

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 MONTANA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MONTANA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	103,574 (A)	17,877 (E)	85,697 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	88,954 (B)	16,929 (F)	72,025 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	88,861 (C)	16,929 (G)	71,932 (K)
4. Benes who were all-year nursing facility residents ^f	3,586 (D)	3,406 (H)	180 (L)

Source: Data for this table are from the MAX 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Montana in 2001 was \$71,916,452, of which \$4,683,079 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.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 D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. 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 non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible 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, 2001

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	88,861	9,339	17,361	6,711	55,443	7	789,047	85,878	176,198	49,260	477,672	39					
Age																	
5 and younger	23,258	0	561	0	22,697	0	196,270	0	5,619	0	190,651	0					
6-14	23,401	0	1,130	2	22,269	0	212,776	0	12,171	19	200,586	0					
15-20	11,220	0	1,006	933	9,281	0	91,656	0	10,383	4,887	76,386	0					
21-44	12,484	7	5,990	5,296	1,188	3	110,623	84	61,658	38,822	10,040	19					
45-64	8,230	12	7,805	409	0	4	82,326	131	77,468	4,707	0	20					
65-74	3,540	2,777	721	42	0	0	33,404	25,578	7,335	491	0	0					
75-84	3,465	3,319	125	21	0	0	31,894	30,326	1,330	238	0	0					
85 and older	3,255	3,224	23	8	0	0	30,089	29,759	234	96	0	0					
Unknown	8	0	0	0	8	0	9	0	0	0	9	0					
Gender																	
Female	50,001	6,847	9,093	5,974	28,080	7	441,382	64,624	93,894	41,132	241,693	39					
Male	38,852	2,492	8,268	737	27,355	0	347,654	21,254	82,304	8,128	235,968	0					
Unknown	8	0	0	0	8	0	11	0	0	0	11	0					
Race																	
White	67,135	8,567	14,507	5,362	38,694	5	588,775	78,272	145,666	38,857	325,952	28					
African American	605	18	99	20	468	0	5,209	169	973	139	3,928	0					
Other/unknown	21,121	754	2,755	1,329	16,281	2	195,063	7,437	29,559	10,264	147,792	11					
Use of Nursing Facilities^c																	
Entire year	3,586	3,211	374	1	0	0	35,794	31,664	4,118	12	0	0					
Part year	1,655	1,260	368	17	10	0	14,390	10,372	3,716	191	111	0					
None	83,620	4,868	16,619	6,693	55,433	7	738,863	43,842	168,364	49,057	477,561	39					
Maintenance Assistance Status																	
Cash	35,528	1,926	13,371	1,178	19,053	0	341,479	20,869	141,280	10,702	168,628	0					
Medically needy	8,792	5,967	2,712	8	105	0	73,314	50,726	21,947	10	631	0					
Poverty-related	22,616	0	0	3,220	19,389	7	178,958	0	0	16,803	162,116	39					
Other/unknown	21,925	1,446	1,278	2,305	16,896	0	195,296	14,283	12,971	21,745	146,297	0					
Dual Medicare Status^d																	
Full dual, all year	16,929	9,097	7,033	776	23	0	163,690	84,014	70,307	9,127	242	0					
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0					
Non-dual, all year	71,932	242	10,328	5,935	55,420	7	625,357	1,864	105,891	40,133	477,430	39					
Managed Care Status																	
FFS all year	88,078	9,339	17,333	6,694	54,705	7	784,480	85,878	176,009	49,197	473,357	39					
FFS part year, with Rx claims	400	0	19	15	366	0	2,649	0	139	57	2,453	0					
FFS part year, no Rx claims	383	0	9	2	372	0	1,918	0	50	6	1,862	0					

