

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 MONTANA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MONTANA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	96,453 (A)	17,009 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	92,243 (B)	16,386 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	90,889 (C)	16,378 (G)
4. Benes who were all-year nursing facility residents ^f	3,727 (D)	3,526 (H)

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Montana in 1999 was \$53,851,615, of which \$2,243,014 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 0.0 percent were restricted benefit months without a pharmacy benefit in Montana, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 MONTANA, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	90,889	9,266	16,833	15,667	49,122	1	776,897	85,775	169,872	115,924	405,322	4					
Age																	
5 and younger	21,136	0	506	3	20,627	0	170,815	0	4,993	6	165,816	0					
6-14	22,111	0	1,225	1	20,885	0	193,639	0	12,924	2	180,713	0					
15-20	9,376	0	934	838	7,603	1	72,547	0	9,641	4,138	58,764	4					
21-44	19,794	6	6,193	13,592	3	0	163,625	72	63,299	100,237	17	0					
45-64	8,294	11	7,126	1,157	0	0	81,032	129	70,241	10,662	0	0					
65-74	3,424	2,695	682	47	0	0	32,203	24,682	6,979	542	0	0					
75-84	3,431	3,273	136	22	0	0	31,725	30,005	1,456	264	0	0					
85 and older	3,319	3,281	31	7	0	0	31,299	30,887	339	73	0	0					
Unknown	4	0	0	0	4	0	12	0	0	0	12	0					
Gender																	
Female	52,185	6,764	8,792	12,177	24,451	1	444,635	64,371	90,109	88,303	201,848	4					
Male	38,704	2,502	8,041	3,490	24,671	0	332,262	21,404	79,763	27,621	203,474	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	67,686	8,549	14,080	10,841	34,215	1	571,066	78,631	140,551	78,375	273,505	4					
African American	587	21	94	57	415	0	4,724	195	851	317	3,361	0					
Other/unknown	22,616	696	2,659	4,769	14,492	0	201,107	6,949	28,470	37,232	128,456	0					
Use of Nursing Facilities																	
All year	3,727	3,303	422	2	0	0	37,332	32,722	4,586	24	0	0					
Part year	1,595	1,228	346	14	7	0	13,689	10,062	3,379	165	83	0					
None	85,567	4,735	16,065	15,651	49,115	1	725,876	42,991	161,907	115,735	405,239	4					
Maintenance Assistance Status																	
Cash	38,189	1,983	13,284	6,487	16,435	0	351,211	21,851	139,503	50,855	139,002	0					
Medically needy	8,207	5,826	2,348	7	26	0	68,161	49,608	18,395	9	149	0					
Poverty-related	17,141	0	0	2,769	14,372	0	127,771	0	0	13,774	113,997	0					
Other/unknown	27,352	1,457	1,201	6,404	18,289	1	229,754	14,316	11,974	51,286	152,174	4					
Dual Medicare Status^c																	
Full dual, all year	16,378	9,030	6,724	622	2	0	158,165	83,967	67,025	7,149	24	0					
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0					
Non-dual, all year	74,511	236	10,109	15,045	49,120	1	618,732	1,808	102,847	108,775	405,298	4					
Managed Care Status																	
FFS all year	88,639	9,265	16,758	13,794	48,821	1	767,006	85,764	169,400	107,831	404,007	4					
FFS part year, with Rx claims	1,704	1	66	1,443	194	0	7,976	11	442	6,583	940	0					
FFS part year, no Rx claims	546	0	9	430	107	0	1,915	0	30	1,510	375	0					

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C 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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	63.0 %	13.2	\$568	\$43	\$4,149	13.7 %	\$7	90,889
Age								
5 and younger	59.4	2.9	57	19	1,627	3.5	1	21,136
6-14	48.5	3.7	141	38	1,568	9.0	1	22,111
15-20	54.7	4.8	327	68	2,906	11.3	1	9,376
21-44	68.1	13.5	733	54	4,065	18.0	7	19,794
45-64	78.9	36.8	1,763	48	8,370	21.1	26	8,294
65-74	79.7	38.2	1,448	38	7,767	18.6	29	3,424
75-84	87.8	44.9	1,570	35	12,786	12.3	26	3,431
85 and older	92.8	46.5	1,434	31	18,199	7.9	14	3,319
Unknown	25.0	0.5	2	4	851	0.2	1	4
Basis of Eligibility								
Aged	87.5	43.7	1,498	34	13,423	11.2	23	9,266
Disabled	77.9	30.4	1,671	55	8,480	19.7	19	16,833
Adults	64.0	8.3	331	40	2,459	13.4	4	15,667
Children	52.9	3.1	90	29	1,454	6.2	1	49,122
Unknown	0.0	0.0	0	0	163	0.0	0	1
Gender								
Female	66.4	15.7	629	40	4,439	14.2	8	52,185
Male	58.4	9.9	486	49	3,758	12.9	5	38,704
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	70.3	15.9	690	43	4,565	15.1	8	67,686
African American	63.7	8.8	466	53	2,825	16.5	7	587
Other/unknown	41.1	5.1	205	40	2,936	7.0	3	22,616
Use of Nursing Facilities								
Entire year	94.6	57.2	1,927	34	24,885	7.7	25	3,727
Part year	94.2	49.0	1,807	37	17,870	10.1	26	1,595
None	61.0	10.6	486	46	2,990	16.2	6	85,567
Maintenance Assistance Status								
Cash	61.2	13.6	651	48	3,494	18.6	7	38,189
Medically needy	87.1	44.7	1,793	40	14,136	12.7	25	8,207
Poverty related	55.8	2.7	68	25	1,028	6.6	1	17,141
Other/unknown	62.8	9.8	398	41	4,022	9.9	5	27,352

