0	0.0	0
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	4,478	297,200	53	38.7	585	0.9	116	27	19.7	298	1.1	87
Other Eligibles	32	3,415	0	0.0	0	0.0	0	1	100.0	12	1.4	38
64 or younger	1,355	102,048	11	45.8	109	1.5	216	12	50.0	135	1.3	132
65-74	1,271	89,346	22	50.0	254	1.0	119	9	20.5	96	1.1	65
75-84	1,820	102,391	20	29.4	222	0.7	63	5	7.4	55	0.9	27
85 and older												
Male	8,894	706,107	99	47.1	1,139	1.0	155	124	59.0	1,416	1.1	106
Disabled	7,306	614,626	80	53.3	930	1.0	167	117	78.0	1,338	1.1	109
	7,282	613,026	80	53.7	930	1.0	167	117	78.5	1,338	1.1	109
64 or younger	24	1,600	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	1,588	91,481	19	31.7	209	0.8	98	7	11.7	78	0.7	52
Other Eligibles	11	573	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	363	24,482	3	30.0	30	1.2	196	4	40.0	42	0.8	86
65-74	493	28,683	5	31.3	53	0.8	94	0	0.0	0	0.0	0
75-84	721	37,743	11	33.3	126	0.7	76	3	9.1	36	0.6	11
85 and older												
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 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 572 beneficiaries who were in nursing facilities for part of their enrollment and their 5,784 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]

NONDUAL BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIDIABETIC				
	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	400	74.6 %	4,411	0.9	$56	347	64.7 %	3,884	0.7	$41	220	41.0 %	2,443	1.0	$55
Female	254	77.9	2,829	1.0	57	208	63.8	2,339	0.7	38	155	47.5	1,698	1.0	59
Disabled	144	76.2	1,651	1.0	60	117	61.9	1,341	0.7	42	93	49.2	1,055	1.0	61
64 or younger	144	76.6	1,651	1.0	60	117	62.2	1,341	0.7	42	93	49.5	1,055	1.0	61
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
Other Eligibles	110	80.3	1,178	0.9	53	91	66.4	998	0.7	33	62	45.3	643	0.9	56
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	23	95.8	259	0.8	51	20	83.3	226	0.7	37	19	79.2	225	1.1	68
75-84	31	70.5	329	0.9	56	28	63.6	317	0.6	32	21	47.7	192	0.8	51
85 and older	56	82.4	590	0.9	51	43	63.2	455	0.8	32	22	32.4	226	0.8	47
Male	146	69.5	1,582	0.9	54	139	66.2	1,545	0.8	46	65	31.0	745	0.9	46
Disabled	97	64.7	1,102	0.9	61	103	68.7	1,168	0.8	51	43	28.7	497	1.0	50
64 or younger	97	65.1	1,102	0.9	61	102	68.5	1,156	0.8	51	43	28.9	497	1.0	50
65-74	0	0.0	0	0.0	0	1	100.0	12	1.0	102	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
Other Eligibles	49	81.7	480	0.8	39	36	60.0	377	0.6	29	22	36.7	248	0.8	38
64 or younger	2	200.0	4	1.5	58	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8	80.0	80	1.0	56	10	100.0	108	0.6	47	5	50.0	50	1.1	38
75-84	15	93.8	156	0.8	37	7	43.8	67	0.6	19	11	68.8	132	0.7	30
85 and older	24	72.7	240	0.7	34	19	57.6	202	0.7	23	6	18.2	66	0.8	52
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 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 572 beneficiaries who were in nursing facilities for part of their enrollment and their 5,784 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

