

**TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
IOWA, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	313,720	100%	91,980	29%	\$1,360,453,636	100%	\$560,407,437	41%
Age								
0-3	47,334	15%	7,849	17%	\$80,735,644	6%	\$3,629,340	5%
4-5	18,324	6%	2,554	14%	\$19,605,148	1%	\$317,868	2%
6-12	56,050	18%	6,906	12%	\$85,431,579	6%	\$1,826,758	2%
13-18	36,497	12%	5,717	16%	\$107,523,230	8%	\$8,206,738	8%
19-21	15,534	5%	3,819	25%	\$48,974,232	4%	\$6,410,942	13%
22-44	73,081	23%	15,192	21%	\$341,935,408	25%	\$55,651,488	16%
45-64	25,030	8%	8,172	33%	\$233,619,164	17%	\$46,079,010	20%
65 and older	41,869	13%	41,770	100%	\$442,617,532	33%	\$438,273,594	99%
Gender								
Female	186,375	59%	59,865	32%	\$804,223,759	59%	\$376,905,017	47%
Male	127,345	41%	32,115	25%	\$556,229,877	41%	\$183,502,420	33%
Race								
White	264,235	84%	81,159	31%	\$1,244,603,808	91%	\$532,596,960	43%
Black	26,676	9%	4,024	15%	\$62,550,524	5%	\$11,167,827	18%
Hispanic	12,488	4%	3,163	25%	\$20,520,066	2%	\$4,092,704	20%
American Indian/Alaskan Native	1,869	1%	338	18%	\$4,193,338	0%	\$706,518	17%
Asian/Pacific Islander	2,035	1%	580	29%	\$4,437,812	0%	\$1,454,032	33%
Other/Unknown	6,417	2%	2,716	42%	\$24,148,088	2%	\$10,389,396	43%
Dual Status								
Aged Duals with Full Medicaid	32,585	10%	32,499	100%	\$422,235,796	31%	\$418,297,140	99%
Disabled Duals with Full Medicaid	18,576	6%	3,386	18%	\$249,727,064	18%	\$52,059,431	21%
Duals with Limited Medicaid	12,689	4%	12,689	100%	\$13,593,261	1%	\$11,932,276	88%
Other Duals	305	0%	132	43%	\$868,307	0%	\$301,071	35%
Disabled Non-Duals	31,206	10%	6,132	20%	\$350,299,938	26%	\$47,724,050	14%
All Other Non-Duals	218,359	70%	37,142	17%	\$323,729,270	24%	\$30,093,469	9%
Eligibility Group								
Aged	38,654	12%	38,622	100%	\$426,196,054	31%	\$423,069,461	99%
Disabled	57,898	18%	17,578	30%	\$621,298,767	46%	\$118,401,074	19%
Adults	63,731	20%	13,384	21%	\$117,370,673	9%	\$11,471,927	10%
Children	153,437	49%	22,396	15%	\$195,588,142	14%	\$7,464,975	4%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 2
 MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
 COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
 IOWA, CALENDAR YEAR 1999**

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	91,980	8,316	9%	\$560,407,437	\$86,811,992	15%
Age						
0-3	7,849	31	0%	\$3,629,340	\$7,182	0%
4-5	2,554	43	2%	\$317,868	\$8,988	3%
6-12	6,906	465	7%	\$1,826,758	\$295,552	16%
13-18	5,717	507	9%	\$8,206,738	\$3,183,978	39%
19-21	3,819	246	6%	\$6,410,942	\$976,079	15%
22-44	15,192	2,053	14%	\$55,651,488	\$10,888,348	20%
45-64	8,172	1,281	16%	\$46,079,010	\$7,828,281	17%
65 and Older	41,770	3,690	9%	\$438,273,594	\$63,623,584	15%
Gender						
Female	59,865	5,116	9%	\$376,905,017	\$55,326,596	15%
Male	32,115	3,200	10%	\$183,502,420	\$31,485,396	17%
Race						
White	81,159	7,819	10%	\$532,596,960	\$83,151,205	16%
Black	4,024	301	7%	\$11,167,827	\$2,151,890	19%
Hispanic	3,163	44	1%	\$4,092,704	\$220,802	5%
American Indian/Alaskan Native	338	29	9%	\$706,518	\$220,397	31%
Asian/Pacific Islander	580	16	3%	\$1,454,032	\$60,823	4%
Other/Unknown	2,716	107	4%	\$10,389,396	\$1,006,875	10%
Dual Status						
Aged Duals with Full Medicaid	32,499	3,358	10%	\$418,297,140	\$60,404,423	14%
Disabled Duals with Full Medicaid	3,386	1,117	33%	\$52,059,431	\$7,628,336	15%
