

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 NORTH DAKOTA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH DAKOTA, 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	61,806 (A)	14,182 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	61,033 (B)	13,427 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	60,558 (C)	13,427 (G)
4. Benes who were all-year nursing facility residents ^f	4,182 (D)	4,032 (H)

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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 North Dakota in 1999 was \$32,834,003, of which \$88,411 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 1.3 percent were restricted benefit months without a pharmacy benefit in North Dakota, 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown		All	Aged	Disabled	Adults	Children	Other/Unknown	
All	60,558	9,067	9,046	11,572	30,873	0		522,198	88,396	94,389	84,636	254,777	0	
Age														
5 and younger	12,629	0	199	3	12,427	0		100,087	0	2,001	23	98,063	0	
6-14	13,911	0	506	1	13,404	0		122,410	0	5,413	9	116,988	0	
15-20	6,505	0	398	1,205	4,902	0		51,366	0	4,083	8,186	39,097	0	
21-44	13,611	0	3,847	9,624	140	0		112,068	0	40,711	70,728	629	0	
45-64	4,725	3	3,991	731	0	0		46,750	36	41,086	5,628	0	0	
65-74	2,467	2,359	102	6	0	0		24,650	23,541	1,059	50	0	0	
75-84	3,071	3,067	3	1	0	0		30,179	30,141	36	2	0	0	
85 and older	3,638	3,638	0	0	0	0		34,678	34,678	0	0	0	0	
Unknown	1	0	0	1	0	0		10	0	0	10	0	0	
Gender														
Female	36,504	6,396	4,637	10,537	14,934	0		314,261	63,416	49,261	78,308	123,276	0	
Male	24,047	2,671	4,409	1,035	15,932	0		207,904	24,980	45,128	6,328	131,468	0	
Unknown	7	0	0	0	7	0		33	0	0	0	33	0	
Race														
White	45,178	8,600	7,604	8,222	20,752	0		388,005	83,507	79,764	58,570	166,164	0	
African American	1,048	12	93	164	779	0		8,304	137	799	1,159	6,209	0	
Other/unknown	14,332	455	1,349	3,186	9,342	0		125,889	4,752	13,826	24,907	82,404	0	
Use of Nursing Facilities														
All year	4,182	3,883	299	0	0	0		40,429	37,304	3,125	0	0	0	
Part year	1,101	922	171	7	1	0		10,200	8,403	1,718	67	12	0	
None	55,275	4,262	8,576	11,565	30,872	0		471,569	42,689	89,546	84,569	254,765	0	
Maintenance Assistance Status														
Cash	19,734	2,274	6,090	3,673	7,697	0		185,621	25,682	65,720	27,940	66,279	0	
Medically needy	17,266	6,601	2,842	2,475	5,348	0		144,434	60,723	27,530	16,456	39,725	0	
Poverty-related	10,620	191	114	1,367	8,948	0		80,350	1,987	1,139	7,358	69,866	0	
Other/unknown	12,938	1	0	4,057	8,880	0		111,793	4	0	32,882	78,907	0	
Dual Medicare Status^c														
Full dual, all year	13,086	8,624	4,412	47	3	0		131,201	83,949	46,904	320	28	0	
Full dual, part year	341	214	127	0	0	0		3,570	2,272	1,298	0	0	0	
Non-dual, all year	47,131	229	4,507	11,525	30,870	0		387,427	2,175	46,187	84,316	254,749	0	
Managed Care Status														
FFS all year	59,695	9,067	9,041	11,330	30,257	0		518,803	88,396	94,354	83,747	252,306	0	
FFS part year, with Rx claims	563	0	5	182	376	0		2,396	0	35	696	1,665	0	
FFS part year, no Rx claims	300	0	0	60	240	0		999	0	0	193	806	0	

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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}
 NORTH DAKOTA, 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 Beneficiaries
All	63.9 %	13.9	\$541	\$39	\$5,664	9.5 %	\$8	60,558
Age								
5 and younger	58.8	2.9	61	21	1,358	4.5	1	12,629
6-14	53.1	3.7	140	38	1,579	8.8	1	13,911
15-20	55.6	4.8	182	38	3,202	5.7	2	6,505
21-44	65.6	12.0	589	49	6,290	9.4	6	13,611
45-64	74.3	33.0	1,550	47	13,085	11.8	27	4,725
65-74	74.9	38.4	1,463	38	10,717	13.6	34	2,467
75-84	84.7	44.5	1,533	35	13,432	11.4	29	3,071
85 and older	93.2	46.6	1,426	31	18,663	7.6	20	3,638
Unknown	100.0	8.0	145	18	1,194	12.1	0	1
Basis of Eligibility								
Aged	85.4	43.6	1,465	34	14,801	9.9	27	9,067
Disabled	78.0	30.4	1,577	52	15,782	10.0	21	9,046
Adults	60.0	6.1	204	33	1,902	10.7	3	11,572
Children	55.0	3.2	92	29	1,425	6.4	1	30,873
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	66.3	15.7	577	37	5,565	10.4	10	36,504
Male	60.3	11.2	486	44	5,814	8.4	7	24,047
Unknown	42.9	0.7	10	14	1,456	0.7	0	7
Race								
White	68.1	16.6	657	40	6,677	9.8	9	45,178
African American	60.0	5.1	172	34	1,810	9.5	2	1,048