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				37.0 %	39.9 %	6.2 %	9.1 %	5.9 %	1.8 %			
All	1.5	\$66	13.7 %	37.0 %	39.9 %	6.2 %	9.1 %	5.9 %	1.8 %	\$485	90,889	776,897
Age												
5 and younger	0.4	7	3.5	40.6	56.1	2.6	0.7	0.1	0.0	201	21,136	170,815
6-14	0.4	16	9.0	51.5	41.8	3.7	2.5	0.4	0.1	179	22,111	193,639
15-20	0.6	42	11.3	45.3	44.6	5.4	3.9	0.6	0.1	376	9,376	72,547
21-44	1.6	89	18.0	31.9	39.7	9.8	11.4	5.4	1.8	492	19,794	163,625
45-64	3.8	181	21.1	21.1	20.4	10.1	24.0	18.3	6.2	857	8,294	81,032
65-74	4.1	154	18.6	20.3	16.8	10.3	25.2	20.9	6.5	826	3,424	32,203
75-84	4.9	170	12.3	12.2	13.5	9.2	29.7	27.3	8.2	1,383	3,431	31,725
85 and older	4.9	152	7.9	7.2	11.4	10.6	33.3	30.1	7.3	1,930	3,319	31,299
Unknown	0.2	1	0.2	75.0	25.0	0.0	0.0	0.0	0.0	284	4	12
Basis of Eligibility												
Aged	4.7	162	11.2	12.5	13.7	10.1	29.5	26.6	7.6	1,450	9,266	85,775
Disabled	3.0	166	19.7	22.1	27.3	11.3	20.9	14.0	4.4	840	16,833	169,872
Adults	1.1	45	13.4	36.0	42.9	8.6	8.3	3.1	1.1	332	15,667	115,924
Children	0.4	11	6.2	47.1	48.1	3.0	1.5	0.2	0.1	176	49,122	405,322
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	41	1	4
Gender												
Female	1.8	74	14.2	33.6	39.7	6.6	10.3	7.4	2.4	521	52,185	444,635
Male	1.1	57	12.9	41.6	40.1	5.8	7.5	4.0	1.0	438	38,704	332,262
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.9	82	15.1	29.7	42.5	7.2	11.0	7.3	2.3	541	67,686	571,066
African American	1.1	58	16.5	36.3	46.2	6.8	6.8	3.4	0.5	351	587	4,724
Other/unknown	0.6	23	7.0	58.9	32.0	3.2	3.6	1.8	0.5	330	22,616	201,107
Use of Nursing Facilities												
Entire year	5.7	192	7.7	5.4	9.1	8.7	31.6	34.4	10.8	2,484	3,727	37,332
Part year	5.7	211	10.1	5.8	10.3	9.7	32.0	29.9	12.3	2,082	1,595	13,689
None	1.3	57	16.2	39.0	41.8	6.1	7.7	4.3	1.2	352	85,567	725,876
Maintenance Assistance Status												
Cash	1.5	71	18.6	38.8	37.3	7.0	9.9	5.4	1.6	380	38,189	351,211
Medically needy	5.4	216	12.7	12.9	10.9	9.9	29.6	28.0	8.7	1,702	8,207	68,161
Poverty related	0.4	9	6.6	44.2	51.3	3.2	1.1	0.2	0.0	138	17,141	127,771
Other/unknown	1.2	47	9.9	37.2	45.0	6.0	7.0	3.6	1.1	479	27,352	229,754

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

a. Table 4 includes the beneficiaries represented by Cell C 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.

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

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 Montana, 5.9 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MONTANA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
	Patented		Off-Patent		Patented		Off-Patent									
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic		
Anti-infective Agents	0.3	0.1	0.0	0.2	\$9	\$0	\$2	\$37	\$69	\$37	\$11	107,199	\$3,970,082	38,049	41.9%	377,847
Biologics	0.1	0.1	0.0	0.0	19	6	2	227	243	2,122	56	541	122,612	434	0.5	4,599
Antineoplastic Agents	0.6	0.3	0.1	0.2	133	8	10	236	408	84	44	4,308	1,015,648	653	0.7	6,784
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.3	16	3	3	30	47	24	11	104,807	3,136,578	13,812	15.2	138,425
Cardiovascular Agents	1.4	0.4	0.3	0.6	20	11	8	28	49	34	13	170,362	4,818,121	12,332	13.6	124,916
Respiratory Agents	0.5	0.2	0.0	0.3	13	0	5	35	53	31	18	110,085	3,845,970	21,415	23.6	216,619
Gastrointestinal Agents	0.6	0.2	0.1	0.2	42	9	5	68	111	76	22	64,118	4,390,214	10,130	11.1	104,590
Genitourinary Agents	0.4	0.2	0.0	0.2	13	0	3	35	49	35	18	16,116	567,571	4,419	4.9	44,110
CNS Drugs	1.1	0.4	0.2	0.5	45	17	9	65	101	102	19	190,520	12,396,574	17,371	19.1	176,032
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.2	0.3	8	7	11	38	46	42	33	20,663	790,737	2,923	3.2	30,010
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	43	4	1	129	156	92	27	3,945	506,985	1,177	1.3	11,814
Analgesics and Anesthetics	0.7	0.1	0.1	0.5	22	11	4	32	93	74	13	135,455	4,368,093	20,434	22.5	201,120
Neuromuscular Agents	0.9	0.3	0.1	0.5	41	25	6	48	94	45	21	84,768	4,045,968	9,378	10.3	97,816
Nutritional Products	0.4	0.0	0.1	0.3	8	1	4	18	44	29	13	38,897	689,986	9,354	10.3	90,672
Hematological Agents	0.7	0.1	0.4	0.3	71	53	12	102	1,007	31	24	21,212	2,163,768	3,049	3.4	30,588
Topical Products	0.3	0.1	0.0	0.1	7	4	2	25	42	33	12	52,089	1,317,375	19,169	21.1	195,643
Miscellaneous Products	0.3	0.2	0.1	0.1	61	32	5	177	211	262	46	4,963	879,876	1,377	1.5	14,440
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	16	0	0	38	0	0	0	68,852	2,582,443	16,265	17.9	166,326
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.	1,198,900	51,608,601	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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 Montana, 5.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MONTANA, 1999

Top 10 Drug Groups	Users					Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$5,548,795	6.027	65,270	0.7	\$121	\$85		
ANTIDEPRESSANTS	5,320,887	17.0	162,544	0.6	55	33		
ULCER DRUGS	3,406,760	10.0	96,845	0.5	77	35		
ANTICONVULSANT	3,078,359	6.5	63,827	0.8	58	48		
ANALGESICS - Narcotic	2,624,720	24.5	227,479	0.4	29	12		
ANTIASTHMATIC	2,461,957	14.383	149,069	0.4	39	17		
ANTIHYPERTENSIVE	1,584,761	6.209	64,727	0.7	35	24		
ANTIDIABETIC	1,545,282	4.646	48,801	0.8	39	32		
MISC. HEMATOLOGICAL	1,435,214	562	5,786	0.5	502	248		
ANALGESICS - ANTI-INFLAMMATORY	1,308,300	9.885	103,348	0.3	41	13		