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]
NONDUAL BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	**309**	**57.6 %**	**3,465**	**0.8**	**$39**	**264**	**49.3 %**	**2,932**	**0.7**	**$42**	**50**	**9.3 %**	**541**	**0.7**	**$191**
Female	192	58.9	2,182	0.7	46	139	42.6	1,500	0.5	36	31	9.5	347	0.7	242
Disabled	118	62.4	1,379	0.7	51	89	47.1	1,006	0.6	43	12	6.3	134	0.8	503
64 or younge r	118	62.8	1,379	0.7	51	87	46.3	982	0.6	42	12	6.4	134	0.8	503
65-74	0	0.0	0	0.0	0	2	200.0	24	0.9	47	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
Other Eligibles	74	54.0	803	0.8	38	50	36.5	494	0.3	23	19	13.9	213	0.7	78
64 or younge r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	22	91.7	253	1.0	56	8	33.3	96	0.3	28	3	12.5	36	0.5	54
75-84	17	38.6	185	0.7	14	18	40.9	173	0.3	20	8	18.2	89	0.6	62
85 and older	35	51.5	365	0.8	38	24	35.3	225	0.4	24	8	11.8	88	0.8	105
Male	117	55.7	1,283	0.8	27	125	59.5	1,432	0.9	49	19	9.0	194	0.8	99
Disabled	79	52.7	894	0.8	31	106	70.7	1,232	0.9	54	7	4.7	73	0.7	82
64 or younge r	78	52.3	882	0.8	31	106	71.1	1,232	0.9	54	7	4.7	73	0.7	82
65-74	1	100.0	12	1.0	31	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
Other Eligibles	38	63.3	389	0.8	20	19	31.7	200	0.3	20	12	20.0	121	0.9	110
64 or younge r	1	100.0	2	0.5	20	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3	30.0	30	1.6	17	4	40.0	36	0.5	33	2	20.0	14	1.0	102
75-84	12	75.0	117	0.9	36	5	31.3	50	0.5	43	4	25.0	48	0.8	116
85 and older	22	66.7	240	0.6	12	10	30.3	114	0.1	6	6	18.2	59	0.8	107
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 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 572 beneficiaries who were in nursing facilities for part of their enrollment and their 5,784 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]

NONDUAL BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS					OPHTHALMIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	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	85	15.9 %	966	1.0	$86	181	33.8 %	2,056	0.3	$35	536	5,884
Female	50	15.3	589	1.0	93	116	35.6	1,300	0.3	26	326	3,581
Disabled	47	24.9	553	1.0	98	56	29.6	672	0.3	30	189	2,143
	47	25.0	553	1.0	98	55	29.3	660	0.3	31	188	2,131
64 or younger	0	0.0	0	0.0	0	1	100.0	12	0.2	1	1	12
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 / Other Eligibles	3	2.2	36	0.8	24	60	43.8	628	0.4	21	137	1,438
	1	100.0	12	1.1	45	1	100.0	12	0.2	202	1	12
64 or younger	1	4.2	12	1.2	26	16	66.7	192	0.5	25	24	261
65-74	1	2.3	12	0.2	2	17	38.6	185	0.4	15	44	473
75-84	0	0.0	0	0.0	0	26	38.2	239	0.3	13	68	692
85 and older												
Male	35	16.7	377	0.9	74	65	31.0	756	0.3	50	210	2,303
Disabled	32	21.3	357	0.8	75	47	31.3	564	0.2	63	150	1,672
	32	21.5	357	0.8	75	47	31.5	564	0.2	63	149	1,660
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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 / Other Eligibles	3	5.0	20	1.2	52	18	30.0	192	0.3	12	60	631
	1	100.0	2	2.0	152	0	0.0	0	0.0	0	1	2
64 or younger	1	10.0	12	1.3	40	0	0.0	0	0.0	0	10	104
65-74	0	0.0	0	0.0	0	8	50.0	89	0.2	10	16	175
75-84	1	3.0	6	0.8	43	10	30.3	103	0.4	14	33	350
85 and older												
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 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 572 beneficiaries who were in nursing facilities for part of their enrollment and their 5,784 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC[a,b]