Other/unknown	51.0	5.8	201	35	2,752	7.3	6	14,332
Use of Nursing Facilities								
Entire year	96.7	55.3	1,885	34	26,827	7.0	27	4,182
Part year	96.5	50.3	1,753	35	17,941	9.8	30	1,101
None	60.8	10.0	415	42	3,818	10.9	6	55,275
Maintenance Assistance Status								
Cash	67.5	17.3	752	43	5,848	12.9	13	19,734
Medically needy	65.3	23.1	863	37	10,955	7.9	13	17,266
Poverty related	54.1	2.6	62	23	1,029	6.0	1	10,620
Other/unknown	64.6	5.5	182	33	2,126	8.6	2	12,938

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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				1.5 %
All	1.6	\$63	9.5 %	36.1 %	39.7 %	6.4 %	9.9 %	6.4 %	1.5 %	\$657	60,558	522,198
Age												
5 and younger	0.4	8	4.5	41.2	55.1	2.5	1.0	0.1	0.0	171	12,629	100,087
6-14	0.4	16	8.8	46.9	46.3	3.7	2.7	0.3	0.1	180	13,911	122,410
15-20	0.6	23	5.7	44.4	45.1	5.8	4.2	0.4	0.1	406	6,505	51,366
21-44	1.5	72	9.4	34.4	40.9	9.6	10.2	4.0	0.9	764	13,611	112,068
45-64	3.3	157	11.8	25.7	20.3	10.9	22.7	16.0	4.5	1,323	4,725	46,750
65-74	3.8	146	13.6	25.1	15.1	9.1	23.8	20.6	6.2	1,073	2,467	24,650
75-84	4.5	156	11.4	15.3	12.9	8.9	28.2	27.9	6.8	1,367	3,071	30,179
85 and older	4.9	150	7.6	6.8	10.5	9.4	36.0	31.4	6.0	1,958	3,638	34,678
Unknown	0.8	15	12.1	0.0	100.0	0.0	0.0	0.0	0.0	119	1	10
Basis of Eligibility												
Aged	4.5	150	9.9	14.6	12.5	9.2	30.2	27.2	6.3	1,518	9,067	88,396
Disabled	2.9	151	10.0	22.0	26.2	12.3	22.4	13.8	3.4	1,513	9,046	94,389
Adults	0.8	28	10.7	40.0	45.2	7.8	5.5	1.3	0.3	260	11,572	84,636
Children	0.4	11	6.4	45.0	49.5	3.3	1.9	0.2	0.0	173	30,873	254,777
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.8	67	10.4	33.7	39.4	6.7	10.8	7.5	1.9	646	36,504	314,261
Male	1.3	56	8.4	39.7	40.1	5.9	8.5	4.9	1.0	673	24,047	207,904
Unknown	0.2	2	0.7	57.1	42.9	0.0	0.0	0.0	0.0	309	7	33
Race												
White	1.9	77	9.8	31.9	38.9	7.3	12.0	8.1	1.9	777	45,178	388,005
African American	0.6	22	9.5	40.0	49.8	4.4	4.7	1.1	0.0	229	1,048	8,304
Other/unknown	0.7	23	7.3	49.0	41.4	3.8	3.7	1.5	0.5	313	14,332	125,889
Use of Nursing Facilities												
Entire year	5.7	195	7.0	3.3	8.1	8.6	33.4	36.9	9.8	2,775	4,182	40,429
Part year	5.4	189	9.8	3.5	10.7	9.1	34.2	34.3	8.2	1,937	1,101	10,200
None	1.2	49	10.9	39.2	42.6	6.2	7.6	3.6	0.8	448	55,275	471,569
Maintenance Assistance Status												
Cash	1.8	80	12.9	32.5	37.9	7.9	12.7	7.3	1.7	622	19,734	185,621
Medically needy	2.8	103	7.9	34.7	25.8	6.6	15.9	13.8	3.2	1,310	17,266	144,434
Poverty related	0.3	8	6.0	45.9	49.4	3.2	1.3	0.1	0.0	136	10,620	80,350
Other/unknown	0.6	21	8.6	35.4	52.8	6.3	4.7	0.6	0.2	246	12,938	111,793

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	1.6	\$63	\$39	0.6	\$37	\$68	0.3	\$12	\$44	0.7	\$11	\$15
Age												
5 and younger	0.4	8	21	0.1	4	40	0.0	0	24	0.2	3	11
6-14	0.4	16	38	0.1	9	65	0.0	3	66	0.2	4	17
15-20	0.6	23	38	0.2	15	62	0.1	4	46	0.3	4	14
21-44	1.5	72	49	0.6	46	83	0.2	14	62	0.6	10	16
45-64	3.3	157	47	1.3	96	76	0.6	31	55	1.3	23	17
65-74	3.8	146	38	1.4	87	63	0.7	26	39	1.6	26	16
75-84	4.5	156	35	1.5	88	59	0.9	30	35	1.9	30	15
85 and older	4.9	150	31	1.4	80	58	1.0	30	30	2.2	31	14
Unknown	0.8	15	18	0.1	4	38	0.3	8	27	0.4	3	7
Basis of Eligibility												
Aged	4.5	150	34	1.4	84	60	0.9	29	34	2.0	29	15
Disabled	2.9	151	52	1.1	94	84	0.5	31	63	1.2	21	18
Adults	0.8	28	33	0.3	18	59	0.1	4	42	0.4	5	12
Children	0.4	11	29	0.1	7	51	0.0	1	40	0.2	3	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.8	67	37	0.6	40	64	0.3	12	41	0.8	12	15
Male	1.3	56	44	0.4	33	75	0.2	11	52	0.6	10	17
Unknown	0.2	2	14	0.0	1	35	0.0	0	0	0.1	1	8
Race												
White	1.9	77	40	0.7	46	68	0.3	15	44	0.8	13	16
African American	0.6	22	34	0.2	14	65	0.1	3	39	0.3	4	13
Other/unknown	0.7	23	35	0.2	13	63	0.1	4	46	0.3	5	15
Use of Nursing Facilities												
Entire year	5.7	195	34	1.7	109	62	1.1	36	34	2.6	40	15
Part year	5.4	189	35	1.7	108	62	1.0	36	35	2.3	36	15
None	1.2	49	42	0.4	30	70	0.2	9	51	0.5	8	15
Maintenance Assistance												
Status												
Cash	1.8	80	43	0.7	48	73	0.3	16	53	0.8	13	16
Medically needy	2.8	103	37	0.9	60	66	0.5	19	39	1.2	18	15
Poverty related	0.3	8	23	0.1	5	43	0.0	1	31	0.2	2	12
Other/unknown	0.6	21	33	0.2	13	56	0.1	3	42	0.3	4	14

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 5 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.