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 MONTANA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	515,573	\$28,315,035	6,027	6.6 %	65,270	0.7	\$85	15,450	17.0 %	162,544	0.6	\$33					
Female																	
Disabled																	
5 and younger	342,406	17,287,041	3,509	6.7	37,991	0.6	72	10,716	20.5	112,714	0.6	33					
6-14	160,325	9,378,784	1,894	21.5	21,216	0.7	94	4,796	54.5	53,080	0.6	37					
15-20	331	10,573	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	2,133	105,644	19	4.5	213	0.6	39	71	16.7	808	0.6	29					
45-64	2,515	160,020	45	12.3	519	0.5	58	111	30.3	1,245	0.6	42					
65-74	51,259	3,304,968	869	28.3	9,727	0.7	101	1,901	61.9	20,990	0.6	36					
75-84	94,026	5,347,102	908	21.8	10,143	0.7	91	2,534	61.0	28,018	0.6	38					
85 and older	8,521	386,087	44	10.1	510	0.8	77	155	35.6	1,746	0.6	31					
Other Eligibles																	
5 and younger	1,298	55,189	8	8.2	92	0.6	66	21	21.4	237	0.5	25					
6-14	242	9,201	1	4.5	12	1.0	6	3	13.6	36	0.9	65					
15-20	182,079	7,908,249	1,615	3.7	16,775	0.6	45	5,920	13.6	59,634	0.6	29					
21-44	2,537	58,176	4	0.0	47	0.3	19	23	0.2	250	0.4	12					
45-64	7,709	306,617	87	0.9	978	0.5	30	457	4.5	4,894	0.5	20					
65-74	7,104	260,010	118	2.3	1,136	0.3	21	586	11.3	5,600	0.4	21					
75-84	31,748	1,212,247	296	2.8	2,941	0.4	34	1,901	17.8	18,477	0.4	25					
85 and older	6,272	337,652	68	10.5	777	0.7	84	242	37.5	2,570	0.6	33					
Male																	
Disabled																	
5 and younger	173,167	11,027,994	2,518	6.5	27,279	0.8	103	4,734	12.2	49,830	0.6	33					
6-14	94,708	7,087,636	1,547	19.2	16,920	0.8	126	2,342	29.1	25,480	0.6	35					
15-20	644	24,068	7	2.4	84	0.3	16	3	1.0	36	0.7	11					
21-44	5,959	398,999	127	15.9	1,439	0.7	51	210	26.3	2,384	0.7	32					
45-64	3,715	1,062,323	107	18.8	1,183	0.8	98	144	25.4	1,604	0.6	38					
65-74	37,328	2,883,086	802	25.7	8,846	0.9	147	1,005	32.2	11,020	0.6	36					
75-84	43,104	2,529,144	470	15.8	5,028	0.8	124	914	30.8	9,748	0.6	32					
85 and older	3,373	163,686	22	8.9	217	0.9	38	51	20.6	522	0.7	41					
Other Eligibles																	
5 and younger	440	21,191	9	23.7	92	0.7	61	13	34.2	142	0.6	30					
6-14	145	5,139	3	33.3	31	0.5	31	2	22.2	24	0.8	49					
15-20	78,459	3,940,358	971	3.2	10,359	0.7	66	2,392	7.8	24,350	0.6	31					
21-44	4,025	95,352	9	0.1	96	0.2	32	30	0.3	311	0.5	14					
45-64	13,373	512,024	186	1.7	2,051	0.8	57	763	7.1	8,010	0.6	22					
65-74	5,689	313,092	125	3.8	1,290	0.7	73	362	11.1	3,601	0.5	29					
75-84	10,823	1,000,899	136	4.6	1,517	0.8	121	350	12.0	3,555	0.5	35					
85 and older	5,532	299,845	63	12.0	737	0.8	76	126	24.1	1,387	0.7	55					
Unknown																	
5 and younger	12,867	596,897	132	14.5	1,448	0.7	58	232	25.5	2,393	0.7	31					
6-14	15,461	675,449	185	19.5	1,828	0.7	53	316	33.2	3,021	0.8	39					
15-20	10,689	446,800	135	19.8	1,392	0.6	33	213	31.2	2,072	0.8	37					
21-44	2	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64																	
65-74																	
75-84																	
85 and older																	
All Medicaid Beneficiaries																	