Duals with Limited Medicaid	12,689	1,082	9%	\$11,932,276	\$2,438,493	20%
Other Duals	132	19	14%	\$301,071	\$102,180	34%
Disabled Non-Duals	6,132	1,030	17%	\$47,724,050	\$11,709,175	25%
All Other Non-Duals	37,142	1,710	5%	\$30,093,469	\$4,529,385	15%
Eligibility Group						
Aged	38,622	3,483	9%	\$423,069,461	\$60,650,440	14%
Disabled	17,578	3,217	18%	\$118,401,074	\$23,829,664	20%
Adults	13,384	661	5%	\$11,471,927	\$1,135,597	10%
Children	22,396	955	4%	\$7,464,975	\$1,196,291	16%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
IOWA, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	1,617	19%	24	2%	874	26%	719	19%
Major depression and affective psychoses	1,928	23%	158	12%	966	29%	804	22%
Other psychoses	625	8%	14	1%	101	3%	510	14%
Childhood psychoses	34	0%	18	1%	12	0%	4	0%
Neurotic & other depressive disorders	2,121	26%	197	15%	899	27%	1,025	28%
Personality disorders	102	1%	13	1%	55	2%	34	1%
Other mental disorders	323	4%	10	1%	49	1%	264	7%
Special symptoms or syndromes	183	2%	46	4%	78	2%	59	2%
Stress & adjustment reactions	575	7%	130	10%	230	7%	215	6%
Conduct disorders	230	3%	126	10%	50	2%	54	1%
Emotional disturbances	91	1%	90	7%	1	0%	0	0%
Hyperkinetic syndrome	483	6%	464	36%	19	1%	0	0%
No Diagnosis	4	0%	2	0%	0	0%	2	0%
Total	8,316	100%	1,292	100%	3,334	100%	3,690	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
IOWA, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Mental Health Treatment		Mental Health Treatment			Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
				Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User			
Female	0-3	0	0	0	0	0	0%	0	0	0%	0
	4-5	0	0	0	0	0	0%	0	0	0%	0
	6-12	0	0	0	0	0	0%	0	0	0%	0
	13-18	14	44	39	7	52	23%	17	5	2%	4
	19-21	3	74	24	3	26	17%	11	10	7%	3
	22-44	6	0	117	8	123	11%	7	153	13%	3
	45-64	1	0	43	6	44	6%	5	140	19%	4
	65+	5	18	47	1	52	2%	3	905	33%	0
	All Ages	29	32	270	6	297	6%	8	1,213	24%	1
Male	0-3	0	0	1	19	1	5%	19	0	0%	0
	4-5	0	0	0	0	0	0%	0	2	6%	2
	6-12	12	54	7	8	19	5%	37	4	1%	9
	13-18	22	32	34	6	53	19%	17	4	1%	5
	19-21	1	28	30	6	30	32%	7	9	10%	5
	22-44	9	0	104	8	113	13%	7	141	16%	4
	45-64	7	0	32	8	38	7%	7	114	21%	6
	65+	2	0	12	2	14	1%	1	322	33%	1
	All Ages	53	26	220	7	268	8%	11	596	19%	3
Total	0-3	0	0	1	19	1	3%	19	0	0%	0
	4-5	0	0	0	0	0	0%	0	2	5%	2
	6-12	12	54	7	8	19	4%	37	4	1%	9
	13-18	36	37	73	6	105	21%	17	9	2%	5
	19-21	4	63	54	5	56	23%	9	19	8%	4
	22-44	15	0	221	8	236	12%	7	294	14%	3
	45-64	8	0	75	7	82	6%	6	254	20%	5
	65+	7	13	59	1	66	2%	2	1,227	33%	0
	All Ages	82	28	490	6	565	7%	9	1,809	22%	2

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
IOWA, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	1	11%	0.00	1.00	1.00	402	10%	1.33
	4-5	1	8%	0.00	1.00	1.00	80	7%	1.14
	6-12	13	12%	0.15	1.23	1.38	164	5%	1.20
	13-18	51	22%	0.41	0.88	1.29	188	6%	1.22
	19-21	60	39%	0.55	1.22	1.77	439	15%	1.49
	22-44	398	34%	0.48	2.32	2.80	1,123	12%	1.60
	45-64	258	35%	0.31	2.53	2.84	641	18%	1.87
	65+	1,096	40%	0.15	1.93	2.08	4,611	17%	1.68
	All Ages	1,878	37%	0.26	2.04	2.30	7,648	14%	1.63
Male	0-3	4	18%	0.00	1.00	1.00	513	13%	1.30
	4-5	6	19%	0.00	1.17	1.17	103	8%	1.22
	6-12	31	9%	0.23	0.90	1.13	166	5%	1.22
	13-18	35	13%	0.40	0.89	1.29	118	5%	1.19
	19-21	38	40%	0.82	0.47	1.29	126	20%	1.39
	22-44	272	30%	0.57	1.86	2.44	514	13%	1.77
	45-64	185	34%	0.41	2.12	2.53	577	17%	1.79
	65+	388	40%	0.15	1.98	2.13	1,714	17%	1.78