IOWA, 2003

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 Nondual Rx $	Total Number of Beneficiaries
All	**81,982**	**26.1 %**	**0.8**	**263,461**	**$15**	**$4,607,935**	**$17**	**2.7 %**	**313,848**
Age									
5 and younger	26,747	31.5	0.6	53,839	13	1,072,246	20	6.5	84,828
6-14	16,283	18.4	0.4	33,251	8	697,305	21	1.9	88,617
15-20	9,692	21.4	0.5	24,072	9	404,441	17	1.9	45,393
21-44	21,394	27.7	1.1	83,468	17	1,287,097	15	2.4	77,312
45-64	7,274	44.9	3.9	62,723	67	1,077,720	17	2.6	16,187
65-74	244	43.8	4.1	2,266	55	30,889	14	2.7	557
75-84	167	38.1	3.7	1,620	37	16,238	10	2.6	438
85 and older	181	35.1	4.3	2,222	43	21,999	10	4.6	516
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	556	39.9	4.2	5,876	48	66,523	11	3.1	1,393
Disabled	14,566	44.0	3.4	110,914	64	2,122,115	19	2.4	33,107
Adults	19,118	25.0	0.7	55,199	10	785,710	14	2.6	76,360
Children	47,742	23.5	0.5	91,472	8	1,633,587	18	3.3	202,988
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	50,367	28.2	1.0	170,091	16	2,866,107	17	3.0	178,853
Male	31,615	23.4	0.7	93,370	13	1,741,828	19	2.4	134,995
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	55,086	27.6	1.0	194,881	17	3,407,197	17	2.6	199,361
African American	5,565	22.7	0.6	14,404	10	232,600	16	2.3	24,468
Other/unknown	21,331	23.7	0.6	54,176	11	968,138	18	3.3	90,019
Use of Nursing Facilities[d]									
Entire year	478	89.2	15.8	8,472	218	116,677	14	4.1	536
Part year	490	85.7	10.5	6,023	148	84,832	14	2.9	572
None	81,014	25.9	0.8	248,966	14	4,406,426	18	2.7	312,740
Maintenance Assistance Status									
Cash	41,939	31.2	1.2	160,795	20	2,722,895	17	2.7	134,248
Medically needy	1,132	15.7	0.7	4,737	11	76,768	16	2.6	7,198
Poverty related	21,973	19.6	0.3	38,881	6	686,811	18	3.7	112,330
Other/unknown	16,938	28.2	1.0	59,048	19	1,121,461	19	2.4	60,072

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.

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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]

IOWA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$2**	**$17**	**$0**	**$1**	**2,557,266**
Age						
5 and younger	0.1	2	20	0	0	673,573
6-14	0.0	1	21	0	0	780,633
15-20	0.1	1	17	0	0	370,754
21-44	0.1	2	15	0	1	567,292
45-64	0.4	7	17	0	3	153,039
65-74	0.4	6	14	0	1	5,441
75-84	0.5	5	10	0	1	3,548
85 and older	0.7	7	10	0	1	2,986
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.5	6	11	0	1	10,801
Disabled	0.3	6	19	0	3	356,604
Adults	0.1	2	14	0	1	521,630
Children	0.1	1	18	0	0	1,668,231
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	17	0	1	1,438,607
Male	0.1	2	19	0	0	1,118,659
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	17	0	1	1,693,137
African American	0.1	1	16	0	0	200,799
Other/unknown	0.1	1	18	0	0	663,330
Use of Nursing Facilities[d]						
Entire year	1.4	20	14	1	7	5,884
Part year	1.0	15	14	0	5	5,784
None	0.1	2	18	0	0	2,545,598
Maintenance Assistance Status						
Cash	0.1	2	17	0	1	1,125,513
Medically needy	0.1	2	16	0	1	49,583
Poverty related	0.0	1	18	0	0	864,272
Other/unknown	0.1	2	19	0	1	517,898

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.

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 beneficaries 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]

IOWA, 2003

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**99,662**	**$46**	**$4,607,935**	**100.0 %**	**263,461**	**$17**	**100.0 %**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	3	400	1,201	0.0	3	400	0.0
Drugs for cosmetic purposes	264	13	3,382	0.1	320	11	0.1
Cough and cold medications	54,960	38	2,064,562	44.8	98,691	21	37.5
Vitamins and minerals	3,513	138	484,959	10.5	18,560	26	7.0
Non-prescription drugs	25,220	17	423,028	9.2	59,074	7	22.4
Barbiturates	620	89	55,105	1.2	6,040	9	2.3
Benzodiazepines	12,943	99	1,281,777	27.8	74,795	17	28.4
Other Part D Excl Rx Drugs	2,139	137	293,921	6.4	5,978	49	2.3

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 ND11.