Table 5

All Medicaid Beneficiaries

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 North Dakota, 8.2 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}
 NORTH DAKOTA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users								
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
														Brand-Name	Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.2	\$9	\$7	\$0	\$2	\$32	\$59	\$51	\$11	75,461	\$2,448,624	26,852	44.3 %	271,145
Biologics	0.1	0.1	0.0	0.0	20	1	5	14	187	11	815	564	151	28,238	121	0.2	1,412
Antineoplastic Agents	0.7	0.3	0.1	0.2	93	75	9	9	143	227	85	41	2,736	391,634	406	0.7	4,191
Endocrine/Metabolic Drugs	0.7	0.3	0.2	0.2	18	11	4	3	24	39	18	11	73,385	1,774,780	9,717	16.0	99,896
Cardiovascular Agents	1.5	0.4	0.4	0.8	38	17	12	9	25	43	31	12	157,428	3,901,260	9,913	16.4	102,574
Respiratory Agents	0.5	0.2	0.0	0.2	16	11	0	5	34	50	26	19	67,882	2,294,245	13,748	22.7	141,934
Gastrointestinal Agents	0.6	0.3	0.1	0.3	39	26	7	6	61	94	76	22	41,785	2,557,904	6,228	10.3	65,397
Genitourinary Agents	0.4	0.2	0.0	0.2	14	11	0	3	36	48	32	19	13,408	478,858	3,296	5.4	34,357
CNS Drugs	1.1	0.5	0.2	0.4	69	45	16	7	62	88	99	16	138,834	8,609,516	12,161	20.1	125,087
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.1	0.3	21	5	6	11	35	38	44	31	11,784	412,622	1,939	3.2	19,583
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	40	36	2	2	91	108	90	21	2,497	227,487	542	0.9	5,670
Analgesics and Anesthetics	0.5	0.1	0.1	0.3	19	11	4	4	37	77	55	14	62,682	2,293,654	11,689	19.3	118,333
Neuromuscular Agents	0.9	0.4	0.2	0.4	47	33	7	8	52	87	41	21	57,458	2,985,818	5,928	9.8	63,313
Nutritional Products	0.6	0.0	0.2	0.4	12	1	6	5	19	22	27	14	25,542	474,706	4,082	6.7	40,842
Hematological Agents	0.7	0.1	0.4	0.3	37	19	13	5	49	353	31	17	19,424	958,880	2,518	4.2	26,096
Topical Products	0.3	0.1	0.0	0.2	8	4	1	2	26	43	32	14	43,455	1,145,846	14,040	23.2	146,330
Miscellaneous Products	0.6	0.2	0.2	0.2	113	67	35	10	183	294	212	46	1,730	316,375	268	0.4	2,805
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	13	0	0	0	33	0	0	0	44,266	1,445,145	10,744	17.7	112,846
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.	839,908	32,745,592	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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 North Dakota, 8.2 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}
 NORTH DAKOTA, 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	\$4,052,340	4,587 7.6 %	48,852	0.8	\$104	\$83	
ANTIDEPRESSANTS	3,599,910	11,164 18.4	115,779	0.6	52	31	
ANTICONVULSANT	2,521,823	4,385 7.2	47,790	0.9	60	53	
ULCER DRUGS	2,097,958	5,770 9.5	61,224	0.5	73	34	
ANTIASTHMATIC	1,400,296	8,787 14.5	90,765	0.4	36	15	
ANTIHYPERTENSIVE	1,244,461	5,199 8.6	54,732	0.7	32	23	
ANALGESICS - Narcotic	1,132,072	10,634 17.6	108,492	0.3	32	10	
ANTIDIABETIC	1,024,742	3,581 5.9	37,691	0.8	34	27	
ANALGESICS - ANTI-INFLAMMATORY	927,532	6,877 11.4	73,029	0.3	44	13	
CALCIUM BLOCKERS	763,100	2,363 3.9	24,795	0.7	42	31	

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	
All	362,378	\$18,764,234	4,587	7.6 %	48,852	\$83	11,164	18.4 %	115,779	\$31	0.6				
Female	239,638	11,876,847	2,657	7.3	28,664	73	7,739	21.2	80,359	31	0.6				
Disabled	83,641	5,113,700	1,139	24.6	12,984	103	2,326	50.2	25,873	38	0.7				
5 and younger	254	16,979	0	0.0	0	0	2	2.3	24	7	0.5				
6-14	1,145	52,657	9	4.8	94	48	23	12.3	250	26	0.6				
15-20	1,342	73,700	26	15.4	289	54	38	22.5	435	26	0.5				
21-44	30,139	2,047,880	517	27.5	5,851	104	1,020	54.3	11,249	39	0.6				
45-64	48,809	2,832,929	567	25.2	6,530	107	1,213	53.9	13,593	39	0.7				
65-74	1,897	87,393	20	31.3	220	54	30	46.9	322	38	0.7				
75-84	55	2,162	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				
Other Eligibles	155,997	6,763,147	1,518	4.8	15,680	48	5,413	17.0	54,486	28	0.6				
5 and younger	1,529	26,803	4	0.1	32	3	18	0.3	180	15	0.5				
6-14	4,745	175,043	70	1.1	731	47	340	5.2	3,520	17	0.4				
15-20	5,184	210,849	81	2.3	818	25	516	14.7	5,066	21	0.4				
21-44	21,032	828,921	156	1.8	1,510	16	1,658	18.7	15,856	22	0.4				
45-64	3,116	133,032	8	1.5	88	4	151	27.7	1,516	30	0.5				
65-74	28,189	1,378,038	244	16.7	2,698	73	539	36.8	5,961	35	0.7				
75-84	41,146	1,837,112	394	19.1	4,145	59	886	42.9	9,275	33	0.7				
85 and older	51,056	2,173,349	561	19.6	5,658	40	1,305	45.5	13,112	34	0.8				
Male	122,740	6,887,387	1,930	8.0	20,188	98	3,425	14.2	35,420	31	0.6				
Disabled	58,473	4,048,319	1,024	23.2	11,339	130	1,306	29.6	14,328	35	0.6				
5 and younger	503	23,746	0	0.0	0	0	1	0.9	12	20	0.8				
6-14	2,812	139,415	50	15.7	571	75	82	25.7	908	20	0.5				
15-20	1,779	111,272	42	18.3	452	93	53	23.1	593	25	0.5				
21-44	25,543	2,045,623	531	27.0	5,907	147	635	32.3	7,060	38	0.6				
45-64	26,934	1,686,449	394	22.6	4,334	119	524	30.1	5,632	34	0.6				