	All Ages	959	30%	0.36	1.83	2.19	3,831	13%	1.65
Total	0-3	5	16%	0.00	1.00	1.00	915	12%	1.31
	4-5	7	16%	0.00	1.14	1.14	183	7%	1.19
	6-12	44	9%	0.20	1.00	1.20	330	5%	1.21
	13-18	86	17%	0.41	0.88	1.29	306	6%	1.21
	19-21	98	40%	0.65	0.93	1.58	565	16%	1.47
	22-44	670	33%	0.52	2.13	2.65	1,637	12%	1.65
	45-64	443	35%	0.35	2.36	2.71	1,218	18%	1.83
	65+	1,484	40%	0.15	1.94	2.09	6,325	17%	1.71
	All Ages	2,837	34%	0.29	1.97	2.26	11,479	14%	1.63

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
IOWA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	228	3%	4	13%	224	3%
4-5	131	5%	23	53%	108	4%
6-12	948	14%	362	78%	586	9%
13-18	906	16%	353	70%	553	11%
19-21	446	12%	145	59%	301	8%
22-44	3,617	24%	1,514	74%	2,103	16%
45-64	2,656	33%	952	74%	1,704	25%
65+	18,720	45%	3,099	84%	15,621	41%
All Ages	27,653	30%	6,452	78%	21,201	25%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
IOWA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	24	50%	67%	33%	8%	8%	63%	0%
Major depression and affective psychoses	158	61%	28%	22%	13%	14%	45%	7%
Other psychoses	14	21%	43%	21%	14%	14%	43%	21%
Childhood psychoses	18	17%	17%	11%	0%	22%	28%	33%
Neurotic & other depressive disorders	197	59%	11%	18%	3%	6%	22%	19%
Personality disorders	13	54%	62%	46%	15%	8%	62%	8%
Other mental disorders	10	20%	20%	10%	0%	20%	20%	70%
Special symptoms or syndromes	46	28%	4%	11%	2%	13%	11%	37%
Stress & adjustment reactions	130	33%	15%	7%	2%	12%	21%	32%
Conduct disorders	126	38%	22%	8%	4%	13%	25%	33%
Emotional disturbances	90	47%	26%	16%	2%	29%	34%	14%
Hyperkinetic syndrome	464	32%	16%	7%	1%	75%	34%	6%
No Diagnosis	2	0%	0%	0%	0%	50%	0%	0%
Total	1,292	41%	19%	12%	4%	36%	31%	31%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
IOWA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	874	42%	78%	41%	8%	0%	59%	3%
Major depression and affective psychoses	966	65%	38%	47%	13%	3%	57%	5%
Other psychoses	101	42%	57%	39%	7%	0%	45%	6%
Childhood psychoses	12	25%	25%	17%	0%	0%	25%	17%
Neurotic & other depressive disorders	899	66%	17%	47%	2%	1%	46%	8%
Personality disorders	55	65%	42%	44%	9%	0%	60%	5%
Other mental disorders	49	37%	27%	41%	0%	0%	35%	20%
Special symptoms or syndromes	78	53%	13%	38%	0%	3%	37%	26%
Stress & adjustment reactions	230	50%	13%	33%	1%	1%	31%	16%
Conduct disorders	50	32%	44%	34%	6%	0%	42%	6%
Emotional disturbances	1	100%	100%	0%	0%	0%	100%	0%
Hyperkinetic syndrome	19	32%	5%	21%	0%	47%	37%	32%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	3,334	56%	41%	43%	7%	2%	51%	26%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
IOWA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	719	42%	85%	45%	5%	0%	62%	4%
Major depression and affective psychoses	804	81%	47%	59%	9%	2%	73%	2%
Other psychoses	510	45%	45%	38%	0%	1%	42%	23%
Childhood psychoses	4	25%	100%	50%	0%	0%	75%	0%
Neurotic & other depressive disorders	1,025	69%	27%	55%	1%	2%	52%	8%
Personality disorders	34	50%	56%	53%	0%	3%	59%	3%
Other mental disorders	264	39%	36%	37%	0%	0%	36%	32%
Special symptoms or syndromes	59	49%	46%	54%	2%	3%	49%	15%
Stress & adjustment reactions	215	61%	25%	53%	1%	1%	47%	13%
Conduct disorders	54	30%	63%	61%	4%	0%	57%	11%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	2	100%	100%	50%	50%	0%	100%	0%
Total	3,690	59%	47%	50%	3%	1%	56%	16%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).