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 MONTANA, 1999

Beneficiary Characteristics	ULCER DRUGS				ANTICONVULSANT				ANALGESICS - Narcotic						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	9,085	10.0 %	96,845	0.5	\$35	5,884	6.5 %	63,827	0.8	\$48	22,248	24.5 %	227,479	0.4	\$12
Female	6,363	12.2	68,145	0.4	35	3,480	6.7	37,724	0.8	45	15,941	30.5	162,484	0.4	11
Disabled	2,669	30.4	29,967	0.4	37	2,107	24.0	23,175	0.8	48	5,728	65.2	63,645	0.5	15
5 and younger	16	7.4	168	0.3	11	18	8.3	171	0.5	23	7	3.2	84	0.1	1
6-14	19	4.5	217	0.2	14	79	18.5	920	0.8	52	32	7.5	363	0.2	2
15-20	45	12.3	496	0.4	25	56	15.3	638	0.9	51	103	28.1	1,159	0.2	4
21-44	829	27.0	9,451	0.4	33	963	31.3	10,546	0.8	54	2,191	71.3	24,392	0.4	11
45-64	1,573	37.8	17,479	0.5	41	914	22.0	10,016	0.8	44	3,071	73.9	33,970	0.5	18
65-74	159	36.6	1,839	0.5	36	64	14.7	730	0.7	24	270	62.1	3,060	0.5	12
75-84	27	27.6	305	0.4	34	11	11.2	130	0.6	23	48	49.0	551	0.4	9
85 and older	1	4.5	12	0.4	32	2	9.1	24	0.6	46	6	27.3	66	0.2	3
Other Eligibles	3,694	8.5	38,178	0.5	33	1,373	3.2	14,549	0.8	40	10,212	23.5	98,832	0.4	9
5 and younger	87	0.9	780	0.2	7	37	0.4	370	0.4	27	211	2.1	2,227	0.1	1
6-14	130	1.3	1,411	0.2	8	133	1.3	1,462	0.8	52	434	4.3	4,609	0.1	1
15-20	218	4.2	2,194	0.2	9	85	1.6	923	0.7	44	1,110	21.4	10,006	0.2	2
21-44	802	7.5	7,868	0.3	17	360	3.4	3,801	0.7	49	4,407	41.3	40,202	0.3	4
45-64	105	16.3	1,122	0.4	34	83	12.9	961	0.9	55	250	38.8	2,592	0.3	6
65-74	628	34.3	6,774	0.5	40	235	12.8	2,468	0.8	40	1,073	58.5	11,108	0.5	15
75-84	836	35.7	8,853	0.6	43	264	11.3	2,781	0.8	29	1,252	53.4	13,006	0.6	20
85 and older	888	34.1	9,176	0.6	45	176	6.8	1,783	0.9	25	1,475	56.6	15,082	0.6	19
Male	2,722	7.0	28,700	0.5	35	2,404	6.2	26,103	0.9	53	6,307	16.3	64,995	0.4	12
Disabled	1,402	17.4	15,392	0.5	37	1,553	19.3	16,982	0.9	53	3,194	39.7	34,360	0.4	17
5 and younger	25	8.6	249	0.3	12	26	9.0	294	0.6	38	22	7.6	246	0.1	1
6-14	24	3.0	284	0.3	18	147	18.4	1,626	0.9	47	56	7.0	655	0.1	1
15-20	21	3.7	230	0.3	19	95	16.7	1,061	0.9	60	104	18.3	1,173	0.2	2
21-44	535	17.1	5,857	0.4	36	741	23.7	8,204	0.8	55	1,470	47.1	15,946	0.4	16
45-64	732	24.7	8,098	0.5	39	521	17.5	5,567	0.9	52	1,419	47.8	15,114	0.5	20
65-74	58	23.5	612	0.4	32	21	8.5	206	1.0	50	109	44.1	1,107	0.5	21
75-84	5	13.2	38	0.9	95	1	2.6	12	1.0	80	13	34.2	107	0.4	6
85 and older	2	22.2	24	1.0	41	1	11.1	12	0.8	7	1	11.1	12	0.1	1
Other Eligibles	1,320	4.3	13,308	0.5	34	851	2.8	9,121	0.9	52	3,113	10.2	30,635	0.3	7
5 and younger	133	1.2	1,218	0.2	7	42	0.4	383	0.7	32	291	2.7	3,043	0.1	1
6-14	96	0.9	988	0.2	14	170	1.6	1,887	0.8	40	497	4.6	5,246	0.1	1
15-20	69	2.1	730	0.2	17	98	3.0	1,043	0.7	58	346	10.6	3,326	0.2	2
21-44	188	6.4	1,893	0.3	27	203	6.9	2,287	1.0	86	809	27.6	7,743	0.4	8
45-64	103	19.7	1,136	0.6	38	93	17.8	1,062	1.0	54	164	31.4	1,668	0.3	6
65-74	233	25.6	2,421	0.5	38	96	10.6	1,027	0.9	39	312	34.3	3,153	0.5	15
75-84	271	28.5	2,695	0.6	45	102	10.7	985	0.8	25	392	41.2	3,598	0.6	15
85 and older	227	33.2	2,227	0.7	47	47	6.9	447	0.9	24	302	44.2	2,858	0.5	13
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	7	0.1	1

Table 7B
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 MONTANA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-HYPERTENSIVE					ANTI-DIABETIC				
	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$
All	14,383	15.8 %	149,069	0.4	\$17	6,209	6.8 %	64,727	0.7	\$25	4,646	5.1 %	48,801	0.8	\$32
Female	8,967	17.2	93,299	0.4	18	3,940	7.6	41,208	0.7	25	3,278	6.3	34,680	0.8	33
Disabled	3,219	36.6	35,239	0.5	21	1,412	16.1	15,525	0.7	23	1,433	16.3	15,813	0.8	36
5 and younger	62	28.7	665	0.2	6	3	1.4	36	0.7	18	2	0.9	24	0.3	7
6-14	82	19.2	907	0.4	17	29	6.8	317	0.6	14	2	0.5	24	2.2	68
15-20	69	18.9	738	0.4	17	11	3.0	128	0.6	15	8	2.2	74	0.9	34
21-44	873	28.4	9,696	0.4	14	215	7.0	2,369	0.6	19	230	7.5	2,551	0.8	35
45-64	1,882	45.3	20,560	0.6	24	965	23.2	10,560	0.7	25	1,032	24.8	11,330	0.8	38
65-74	209	48.0	2,205	0.6	24	155	35.6	1,761	0.6	24	132	30.3	1,496	0.8	31
75-84	34	34.7	384	0.5	16	28	28.6	291	0.8	32	15	15.3	180	0.8	31
85 and older	8	36.4	84	0.6	26	6	27.3	63	0.7	17	12	54.5	134	0.5	12
Other Eligibles	5,748	13.2	58,060	0.4	16	2,528	5.8	25,683	0.8	27	1,845	4.3	18,867	0.8	29
5 and younger	870	8.8	8,900	0.2	4	11	0.1	125	0.4	3	8	0.1	78	0.4	18
6-14	769	7.6	7,989	0.3	9	57	0.6	640	0.6	10	21	0.2	235	0.8	27
15-20	449	8.7	4,230	0.2	7	9	0.2	90	0.5	13	11	0.2	92	0.9	27
21-44	1,021	9.6	9,575	0.3	8	108	1.0	1,025	0.5	14	151	1.4	1,411	0.7	25
45-64	100	15.5	1,084	0.4	17	74	11.5	807	0.7	23	54	8.4	587	0.7	32
65-74	892	48.7	9,290	0.6	26	587	32.0	5,935	0.7	29	512	27.9	5,282	0.8	33
75-84	930	39.7	9,589	0.7	28	854	36.4	8,736	0.8	28	659	28.1	6,849	0.9	32
85 and older	717	27.5	7,403	0.5	22	828	31.8	8,325	0.8	27	429	16.5	4,333	0.8	23
Male	5,416	14.0	55,770	0.4	15	2,269	5.9	23,519	0.7	23	1,368	3.5	14,121	0.8	30
Disabled	1,736	21.6	18,928	0.5	20	1,114	13.9	11,976	0.7	23	752	9.4	8,127	0.8	30
5 and younger	100	34.5	1,090	0.2	7	9	3.1	100	0.6	7	0	0.0	0	0.0	0
6-14	158	19.8	1,763	0.4	17	96	12.0	1,091	0.8	17	5	0.6	56	1.6	45
15-20	78	13.7	872	0.3	10	31	5.5	332	0.6	16	2	0.4	20	0.9	29
21-44	431	13.8	4,814	0.5	16	266	8.5	2,921	0.6	21	211	6.8	2,264	0.8	31
45-64	859	28.9	9,218	0.6	24	640	21.6	6,787	0.7	25	476	16.0	5,169	0.7	30
65-74	104	42.1	1,110	0.6	27	63	25.5	643	0.7	25	44	17.8	450	0.9	33
75-84	6	15.8	61	0.8	19	7	18.4	78	0.8	37	9	23.7	108	0.7	19
85 and older	0	0.0	0	0.0	0	2	22.2	24	0.9	26	5	55.6	60	0.5	15
Other Eligibles	3,680	12.0	36,842	0.4	12	1,155	3.8	11,543	0.7	23	616	2.0	5,994	0.9	29
5 and younger	1,368	12.8	13,701	0.2	4	44	0.4	441	0.4	8	6	0.1	51	0.5	16
6-14	905	8.4	9,312	0.3	9	206	1.9	2,258	0.7	14	12	0.1	95	1.1	37
15-20	203	6.2	1,957	0.3	9	43	1.3	445	0.7	20	7	0.2	81	1.5	60
21-44	140	4.8	1,344	0.3	10	62	2.1	539	0.5	17	39	1.3	381	0.9	37
45-64	47	9.0	530	0.6	24	78	14.9	838	0.7	24	46	8.8	530	0.7	31
65-74	322	35.4	3,280	0.7	30	247	27.2	2,486	0.8	28	196	21.6	1,984	0.8	29
75-84	405	42.6	3,866	0.7	27	295	31.0	2,777	0.8	27	189	19.9	1,695	0.9	27
85 and older	290	42.5	2,852	0.6	22	180	26.4	1,759	0.8	27	121	17.7	1,177	0.9	25
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 MONTANA, 1999