65-74	901	41,807	7	18.4	75	46	11	28.9	123	50	0.9				
75-84	1	7	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				
Other Eligibles	64,267	2,839,068	906	4.6	8,849	56	2,119	10.8	21,092	28	0.6				
5 and younger	2,623	53,971	11	0.2	120	8	27	0.4	301	13	0.4				
6-14	9,307	384,208	162	2.4	1,660	63	601	8.8	6,395	19	0.5				
15-20	4,521	225,436	98	3.8	922	82	366	14.2	3,411	23	0.5				
21-44	1,808	78,494	20	2.3	158	31	114	13.0	967	19	0.4				
45-64	608	24,004	3	1.6	21	6	23	12.2	207	12	0.4				
65-74	13,993	670,490	164	18.2	1,692	70	259	28.7	2,743	38	0.7				
75-84	18,088	813,535	246	24.5	2,340	48	385	38.4	3,607	36	0.8				
85 and older	13,319	588,930	202	26.2	1,936	42	344	44.6	3,461	36	0.8				
Unknown	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 North Dakota, released by CMS in 11/2003. 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_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 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$
All	4,385	7.2 %	47,790	0.9	\$53	5,770	9.5 %	61,224	0.5	\$34	8,787	14.5 %	90,765	0.4	\$15
Female	2,485	6.8	27,110	0.8	48	3,952	10.8	42,101	0.5	34	5,371	14.7	55,808	0.4	16
Disabled	1,285	27.7	14,570	0.9	63	1,120	24.2	12,708	0.4	36	1,331	28.7	14,947	0.5	20
5 and younger	16	18.4	178	0.7	83	6	6.9	53	0.3	14	20	23.0	236	0.1	3
6-14	61	32.6	703	0.9	48	15	8.0	166	0.2	8	28	15.0	302	0.4	11
15-20	44	26.0	502	0.9	61	21	12.4	233	0.3	20	36	21.3	409	0.4	14
21-44	588	31.3	6,742	0.9	72	401	21.3	4,573	0.4	33	436	23.2	4,879	0.5	17
45-64	562	25.0	6,285	1.0	56	637	28.3	7,244	0.5	39	773	34.4	8,728	0.6	22
65-74	13	20.3	148	1.1	48	38	59.4	415	0.5	34	38	59.4	393	0.9	44
75-84	1	50.0	12	0.1	3	2	100.0	24	0.4	33	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	1,200	3.8	12,540	0.7	31	2,832	8.9	29,393	0.5	34	4,040	12.7	40,861	0.4	14
5 and younger	15	0.3	172	0.4	9	69	1.2	612	0.2	4	583	9.8	5,788	0.2	3
6-14	90	1.4	956	0.5	22	70	1.1	741	0.2	9	466	7.1	4,795	0.2	8
15-20	86	2.4	872	0.5	32	145	4.1	1,526	0.2	9	290	8.2	2,799	0.2	7
21-44	214	2.4	2,059	0.4	24	567	6.4	5,695	0.2	18	860	9.7	8,155	0.3	9
45-64	30	5.5	315	0.3	15	65	11.9	657	0.4	36	79	14.5	785	0.3	9
65-74	227	15.5	2,559	0.9	51	448	30.6	4,975	0.5	37	531	36.3	5,874	0.6	25
75-84	265	12.8	2,801	0.8	28	609	29.5	6,511	0.6	42	601	29.1	6,279	0.6	25
85 and older	273	9.5	2,806	0.8	26	859	30.0	8,676	0.6	44	630	22.0	6,386	0.6	21
Male	1,900	7.9	20,680	0.9	59	1,818	7.6	19,123	0.5	35	3,416	14.2	34,957	0.4	15
Disabled	1,179	26.7	13,223	1.0	73	742	16.8	8,332	0.5	37	750	17.0	8,159	0.6	20
5 and younger	12	10.7	134	0.8	77	20	17.9	203	0.6	26	52	46.4	563	0.4	13
6-14	96	30.1	1,082	0.8	42	16	5.0	192	0.2	9	91	28.5	1,022	0.4	17
15-20	60	26.2	646	0.9	58	17	7.4	194	0.5	18	22	9.6	252	0.5	23
21-44	605	30.7	6,912	1.0	80	286	14.5	3,311	0.5	35	211	10.7	2,369	0.4	13
45-64	399	22.9	4,366	1.0	71	392	22.5	4,314	0.5	40	363	20.8	3,829	0.7	26
65-74	7	18.4	83	1.3	78	11	28.9	118	0.7	68	11	28.9	124	1.3	50
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	721	3.7	7,457	0.8	34	1,076	5.5	10,791	0.5	33	2,666	13.6	26,798	0.4	13
5 and younger	24	0.4	245	0.6	22	91	1.4	852	0.2	5	894	13.9	8,948	0.2	4
6-14	173	2.5	1,927	0.6	31	70	1.0	746	0.1	6	641	9.4	6,613	0.3	8
15-20	95	3.7	921	0.6	32	53	2.0	496	0.2	12	201	7.8	1,983	0.3	10
21-44	23	2.6	180	0.5	33	44	5.0	337	0.3	21	50	5.7	452	0.5	19
45-64	11	5.8	103	0.4	10	22	11.6	223	0.4	34	8	4.2	59	0.4	13
65-74	140	15.5	1,515	1.0	49	234	25.9	2,513	0.5	36	246	27.3	2,585	0.6	24
75-84	167	16.7	1,712	0.9	31	297	29.6	3,002	0.6	45	354	35.3	3,508	0.7	27
85 and older	88	11.4	854	0.9	26	265	34.4	2,622	0.6	38	272	35.3	2,650	0.6	28
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - Narcotic					ANTIDIABETIC				
	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	5,199	8.6 %	54,732	0.7	\$23	10,634	17.6 %	108,492	0.3	\$10	3,581	5.9 %	37,691	0.8	\$27
Female	3,267	8.9	34,658	0.7	23	7,970	21.8	81,448	0.3	10	2,486	6.8	26,399	0.8	27
Disabled	682	14.7	7,602	0.7	23	1,901	41.0	21,268	0.4	15	716	15.4	7,910	0.8	31
5 and younger	3	3.4	33	1.1	10	5	5.7	46	0.3	2	1	1.1	12	1.6	15
6-14	19	10.2	208	0.7	8	9	4.8	101	0.1	1	1	0.5	11	0.7	29
15-20	8	4.7	96	0.6	8	43	25.4	459	0.2	3	3	1.8	36	1.4	42
21-44	138	7.3	1,559	0.6	21	823	43.8	9,215	0.3	12	140	7.5	1,579	0.8	36
45-64	486	21.6	5,413	0.7	25	980	43.6	11,002	0.4	18	549	24.4	6,058	0.8	30
65-74	27	42.2	281	0.7	19	40	62.5	433	0.6	17	21	32.8	202	0.7	23
75-84	1	50.0	12	0.7	5	1	50.0	12	0.4	7	1	50.0	12	1.0	14
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	2,585	8.1	27,056	0.7	23	6,069	19.0	60,180	0.3	9	1,770	5.6	18,489	0.8	26
5 and younger	16	0.3	178	0.6	7	98	1.6	1,070	0.1	1	1	0.0	6	0.8	37
6-14	91	1.4	970	0.5	10	207	3.2	2,137	0.1	1	7	0.1	82	0.9	23
15-20	23	0.7	201	0.5	12	570	16.2	5,505	0.1	2	10	0.3	89	1.2	27