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.

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown		All	Aged	Disabled	Adults	Children	Unknown
All	**323,627**	**1,393**	**33,107**	**78,042**	**211,085**	**0**		**2,929,791**	**10,801**	**358,433**	**609,784**	**1,950,773**	**0**
Age													
5 and younger	87,543	0	1,929	185	85,429	0		787,638	0	20,088	1,555	765,995	0
6-14	92,488	0	5,359	88	87,041	0		907,794	0	60,611	807	846,376	0
15-20	46,892	0	4,036	6,501	36,355	0		419,992	0	45,101	51,890	323,001	0
21-44	78,898	0	10,553	66,291	2,054	0		644,533	0	115,041	515,855	13,637	0
45-64	16,295	0	11,114	4,976	205	0		157,859	0	116,424	39,674	1,761	0
65-74	557	477	79	1	0	0		5,441	4,646	792	3	0	0
75-84	438	405	33	0	0	0		3,548	3,205	343	0	0	0
85 and older	516	511	4	0	1	0		2,986	2,950	33	0	3	0
Unknown	0	0	0	0	0	0		0	0	0	0	0	0
Gender													
Female	183,781	940	16,901	61,325	104,615	0		1,648,039	7,185	183,953	488,804	968,097	0
Male	139,846	453	16,206	16,717	106,470	0	0	1,281,752	3,616	174,480	120,980	982,676	0
Unknown	0	0	0	0	0	0		0	0	0	0	0	0
Race													
White	204,717	804	23,651	52,582	127,680	0		1,910,199	6,007	264,200	428,531	1,211,461	0
African American	26,183	32	2,917	6,087	17,147	0	0	253,671	287	31,685	52,063	169,636	0
Other/unknown	92,727	557	6,539	19,373	66,258	0		765,921	4,507	62,548	129,190	569,676	0
Use of Nursing Facilities[c]													
Entire year	536	195	339	0	2	0		5,884	2,055	3,815	0	14	0
Part year	572	117	432	17	6	0		5,812	1,082	4,518	152	60	0
None	322,519	1,081	32,336	78,025	211,077	0		2,918,095	7,664	350,100	609,632	1,950,699	0
Maintenance Assistance Status													
Cash	137,856	402	25,282	45,492	66,680	0		1,293,402	4,356	274,838	375,777	638,431	0
Medically needy	7,198	98	653	5,202	1,245	0		50,775	863	4,537	36,421	8,954	0
Poverty related	117,065	7	6	13,119	103,933	0		1,008,615	68	63	81,499	926,985	0
Other/unknown	61,508	886	7,166	14,229	39,227	0		576,999	5,514	78,995	116,087	376,403	0
Managed Care (MC) Status													
Fee-for-service (FFS) all year	243,201	1,393	32,699	56,149	152,960	0		2,150,902	10,801	353,835	412,446	1,373,820	0
FFS part year, with Rx claims	37,824	0	374	12,173	25,277	0		393,699	0	4,234	118,271	271,194	0
FFS part year, no Rx claims	14,756	0	34	2,587	12,135	0		133,131	0	364	19,286	113,481	0
MC all year, with Rx claims	18,067	0	0	5,451	12,616	0		179,312	0	0	50,026	129,286	0
MC all year, no Rx claims	9,779	0	0	1,682	8,097	0		72,747	0	0	9,755	62,992	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table A.1 includes the beneficiaries represented by Cell J 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.

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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, IOWA, 2003

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	**323,627**	**2,929,791**	**313,848**	**2,557,266**	**0**	**372,525**
Fee-for-service (FFS) all year	243,201	2,150,902	243,201	2,150,902	0	0
FFS part year, with Rx claims	37,824	393,699	37,824	169,902	0	223,797
FFS part year, with no Rx claims	14,756	133,131	14,756	57,150	0	75,981
Managed care (MC) all year, with Rx claims	18,067	179,312	18,067	179,312	0	0
MC all year, with no Rx claims	9,779	72,747	0	0	0	72,747

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.