Beneficiary Characteristics	MISC. HEMATOLOGICAL				ANALGESICS - ANTI-INFLAMMATORY						
	No. of Users	Users as % of All Mos among Benes	No. of Bene Users	Mean Rx \$	No. of Users	Users as % of All Mos among Benes	No. of Bene Users	Mean Rx \$	No. of Bene Mos		
All	562	0.6 %	5,786	0.5	9,885	10.9 %	103,348	0.3	\$13	90,889	776,897
Female	383	0.7	3,984	0.5	7,109	13.6	74,081	0.3	14	52,182	444,624
Disabled	125	1.4	1,382	0.4	2,623	29.8	29,431	0.4	19	8,792	90,109
5 and younger	0	0.0	0	0.0	11	5.1	113	0.1	2	216	2,092
6-14	0	0.0	0	0.0	12	2.8	134	0.2	7	426	4,506
15-20	1	0.3	12	0.8	42	11.5	474	0.2	24	366	3,777
21-44	20	0.7	217	0.4	875	28.5	9,847	0.3	13	3,072	31,604
45-64	83	2.0	916	0.4	1,527	36.7	17,066	0.4	23	4,157	42,125
65-74	20	4.6	225	0.4	125	28.7	1,448	0.4	17	435	4,673
75-84	1	1.0	12	0.9	27	27.6	303	0.3	12	98	1,096
85 and older	0	0.0	0	0.0	4	18.2	46	0.1	4	22	236
Other Eligibles	258	0.6	2,602	0.5	4,485	10.3	44,643	0.3	10	43,390	354,515
5 and younger	0	0.0	0	0.0	200	2.0	2,127	0.1	1	9,939	79,971
6-14	0	0.0	0	0.0	266	2.6	2,839	0.1	2	10,163	88,058
15-20	0	0.0	0	0.0	534	10.3	4,883	0.2	2	5,187	37,947
21-44	2	0.0	24	0.3	1,738	16.3	16,098	0.2	4	10,674	78,027
45-64	3	0.5	35	0.5	151	23.4	1,553	0.3	16	645	5,946
65-74	61	3.3	643	0.5	543	29.6	5,831	0.4	22	1,833	17,156
75-84	93	4.0	960	0.6	528	22.5	5,649	0.4	19	2,344	22,403
85 and older	99	3.8	940	0.6	525	20.2	5,663	0.5	18	2,605	25,007
Male	179	0.5	1,802	0.5	2,776	7.2	29,267	0.3	10	38,703	332,261
Disabled	81	1.0	847	0.4	1,305	16.2	14,387	0.3	14	8,041	79,763
5 and younger	0	0.0	0	0.0	10	3.4	120	0.1	1	290	2,901
6-14	3	0.4	23	0.8	17	2.1	200	0.1	1	799	8,418
15-20	3	0.5	36	0.9	49	8.6	520	0.1	2	568	5,864
21-44	10	0.3	111	0.2	554	17.8	6,173	0.3	9	3,121	31,695
45-64	57	1.9	600	0.4	628	21.2	6,818	0.4	17	2,969	28,116
65-74	6	2.4	53	0.4	40	16.2	472	0.4	40	247	2,306
75-84	0	0.0	0	0.0	5	13.2	60	0.2	1	38	360
85 and older	2	22.2	24	0.3	2	22.2	24	0.8	13	9	103
Other Eligibles	98	0.3	955	0.6	1,471	4.8	14,880	0.3	7	30,662	252,498
5 and younger	0	0.0	0	0.0	238	2.2	2,484	0.1	1	10,691	85,851
6-14	0	0.0	0	0.0	198	1.8	2,112	0.1	2	10,723	92,657
15-20	0	0.0	0	0.0	199	6.1	1,926	0.1	2	3,255	24,959
21-44	1	0.0	12	0.8	345	11.8	3,240	0.2	7	2,927	22,299
45-64	3	0.6	36	0.4	75	14.3	806	0.4	10	523	4,845
65-74	28	3.1	276	0.4	157	17.3	1,651	0.4	15	909	8,068
75-84	38	4.0	361	0.5	145	15.2	1,479	0.5	15	951	7,866
85 and older	28	4.1	270	0.7	114	16.7	1,182	0.5	16	683	5,953
Unknown	0	0.0	0	0.0	1	25.0	7	0.1	1	4	12