21-44	94	1.1	878	0.5	15	2,632	29.6	25,017	0.2	4	146	1.6	1,299	0.7	28
45-64	44	8.1	423	0.5	15	177	32.5	1,850	0.4	7	63	11.6	652	0.5	20
65-74	492	33.6	5,396	0.7	23	531	36.3	5,832	0.4	14	440	30.1	4,775	0.8	27
75-84	801	38.8	8,628	0.7	25	707	34.2	7,413	0.4	17	571	27.7	6,076	0.9	26
85 and older	1,024	35.7	10,382	0.8	25	1,147	40.0	11,356	0.5	17	532	18.6	5,510	0.8	23
Male	1,932	8.0	20,074	0.7	22	2,664	11.1	27,044	0.3	11	1,095	4.6	11,292	0.8	27
Disabled	636	14.4	6,978	0.7	24	1,057	24.0	11,354	0.4	13	434	9.8	4,665	0.8	32
5 and younger	8	7.1	76	0.5	8	10	8.9	112	0.1	2	0	0.0	0	0.0	0
6-14	60	18.8	695	0.7	18	19	6.0	223	0.1	3	1	0.3	3	2.0	47
15-20	17	7.4	198	0.7	18	21	9.2	243	0.3	6	1	0.4	12	0.8	10
21-44	177	9.0	1,967	0.7	23	464	23.6	5,088	0.3	12	127	6.5	1,374	0.9	37
45-64	357	20.5	3,861	0.7	26	529	30.4	5,546	0.4	15	294	16.9	3,160	0.8	30
65-74	17	44.7	181	0.8	29	13	34.2	130	0.2	2	11	28.9	116	1.0	22
75-84	0	0.0	0	0.0	0	1	100.0	12	0.1	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,296	6.6	13,096	0.7	21	1,607	8.2	15,690	0.3	9	661	3.4	6,627	0.8	24
5 and younger	36	0.6	375	0.6	9	135	2.1	1,421	0.1	1	2	0.0	24	0.3	8
6-14	281	4.1	2,945	0.6	11	221	3.2	2,282	0.1	1	10	0.1	112	0.6	20
15-20	59	2.3	568	0.5	11	228	8.8	2,269	0.1	2	14	0.5	124	1.2	25
21-44	22	2.5	181	0.7	20	188	21.4	1,486	0.3	14	19	2.2	166	0.8	19
45-64	21	11.1	178	0.5	14	47	24.9	472	0.2	5	16	8.5	140	0.6	21
65-74	275	30.5	2,939	0.7	25	219	24.3	2,262	0.3	10	217	24.1	2,310	0.8	27
75-84	346	34.5	3,536	0.8	26	302	30.1	2,979	0.5	17	249	24.8	2,565	0.8	24
85 and older	256	33.2	2,374	0.8	26	267	34.6	2,519	0.4	15	134	17.4	1,186	0.8	22
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 North Dakota, released by CMS in 11/2003. 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				CALCIUM BLOCKERS				Mean Rx \$	Mean No. of Rx	No. of Bene Mos	
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx				
All	6,877	11.4 %	73,029	0.3	\$13	2,363	3.9 %	24,795	0.7	\$31	60,558	522,198
Female	5,177	14.2	54,927	0.3	13	1,753	4.8	18,525	0.7	30	36,503	314,251
Disabled	1,348	29.1	15,373	0.3	16	371	8.0	4,074	0.7	30	4,637	49,261
5 and younger	6	6.9	66	0.1	1	0	0.0	0	0.0	0	87	902
6-14	6	3.2	72	0.3	13	1	0.5	12	1.0	42	187	1,972
15-20	31	18.3	354	0.2	5	3	1.8	31	0.3	6	169	1,769
21-44	552	29.4	6,307	0.3	10	77	4.1	857	0.6	25	1,879	20,176
45-64	738	32.8	8,416	0.4	20	271	12.0	2,987	0.7	32	2,249	23,749
65-74	15	23.4	158	0.4	17	17	26.6	163	0.9	31	64	669
75-84	0	0.0	0	0.0	0	2	100.0	24	0.8	43	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	3,829	12.0	39,554	0.3	12	1,382	4.3	14,451	0.8	30	31,866	264,990
5 and younger	105	1.8	1,083	0.1	1	0	0.0	0	0.0	0	5,971	47,000
6-14	175	2.7	1,890	0.1	2	3	0.0	36	0.1	1	6,550	57,012
15-20	373	10.6	3,643	0.2	3	8	0.2	72	0.2	5	3,521	26,971
21-44	1,435	16.2	14,024	0.2	5	72	0.8	661	0.4	14	8,884	66,223
45-64	114	20.9	1,164	0.2	10	26	4.8	252	0.7	33	545	4,391
65-74	441	30.1	5,053	0.4	22	239	16.3	2,573	0.7	29	1,463	14,826
75-84	512	24.8	5,624	0.4	20	464	22.5	5,011	0.8	33	2,065	20,820
85 and older	674	23.5	7,073	0.4	21	570	19.9	5,846	0.8	31	2,867	27,747
Male	1,700	7.1	18,102	0.3	12	610	2.5	6,270	0.7	32	24,047	207,904
Disabled	660	15.0	7,386	0.3	15	218	4.9	2,359	0.7	34	4,409	45,128
5 and younger	6	5.4	69	0.1	2	0	0.0	0	0.0	0	112	1,099
6-14	12	3.8	138	0.4	7	0	0.0	0	0.0	0	319	3,441
15-20	20	8.7	228	0.3	9	2	0.9	24	0.4	41	229	2,314
21-44	296	15.0	3,281	0.2	10	64	3.3	697	0.7	35	1,968	20,535
45-64	317	18.2	3,567	0.3	19	149	8.6	1,603	0.7	34	1,742	17,337
65-74	9	23.7	103	0.4	22	3	7.9	35	0.9	35	38	390
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,040	5.3	10,716	0.3	11	392	2.0	3,911	0.7	31	19,638	162,776
5 and younger	124	1.9	1,239	0.1	1	1	0.0	11	0.1	4	6,452	51,053
6-14	136	2.0	1,471	0.1	2	1	0.0	12	0.7	19	6,855	59,985
15-20	155	6.0	1,529	0.1	2	2	0.1	24	0.1	1	2,586	20,312
21-44	106	12.0	927	0.2	7	10	1.1	97	0.3	5	880	5,134
45-64	25	13.2	261	0.3	12	8	4.2	66	0.5	19	189	1,273
65-74	154	17.1	1,687	0.4	17	113	12.5	1,188	0.8	33	902	8,765
75-84	179	17.8	1,958	0.4	18	158	15.8	1,601	0.7	31	1,003	9,323
85 and older	161	20.9	1,644	0.4	21	99	12.8	912	0.8	31	771	6,931
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	43

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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}
 NORTH DAKOTA, 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	\$195	5.7	4,182	40,429
Age				
0-64	259	6.2	276	2,883
65-74	268	6.8	431	4,362
75-84	213	6.1	1,126	10,850
85 and older	164	5.3	2,349	22,334
Unknown	0	0.0	0	0
Gender				
Female	186	5.7	2,910	28,504
Male	216	5.8	1,272	11,925
Unknown	0	0.0	0	0
Race				
White	194	5.7	4,077	39,378
African American	37	2.3	1	12
Other/unknown	246	5.8	104	1,039
Basis of Eligibility				
Aged	189	5.7	3,883	37,304
Disabled	264	6.3	299	3,125