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 MONTANA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$192	5.7	3,727	37,332
Age				
0-64	284	6.6	346	3,765
65-74	218	6.0	386	3,911
75-84	211	6.1	1,107	10,793
85 and older	158	5.2	1,888	18,863
Unknown	0	0.0	0	0
Gender				
Female	191	5.8	2,680	27,335
Male	197	5.6	1,047	9,997
Unknown	0	0.0	0	0
Race				
White	195	5.8	3,521	35,234
African American	255	7.8	12	112
Other/unknown	142	4.1	194	1,986
Basis of Eligibility				
Aged	182	5.6	3,303	32,722
Disabled	266	6.4	422	4,586
Adults	143	5.5	2	24
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 1,595 beneficiaries who were in nursing facilities for part of their enrollment and their 13,689 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 MONTANA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos	Users			
														Patented Brand-Name	Off-Patent Brand-Name	Generic	
Anti-infective Agents	0.3	0.2	0.0	0.1	\$12	\$10	\$0	\$2	\$38	\$63	\$26	\$11	8,792	\$332,200	2,478	66.5 %	26,671
Biologicals	0.1	0.0	0.0	0.1	2	1	0	2	25	18	0	30	214	5,264	208	5.6	2,250
Antineoplastic Agents	0.8	0.4	0.1	0.2	155	139	8	9	197	342	58	35	713	140,161	86	2.3	902
Endocrine/Metabolic Drugs	1.2	0.4	0.2	0.5	25	16	3	6	21	37	13	11	19,081	399,941	1,542	41.4	16,024
Cardiovascular Agents	1.8	0.3	0.5	0.9	38	13	15	10	21	38	28	11	43,647	922,466	2,364	63.4	24,191
Respiratory Agents	0.9	0.4	0.0	0.5	33	18	1	14	36	49	34	28	13,082	475,339	1,363	36.6	14,491
Gastrointestinal Agents	1.0	0.3	0.3	0.4	51	25	17	9	53	90	65	21	15,658	830,456	1,545	41.5	16,354
Genitourinary Agents	0.6	0.3	0.0	0.3	21	15	1	5	36	53	40	18	4,031	144,111	628	16.9	6,744
CNS Drugs	1.3	0.6	0.2	0.5	70	47	14	8	53	78	80	15	29,981	1,575,260	2,155	57.8	22,520
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.2	0.7	18	1	6	11	20	42	28	17	325	6,528	32	0.9	361
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	92	91	1	1	118	124	74	20	1,136	133,547	141	3.8	1,446
Analgesics and Anesthetics	1.0	0.2	0.1	0.7	32	19	3	9	32	80	47	13	19,529	615,195	1,839	49.3	19,355
Neuromuscular Agents	1.2	0.2	0.3	0.6	48	18	16	13	41	74	51	22	12,125	495,627	967	25.9	10,393
Nutritional Products	0.9	0.0	0.2	0.6	14	0	5	9	16	13	23	14	12,525	202,744	1,333	35.8	14,052
Hematological Agents	1.0	0.1	0.6	0.4	26	8	12	6	25	145	20	17	7,863	197,591	727	19.5	7,574
Topical Products	0.5	0.2	0.1	0.2	13	7	4	3	27	39	35	13	9,677	262,794	1,847	49.6	20,028
Miscellaneous Products	0.2	0.0	0.0	0.1	6	2	1	3	40	57	98	26	473	18,996	269	7.2	2,988
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	21	0	0	0	30	0	0	0	14,222	424,821	1,900	51.0	20,428
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.	213,074	7,183,041	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,595 beneficiaries who were in nursing facilities for part of their enrollment and their 13,689 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 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

In Montana, 5.9 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 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}
 MONTANA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$808,571	1,776	47.7 %	18,971	0.9	\$49	\$43
ULCER DRUGS	679,394	1,296	34.8	14,011	0.7	67	48
ANTIPSYCHOTICS	570,451	910	24.4	9,818	0.7	87	58
ANALGESICS - Narcotic	459,015	1,956	52.5	20,989	0.7	33	22
ANTIASTHMATIC	378,203	1,338	35.9	14,170	0.7	39	27
ANTIHYPERTENSIVE	328,651	1,052	28.2	10,915	0.9	33	30
ANTICONVULSANT	259,788	578	15.5	6,272	1.1	38	41
ANTIDIABETIC	239,782	795	21.3	8,282	0.9	30	29
ANTIPARKINSONIAN	189,471	512	13.7	5,602	0.6	53	34
CALCIUM BLOCKERS	187,934	494	13.3	5,165	0.9	40	36

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,595 beneficiaries who were in nursing facilities for part of their enrollment and their 13,689 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 1999. 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 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} MONTANA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	89,596	\$4,101,260	1,776	47.7 %	18,971	0.9	\$43	1,296	34.8 %	14,011	0.7	\$49
Female	63,785	2,922,889	1,324	49.4	14,239	0.9	43	939	35.0	10,179	0.7	48
Disabled	7,285	402,434	137	60.1	1,582	1.0	55	73	32.0	828	0.8	55
64 or younger	6,193	356,278	119	64.7	1,373	1.0	56	60	32.6	676	0.8	58
65-74	820	32,979	14	42.4	161	1.0	49	9	27.3	104	0.9	42
75-84	171	8,729	2	28.6	24	1.0	63	4	57.1	48	0.6	50
85 and older	101	4,448	2	50.0	24	0.8	66	0	0.0	0	0.0	0
Other Eligibles	56,500	2,520,455	1,187	48.4	12,657	0.9	41	866	35.3	9,351	0.7	48
64 or younger	34	1,433	1	100.0	12	1.2	10	1	100.0	12	0.5	58
65-74	6,002	294,942	132	65.7	1,417	0.9	48	72	35.8	802	0.8	59
75-84	21,008	990,210	408	53.7	4,237	0.9	41	292	38.4	3,161	0.7	45
85 and older	29,456	1,233,870	646	43.4	6,991	0.8	40	501	33.6	5,376	0.7	48
Male	25,811	1,178,371	452	43.2	4,732	0.8	42	357	34.1	3,832	0.7	49
Disabled	6,302	328,178	91	46.9	1,001	0.9	48	77	39.7	880	0.7	50
64 or younger	5,327	279,337	73	45.3	800	0.9	49	65	40.4	760	0.6	50
65-74	737	35,248	12	52.2	129	1.0	53	9	39.1	84	0.5	36
75-84	149	9,921	4	80.0	48	0.4	13	1	20.0	12	1.2	175
85 and older	89	3,672	2	40.0	24	0.8	49	2	40.0	24	1.0	41
Other Eligibles	19,509	850,193	361	42.3	3,731	0.8	41	280	32.8	2,952	0.7	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,860	186,113	72	55.8	805	0.7	33	46	35.7	497	0.6	46
75-84	8,110	347,474	155	46.3	1,530	0.9	47	106	31.6	1,122	0.8	48
85 and older	7,539	316,606	134	34.4	1,396	0.8	39	128	32.9	1,333	0.8	49
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 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,595 beneficiaries who were in nursing facilities for part of their enrollment and their 13,689 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 1999. 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 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 MONTANA, 1999

Beneficiary Characteristics	ANTI-PSYCHOTICS						ANALGESICS - Narcotic						ANTI-ASTHMATIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	910	24.4 %	0.7	9,818	0.7	\$58	1,956	52.5 %	0.7	20,989	0.7	\$22	1,338	35.9 %	0.7	14,170	0.7	\$27
Female	618	23.1	0.7	6,769	0.7	55	1,497	55.9	0.7	16,237	0.7	23	861	32.1	0.6	9,269	0.6	26
Disabled	76	33.3	0.8	845	0.8	108	121	53.1	0.5	1,359	0.5	23	73	32.0	0.9	808	0.9	31
64 or younger	68	37.0	0.8	753	0.8	114	102	55.4	0.5	1,148	0.5	24	59	32.1	0.9	651	0.9	32
65-74	7	21.2	0.6	80	0.6	68	15	45.5	0.7	172	0.7	22	5	15.2	0.3	49	0.3	8
75-84	0	0.0	0.0	0	0.0	0	3	42.9	0.2	27	0.2	3	5	71.4	0.7	60	0.7	40
85 and older	1	25.0	1.0	12	1.0	6	1	25.0	0.3	12	0.3	2	4	100.0	0.8	48	0.8	30
Other Eligibles	542	22.1	0.6	5,924	0.6	48	1,376	56.1	0.7	14,878	0.7	23	788	32.1	0.6	8,461	0.6	25
64 or younger	0	0.0	0.0	0	0.0	0	1	100.0	0.3	12	0.3	1	0	0.0	0.0	0	0.0	0
65-74	57	28.4	0.8	653	0.8	85	120	59.7	0.8	1,238	0.8	20	86	42.8	0.6	842	0.6	25
75-84	222	29.2	0.7	2,414	0.7	54	417	54.9	0.7	4,507	0.7	27	295	38.8	0.8	3,169	0.8	33
85 and older	263	17.7	0.5	2,857	0.5	35	838	56.2	0.7	9,121	0.7	21	407	27.3	0.5	4,450	0.5	20
Male	292	27.9	0.7	3,049	0.7	64	459	43.8	0.6	4,752	0.6	18	477	45.6	0.8	4,901	0.8	29
Disabled	71	36.6	0.9	792	0.9	111	91	46.9	0.5	995	0.5	13	81	41.8	0.9	901	0.9	33
64 or younger	59	36.6	0.9	663	0.9	118	72	44.7	0.5	788	0.5	13	61	37.9	0.9	670	0.9	31
65-74	5	21.7	1.0	50	1.0	85	16	69.6	0.5	171	0.5	18	18	78.3	0.9	207	0.9	41
75-84	5	100.0	0.6	60	0.6	86	2	40.0	0.3	24	0.3	2	2	40.0	0.3	24	0.3	11
85 and older	2	40.0	0.2	19	0.2	20	1	20.0	0.1	12	0.1	1	0	0.0	0.0	0	0.0	0
Other Eligibles	221	25.9	0.6	2,257	0.6	48	368	43.1	0.6	3,757	0.6	20	396	46.4	0.7	4,000	0.7	28
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
65-74	39	30.2	0.8	426	0.8	76	54	41.9	0.7	555	0.7	36	61	47.3	0.9	628	0.9	34
75-84	90	26.9	0.7	863	0.7	51	149	44.5	0.7	1,469	0.7	22	153	45.7	0.8	1,459	0.8	29
85 and older	92	23.7	0.6	968	0.6	32	165	42.4	0.5	1,733	0.5	13	182	46.8	0.7	1,913	0.7	25
Unknown	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,595 beneficiaries who were in nursing facilities for part of their enrollment and their 13,689 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 1999. 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 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 MONTANA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					ANTIDIABETIC						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	1,052	10,915	0.9	\$30	0.9	578	15.5 %	6,272	1.1	1.1	795	21.3 %	8,282	0.9	\$29		
Female	737	7,689	0.9	30	0.9	378	14.1	4,124	1.1	1.1	544	20.3	5,761	0.9	29		
Disabled	42	464	0.8	22	0.8	116	50.9	1,314	1.2	1.2	48	21.1	553	1.1	42		
64 or younger	23	247	0.9	23	0.9	104	56.5	1,171	1.2	1.2	40	21.7	457	1.2	45		
65-74	15	169	0.8	23	0.8	9	27.3	107	1.0	1.0	6	18.2	72	0.7	22		
75-84	4	48	0.4	12	0.4	1	14.3	12	0.8	0.8	1	14.3	12	1.9	47		
85 and older	0	0	0.0	0	0.0	2	50.0	24	0.6	0.6	1	25.0	12	1.0	19		
Other Eligibles	695	7,225	0.9	30	0.9	262	10.7	2,810	1.0	1.0	496	20.2	5,208	0.9	28		
64 or younger	0	0	0.0	0	0.0	1	100.0	12	0.9	0.9	0	0.0	0	0.0	0		
65-74	50	509	0.9	36	0.9	43	21.4	481	1.2	1.2	59	29.4	603	0.9	28		
75-84	242	2,521	1.0	34	1.0	102	13.4	1,096	1.0	1.0	218	28.7	2,348	1.0	33		
85 and older	403	4,195	0.9	28	0.9	116	7.8	1,221	0.9	0.9	219	14.7	2,257	0.8	21		
Male	315	3,226	0.9	31	0.9	200	19.1	2,148	1.1	1.1	251	24.0	2,521	1.0	29		
Disabled	45	518	1.0	33	1.0	106	54.6	1,192	1.3	1.3	34	17.5	393	1.0	29		
64 or younger	37	425	1.0	34	1.0	98	60.9	1,096	1.3	1.3	25	15.5	285	1.0	31		
65-74	7	81	0.9	30	0.9	6	26.1	72	1.0	1.0	6	26.1	72	0.9	25		
75-84	1	12	1.1	31	1.1	1	20.0	12	1.0	1.0	1	20.0	12	1.2	9		
85 and older	0	0	0.0	0	0.0	1	20.0	12	0.8	0.8	2	40.0	24	0.7	24		
Other Eligibles	270	2,708	0.9	31	0.9	94	11.0	956	1.0	1.0	217	25.4	2,128	1.0	29		
64 or younger	0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0		
65-74	43	463	1.0	32	1.0	33	25.6	348	1.0	1.0	40	31.0	433	1.3	42		
75-84	123	1,193	0.9	31	0.9	39	11.6	369	0.9	0.9	83	24.8	757	0.9	27		
85 and older	104	1,052	0.9	30	0.9	22	5.7	239	1.0	1.0	94	24.2	938	0.9	25		
Unknown	0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0		

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,595 beneficiaries who were in nursing facilities for part of their enrollment and their 13,689 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 1999. 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 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 MONTANA, 1999