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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 1,101 beneficiaries who were in nursing facilities for part of their enrollment and their 10,200 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}
 NORTH DAKOTA, 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.	Mos				
Anti-infective Agents	0.3	0.2	0.0	0.2	\$15	\$13	\$0	\$2	\$43	\$68	\$41	\$12	10,199	\$437,987	2,831	67.7 %	29,184
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	21	10	0	29	22	468	20	0.5	229
Antineoplastic Agents	0.7	0.4	0.1	0.2	96	70	17	8	137	196	117	41	628	85,804	93	2.2	898
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.4	22	14	4	4	20	39	14	10	17,876	364,474	1,639	39.2	16,278
Cardiovascular Agents	1.9	0.4	0.5	1.0	38	13	14	12	20	35	27	11	56,775	1,121,647	3,002	71.8	29,597
Respiratory Agents	0.9	0.3	0.0	0.5	32	16	0	15	37	47	24	30	11,220	410,843	1,263	30.2	12,816
Gastrointestinal Agents	1.0	0.4	0.1	0.5	52	32	10	10	54	90	71	21	14,917	804,189	1,544	36.9	15,520
Genitourinary Agents	0.6	0.3	0.0	0.3	22	17	0	5	36	51	34	19	4,889	177,410	767	18.3	7,969
CNS Drugs	1.5	0.8	0.2	0.5	76	58	11	7	52	74	74	14	38,412	2,011,394	2,649	63.3	26,392
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.1	0.7	17	0	3	14	23	0	40	21	321	7,373	42	1.0	437
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.1	71	69	0	1	96	104	88	22	899	86,451	123	2.9	1,222
Analgesics and Anesthetics	0.8	0.3	0.1	0.4	30	18	5	7	38	70	52	16	14,872	562,305	1,881	45.0	18,575
Neuromuscular Agents	1.0	0.3	0.2	0.5	39	19	9	11	39	64	39	23	14,201	547,808	1,361	32.5	14,089
Nutritional Products	0.9	0.0	0.3	0.5	15	0	7	7	17	12	26	13	11,655	202,531	1,380	33.0	13,689
Hematological Agents	1.0	0.1	0.6	0.3	31	14	11	6	32	212	20	18	8,943	285,644	928	22.2	9,271
Topical Products	0.5	0.2	0.1	0.2	14	8	3	4	27	42	34	15	11,899	326,937	2,154	51.5	22,708
Miscellaneous Products	0.2	0.1	0.0	0.2	16	9	2	5	66	146	136	32	180	11,860	78	1.9	750
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	22	0	0	0	32	0	0	0	13,465	437,411	1,941	46.4	20,057
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.	231,373	7,882,536	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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 1,101 beneficiaries who were in nursing facilities for part of their enrollment and their 10,200 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 North Dakota, 8.2 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}
 NORTH DAKOTA, 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	\$977,472	2,437	58.3 %	24,735	0.8	\$48	\$40
ANTIPSYCHOTICS	774,653	1,343	32.1	13,667	0.7	78	57
ULCER DRUGS	646,827	1,347	32.2	13,629	0.7	70	47
ANTIHYPERTENSIVE	377,403	1,387	33.2	13,828	0.9	32	27
ANTICONVULSANT	359,933	889	21.3	9,275	1.0	39	39
ANALGESICS - Narcotic	332,208	1,699	40.6	16,638	0.5	37	20
ANTIASTHMATIC	331,051	1,241	29.7	12,327	0.7	38	27
ANTIIDIABETIC	253,039	971	23.2	9,781	0.9	28	26
CALCIUM BLOCKERS	239,012	688	16.5	6,909	0.9	38	35
ANTIANSIETY AGENTS	232,681	1,112	26.6	11,048	0.6	34	21

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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 1,101 beneficiaries who were in nursing facilities for part of their enrollment and their 10,200 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} NORTH DAKOTA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx \$
All	100,121	\$4,524,279	2,437	58.3 %	0.8	24,735	0.8	\$40	1,343	32.1 %	13,667	0.7	\$57		
Female	68,507	3,049,324	1,691	58.1	0.8	17,334	0.8	39	875	30.1	9,125	0.7	57		
Disabled	4,544	215,697	94	66.7	0.9	1,036	0.9	54	43	30.5	482	0.9	72		
64 or younger	3,998	187,468	86	66.2	0.9	948	0.9	53	32	24.6	350	1.0	75		
65-74	546	28,229	8	72.7	1.0	88	1.0	58	11	100.0	132	0.7	65		
75-84	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		
Other Eligibles	63,963	2,833,627	1,597	57.7	0.8	16,298	0.8	38	832	30.0	8,643	0.7	56		
64 or younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	8,002	413,187	158	73.1	0.9	1,698	0.9	45	103	47.7	1,109	0.9	92		
75-84	19,380	878,123	481	66.7	0.8	4,892	0.8	38	282	39.1	2,966	0.8	63		
85 and older	36,581	1,542,317	958	52.3	0.8	9,708	0.8	37	447	24.4	4,568	0.6	43		
Male	31,614	1,474,955	746	58.6	0.8	7,401	0.8	40	468	36.8	4,542	0.7	56		
Disabled	5,157	277,726	104	65.8	0.8	1,097	0.8	45	50	31.6	517	0.7	95		
64 or younger	4,723	255,229	97	66.4	0.8	1,014	0.8	44	48	32.9	494	0.7	96		
65-74	433	22,490	7	63.6	1.0	83	1.0	53	2	18.2	23	0.7	74		
75-84	1	7	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		
Other Eligibles	26,457	1,197,229	642	57.6	0.8	6,304	0.8	39	418	37.5	4,025	0.7	51		
64 or younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	5,832	285,947	129	66.8	0.8	1,328	0.8	41	92	47.7	907	0.7	66		
75-84	10,697	464,641	248	61.4	0.8	2,300	0.8	40	160	39.6	1,515	0.7	47		
85 and older	9,928	446,641	265	51.3	0.8	2,676	0.8	38	166	32.1	1,603	0.7	46		
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 North Dakota, released by CMS in 11/2003. 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 1,101 beneficiaries who were in nursing facilities for part of their enrollment and their 10,200 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTIHYPERTENSIVE						ANTICONVULSANT							
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %				
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx		
All	1,347	13,629	0.7	1,387	13,828	0.9	889	9,275	0.9	889	21.3 %	889	9,275	1.0	889	21.3 %	889	9,275	1.0	\$39
Female	890	9,054	0.7	957	9,674	0.9	521	5,494	0.9	521	17.9	521	5,494	1.0	521	17.9	521	5,494	1.0	37
Disabled	50	512	0.7	30	299	1.0	64	677	1.0	64	45.4	64	677	1.2	64	45.4	64	677	1.2	55
64 or younger	43	436	0.7	26	267	1.1	58	605	1.1	58	44.6	58	605	1.2	58	44.6	58	605	1.2	55
65-74	7	76	0.8	4	32	0.8	6	72	0.8	6	54.5	6	72	1.1	6	54.5	6	72	1.1	54
75-84	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
85 and older	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
Other Eligibles	840	8,542	0.7	927	9,375	0.8	457	4,817	0.8	457	16.5	457	4,817	0.9	457	16.5	457	4,817	0.9	35
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	84	876	0.7	69	716	0.8	96	1,071	0.8	96	44.4	96	1,071	1.1	96	44.4	96	1,071	1.1	53
75-84	221	2,278	0.7	275	2,813	0.8	154	1,626	0.8	154	21.4	154	1,626	0.9	154	21.4	154	1,626	0.9	31
85 and older	535	5,388	0.7	583	5,846	0.9	207	2,120	0.9	207	11.3	207	2,120	0.9	207	11.3	207	2,120	0.9	28
Male	457	4,575	0.6	430	4,154	0.9	368	3,781	0.9	368	28.9	368	3,781	1.0	368	28.9	368	3,781	1.0	41
Disabled	53	599	0.7	48	485	0.9	100	1,059	0.9	100	63.3	100	1,059	1.1	100	63.3	100	1,059	1.1	58
64 or younger	49	552	0.7	42	422	0.9	98	1,036	0.9	98	67.1	98	1,036	1.1	98	67.1	98	1,036	1.1	57
65-74	4	47	1.0	6	63	0.8	2	23	0.8	2	18.2	2	23	1.3	2	18.2	2	23	1.3	92
75-84	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
85 and older	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
Other Eligibles	404	3,976	0.6	382	3,669	0.9	268	2,722	0.9	268	24.1	268	2,722	1.0	268	24.1	268	2,722	1.0	35
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	76	815	0.5	66	678	0.9	79	829	0.9	79	40.9	79	829	1.1	79	40.9	79	829	1.1	43
75-84	153	1,468	0.7	150	1,454	0.8	119	1,200	0.8	119	29.5	119	1,200	1.0	119	29.5	119	1,200	1.0	35
85 and older	175	1,693	0.6	166	1,537	0.8	70	693	0.8	70	13.5	70	693	0.9	70	13.5	70	693	0.9	26
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 North Dakota, released by CMS in 11/2003. 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 1,101 beneficiaries who were in nursing facilities for part of their enrollment and their 10,200 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					ANTIDIABETIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,699	40.6 %	16,638	0.5	\$20	1,241	29.7 %	12,327	0.7	\$27	971	23.2 %	9,781	0.9	\$26
Female	1,236	42.5	12,116	0.6	21	754	25.9	7,543	0.6	24	657	22.6	6,727	0.9	27
Disabled	65	46.1	674	0.6	20	39	27.7	419	0.9	36	30	21.3	325	0.9	23
64 or younger	55	42.3	562	0.6	17	33	25.4	355	1.0	36	29	22.3	321	0.9	24
65-74	10	90.9	112	1.0	36	6	54.5	64	0.8	34	1	9.1	4	0.3	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,171	42.3	11,442	0.5	21	715	25.8	7,124	0.6	23	627	22.6	6,402	0.9	27
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	119	55.1	1,219	0.7	32	111	51.4	1,169	0.6	21	84	38.9	826	0.9	28
75-84	275	38.1	2,698	0.5	23	188	26.1	1,863	0.7	26	206	28.6	2,094	1.0	29
85 and older	777	42.4	7,525	0.5	19	416	22.7	4,092	0.6	22	337	18.4	3,482	0.9	26
Male	463	36.4	4,522	0.5	17	487	38.3	4,784	0.8	32	314	24.7	3,054	0.9	24
Disabled	61	38.6	667	0.4	13	55	34.8	592	0.9	31	35	22.2	390	1.1	27
64 or younger	54	37.0	598	0.4	14	48	32.9	516	0.9	26	32	21.9	354	1.1	28
65-74	6	54.5	57	0.4	3	7	63.6	76	1.3	64	3	27.3	36	1.2	16
75-84	1	100.0	12	0.1	1	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	402	36.1	3,855	0.5	18	432	38.8	4,192	0.8	32	279	25.0	2,664	0.9	23
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	73	37.8	736	0.4	12	64	33.2	694	0.7	31	73	37.8	716	0.9	26
75-84	151	37.4	1,457	0.6	21	168	41.6	1,641	0.8	33	118	29.2	1,196	0.9	23
85 and older	178	34.4	1,662	0.4	17	200	38.7	1,857	0.7	32	88	17.0	752	0.8	22
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 1999 file for North Dakota, released by CMS in 11/2003. 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 1,101 beneficiaries who were in nursing facilities for part of their enrollment and their 10,200 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 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}
 NORTH DAKOTA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTI-ANXIETY AGENTS					Bene Mos among All-Year NF Residents	