Beneficiary Characteristics	ANTIPARKINSONIAN					CALCIUM BLOCKERS					Bene Mos among All-Year NF Residents		
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean		All-Year NF Residents	
	No. of Users	Residents	No. of Users	NF Residents		No. of Rx	Rx \$	No. of Users	Residents			No. of Rx	Rx \$
All	512	13.7 %	5,602	0.6	0.6	\$34	494	13.3 %	5,165	0.9	\$36	3,727	37,332
Female	325	12.1	3,648	0.6	0.6	34	381	14.2	4,013	0.9	37	2,680	27,335
Disabled	45	19.7	518	0.5	0.5	14	19	8.3	210	0.8	32	228	2,516
64 or younger	40	21.7	468	0.5	0.5	14	11	6.0	114	0.7	30	184	2,029
65-74	4	12.1	47	0.8	0.8	12	6	18.2	72	0.8	32	33	364
75-84	1	14.3	3	0.3	0.3	2	2	28.6	24	1.0	46	7	75
85 and older	0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	4	48
Other Eligibles	280	11.4	3,130	0.7	0.7	38	362	14.8	3,803	0.9	37	2,452	24,819
64 or younger	0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	29	14.4	329	0.6	0.6	31	22	10.9	240	0.9	40	201	2,007
75-84	122	16.1	1,387	0.7	0.7	49	117	15.4	1,239	0.9	39	760	7,674
85 and older	129	8.7	1,414	0.6	0.6	29	223	15.0	2,324	0.9	35	1,490	15,126
Male	187	17.9	1,954	0.7	0.7	33	113	10.8	1,152	0.9	36	1,047	9,997
Disabled	43	22.2	504	0.5	0.5	17	18	9.3	216	0.9	39	194	2,070
64 or younger	38	23.6	444	0.5	0.5	18	16	9.9	192	0.9	41	161	1,724
65-74	4	17.4	48	0.5	0.5	12	0	0.0	0	0.0	0	23	231
75-84	1	20.0	12	1.1	1.1	8	1	20.0	12	1.1	15	5	60
85 and older	0	0.0	0	0.0	0.0	0	1	20.0	12	1.2	38	5	55
Other Eligibles	144	16.9	1,450	0.7	0.7	38	95	11.1	936	0.9	36	853	7,927
64 or younger	0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	24	18.6	280	0.6	0.6	39	17	13.2	180	1.0	39	129	1,309
75-84	67	20.0	641	0.7	0.7	33	43	12.8	432	1.0	36	335	2,984
85 and older	53	13.6	529	0.7	0.7	45	35	9.0	324	0.8	34	389	3,634
Unknown	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 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,595 beneficiaries who were in nursing facilities for part of their enrollment and their 13,689 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 1999. 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 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
MONTANA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	92,243	9,267	16,922	16,718	49,335	1	799,862	85,782	171,166	134,412	408,498	4
Age												
5 and younger	21,190	0	507	3	20,680	0	171,725	0	4,999	6	166,720	0
6-14	22,236	0	1,233	1	21,002	0	195,360	0	13,012	2	182,346	0
15-20	9,421	0	935	839	7,646	1	73,240	0	9,680	4,153	59,403	4
21-44	20,790	6	6,240	14,541	3	0	181,287	72	64,029	117,169	17	0
45-64	8,427	11	7,158	1,258	0	0	83,004	129	70,672	12,203	0	0
65-74	3,425	2,696	682	47	0	0	32,209	24,688	6,979	542	0	0
75-84	3,431	3,273	136	22	0	0	31,726	30,006	1,456	264	0	0
85 and older	3,319	3,281	31	7	0	0	31,299	30,887	339	73	0	0
Unknown	4	0	0	0	4	0	12	0	0	0	12	0
Gender												
Female	53,183	6,765	8,854	13,004	24,559	1	461,584	64,378	91,011	102,681	203,510	4
Male	39,060	2,502	8,068	3,714	24,776	0	338,278	21,404	80,155	31,731	204,988	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	68,712	8,549	14,157	11,611	34,394	1	587,333	78,632	141,662	91,147	275,888	4
African American	603	21	94	72	416	0	5,029	195	851	580	3,403	0
Other/unknown	22,928	697	2,671	5,035	14,525	0	207,500	6,955	28,653	42,685	129,207	0
Use of Nursing Facilities												
All year	3,727	3,303	422	2	0	0	37,332	32,722	4,586	24	0	0
Part year	1,596	1,228	347	14	7	0	13,702	10,063	3,391	165	83	0
None	86,920	4,736	16,153	16,702	49,328	1	748,828	42,997	163,189	134,223	408,415	4
Maintenance Assistance Status												
Cash	38,865	1,984	13,373	6,989	16,519	0	363,528	21,857	140,756	60,653	140,262	0
Medically needy	8,207	5,826	2,348	7	26	0	68,184	49,608	18,418	9	149	0
Poverty related	17,179	0	0	2,774	14,405	0	128,452	0	0	13,986	114,466	0
Other/unknown	27,992	1,457	1,201	6,948	18,385	1	239,698	14,317	11,992	59,764	153,621	4
Dual Status^c												
Full dual, all year	16,386	9,031	6,725	628	2	0	158,318	83,973	67,081	7,240	24	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Non-dual, all year	75,857	236	10,197	16,090	49,333	1	641,544	1,809	104,085	127,172	408,474	4
Managed Care Status												
FFS all year	88,639	9,265	16,758	13,794	48,821	1	767,006	85,764	169,400	107,831	404,007	4
FFS part year, with Rx claims	1,704	1	66	1,443	194	0	16,253	12	711	13,645	1,885	0
FFS part year, no Rx claims	546	0	9	430	107	0	4,100	0	59	3,285	756	0
MC all year, with Rx claims	1,036	1	77	831	127	0	10,282	6	890	8,073	1,313	0
MC all year, no Rx claims	318	0	12	220	86	0	2,221	0	106	1,578	537	0

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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
 MONTANA, 1999

	Bene Mos in Cell B of Table 1		Bene Mos and		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	92,243	799,862	90,889	776,897	1,354	22,965		
FFS all year	88,639	767,006	88,639	767,006	0	0		
FFS part year, with Rx claims	1,704	16,253	1,704	7,976	0	8,277		
FFS part year, with no Rx claims	546	4,100	546	1,915	0	2,185		
MC all year, with Rx claims	1,036	10,282	0	0	1,036	10,282		
MC all year, with no Rx claims	318	2,221	0	0	318	2,221		

Source: Data for this table are from the MAX 1999 file for Montana, released by CMS in 12/2003. This table was produced on 06/25/2004.

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