	Users as %		Mean		No. of Bene Mos among Users	Users as %		Mean		No. of Bene Mos among Users		
	No. of Users	Residents	Rx	Rx-\$		No. of Users	Residents	Rx	Rx-\$			
All	688	16.5 %	0.9	\$35	6,909	1,112	26.6 %	0.6	\$21	11,048	4,182	40,429
Female	509	17.5	0.9	34	5,208	784	26.9	0.6	20	7,865	2,910	28,504
Disabled	19	13.5	1.0	32	206	43	30.5	0.7	18	435	141	1,482
64 or younger	16	12.3	1.1	35	178	40	30.8	0.7	18	415	130	1,358
65-74	3	27.3	1.0	13	28	3	27.3	0.8	23	20	11	124
75-84	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
Other Eligibles	490	17.7	0.9	34	5,002	741	26.8	0.6	20	7,430	2,769	27,022
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
65-74	42	19.4	0.9	37	436	72	33.3	0.7	20	702	216	2,207
75-84	145	20.1	1.0	37	1,497	210	29.1	0.7	23	2,037	721	7,102
85 and older	303	16.5	0.9	33	3,069	459	25.1	0.6	19	4,691	1,832	17,713
Male	179	14.1	0.8	36	1,701	328	25.8	0.6	23	3,183	1,272	11,925
Disabled	21	13.3	1.0	45	213	54	34.2	0.6	33	597	158	1,643
64 or younger	18	12.3	1.0	47	178	51	34.9	0.6	34	569	146	1,525
65-74	3	27.3	0.9	35	35	3	27.3	0.3	4	28	11	106
75-84	0	0.0	0.0	0	0	0	0.0	0.0	0	0	1	12
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
Other Eligibles	158	14.2	0.8	34	1,488	274	24.6	0.6	21	2,586	1,114	10,282
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
65-74	36	18.7	0.9	42	369	58	30.1	0.6	33	560	193	1,925
75-84	56	13.9	0.8	31	540	113	28.0	0.6	18	1,031	404	3,736
85 and older	66	12.8	0.8	32	579	103	19.9	0.6	18	995	517	4,621
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 North Dakota, released by CMS in 11/2003. 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 1,101 beneficiaries who were in nursing facilities for part of their enrollment and their 10,200 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}
NORTH DAKOTA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	61,033	9,067	9,046	11,685	31,235	530,860	88,396	94,413	86,729	261,322	0
Age											
5 and younger	12,766	0	199	3	12,564	0	0	2,006	23	100,762	0
6-14	14,085	0	506	1	13,578	0	0	5,414	9	120,019	0
15-20	6,558	0	398	1,210	4,950	0	0	4,083	8,396	39,894	0
21-44	13,713	0	3,847	9,723	143	0	0	40,729	72,509	647	0
45-64	4,734	3	3,991	740	0	0	36	41,086	5,730	0	0
65-74	2,467	2,359	102	6	0	0	23,541	1,059	50	0	0
75-84	3,071	3,067	3	1	0	0	30,179	36	2	0	0
85 and older	3,638	3,638	0	0	0	0	34,678	0	0	0	0
Unknown	1	0	0	1	0	10	0	0	10	0	0
Gender											
Female	36,788	6,396	4,637	10,648	15,107	0	319,528	63,416	49,279	80,354	126,479
Male	24,238	2,671	4,409	1,037	16,121	0	211,299	24,980	45,134	6,375	134,810
Unknown	7	0	0	0	7	33	0	0	0	0	33
Race											
White	45,531	8,600	7,604	8,313	21,014	0	394,514	83,507	79,778	60,256	170,973
African American	1,080	12	93	165	810	0	8,749	137	804	1,186	6,622
Other/unknown	14,422	455	1,349	3,207	9,411	0	127,597	4,752	13,831	25,287	83,727
Use of Nursing Facilities											
All year	4,182	3,883	299	0	0	0	40,429	37,304	3,125	0	0
Part year	1,101	922	171	7	1	10,200	8,403	1,718	67	12	0
None	55,750	4,262	8,576	11,678	31,234	0	480,231	42,689	89,570	86,662	261,310
Maintenance Assistance Status											
Cash	19,819	2,274	6,090	3,697	7,758	0	187,450	25,682	65,744	28,471	67,553
Medically needy	17,322	6,601	2,842	2,483	5,396	0	145,621	60,723	27,530	16,687	40,681
Poverty related	10,733	191	114	1,378	9,050	0	82,163	1,987	1,139	7,487	71,550
Other/unknown	13,159	1	0	4,127	9,031	0	115,626	4	0	34,084	81,538
Dual Status^c											
Full dual, all year	13,086	8,624	4,412	47	3	0	131,201	83,949	46,904	320	28
Full dual, part year	341	214	127	0	0	0	3,570	2,272	1,298	0	0
Non-dual, all year	47,606	229	4,507	11,638	31,232	0	396,089	2,175	46,211	86,409	261,294
Managed Care Status											
FFS all year	59,695	9,067	9,041	11,330	30,257	0	518,803	88,396	94,354	83,747	252,306
FFS part year, with Rx claims	563	0	5	182	376	0	5,451	0	59	1,628	3,764
FFS part year, no Rx claims	300	0	0	60	240	0	2,244	0	0	409	1,835
MC all year, with Rx claims	328	0	0	91	237	0	3,312	0	0	861	2,451
MC all year, no Rx claims	147	0	0	22	125	0	1,050	0	0	84	966

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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
 NORTH DAKOTA, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		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
All	61,033	530,860	60,558	522,198	475	8,662
FFS all year	59,695	518,803	59,695	518,803	0	0
FFS part year, with Rx claims	563	5,451	563	2,396	0	3,055
FFS part year, with no Rx claims	300	2,244	300	999	0	1,245
MC all year, with Rx claims	328	3,312	0	0	328	3,312
MC all year, with no Rx claims	147	1,050	0	0	147	1,050

Source: Data for this table are from the MAX 1999 file for North Dakota, released by CMS in 11/2003. 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.