Source: Data for this table are from the MAX 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	64.3 %	14.2	\$757	\$53	\$5,141	14.7 %	88,861
Age							
5 and younger	59.3	2.7	75	27	1,715	4.4	23,258
6-14	49.2	3.4	193	56	2,428	8.0	23,401
15-20	55.9	4.9	313	63	3,890	8.0	11,220
21-44	76.4	18.6	1,318	71	6,804	19.4	12,484
45-64	84.2	44.0	2,638	60	10,972	24.0	8,230
65-74	83.2	41.5	1,937	47	8,652	22.4	3,540
75-84	88.9	47.4	1,979	42	13,953	14.2	3,465
85 and older	93.7	47.3	1,713	36	19,118	9.0	3,255
Unknown	0.0	0.0	0	0	0	0.0	8
Basis of Eligibility^c							
Aged	89.1	45.8	1,882	41	14,417	13.1	9,339
Disabled	81.3	34.0	2,269	67	10,725	21.2	17,361
Adults	71.8	10.3	503	49	4,008	12.6	6,711
Children	53.8	3.1	124	40	1,967	6.3	55,443
Unknown	71.4	6.9	274	40	7,702	3.6	7
Gender							
Female	67.7	17.1	844	49	5,471	15.4	50,001
Male	59.9	10.4	645	62	4,718	13.7	38,852
Unknown	0.0	0.0	0	0	93	0.0	8
Race							
White	71.0	16.9	905	54	5,607	16.1	67,135
African American	65.8	8.9	540	61	3,272	16.5	605
Other/unknown	43.0	5.6	291	52	3,711	7.8	21,121
Use of Nursing Facilities^d							
Entire year	97.8	60.5	2,463	41	26,828	9.2	3,586
Part year	94.1	50.6	2,245	44	19,470	11.5	1,655
None	62.3	11.5	654	57	3,927	16.7	83,620

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	63.1	15.0	898	60	4,576	19.6	35,528
Medically needy	89.9	47.5	2,327	49	15,262	15.2	8,792
Poverty related	54.9	2.6	93	35	1,379	6.8	22,616
Other/unknown	65.6	11.3	583	51	5,878	9.9	21,925

Source: Data for this table are from the MAX 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

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

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

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 2001

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				More than 10
All	1.6	\$85	14.7 %	35.7 %	40.7 %	5.8 %	9.2 %	6.5 %	2.0 %	\$579	88,861	789,047
Age												
5 and younger	0.3	9	4.4	40.7	56.5	2.1	0.6	0.1	0.0	203	23,258	196,270
6-14	0.4	21	8.0	50.8	42.9	3.7	2.4	0.2	0.0	267	23,401	212,776
15-20	0.6	38	8.0	44.1	44.7	6.3	4.3	0.5	0.0	476	11,220	91,656
21-44	2.1	149	19.4	23.6	42.1	10.2	14.5	7.6	1.9	768	12,484	110,623
45-64	4.4	264	24.0	15.8	17.8	10.2	26.0	22.2	8.1	1,097	8,230	82,326
65-74	4.4	205	22.4	16.8	15.1	10.5	25.7	24.3	7.7	917	3,540	33,404
75-84	5.1	215	14.2	11.1	10.9	9.4	29.3	30.1	9.3	1,516	3,465	31,894
85 and older	5.1	185	9.0	6.3	10.8	9.8	34.5	30.7	7.8	2,068	3,255	30,089
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	8	9
Basis of Eligibility^c												
Aged	5.0	205	13.1	10.9	11.9	9.9	29.9	29.0	8.4	1,568	9,339	85,878
Disabled	3.4	224	21.2	18.7	26.3	11.0	22.5	16.1	5.4	1,057	17,361	176,198
Adults	1.4	69	12.6	28.2	50.5	9.0	8.6	3.2	0.5	546	6,711	49,260
Children	0.4	14	6.3	46.2	48.9	3.2	1.7	0.1	0.0	228	55,443	477,672
Unknown	1.2	49	3.6	28.6	42.9	0.0	28.6	0.0	0.0	1,382	7	39
Gender												
Female	1.9	96	15.4	32.3	40.4	6.1	10.2	8.3	2.7	620	50,001	441,382
Male	1.2	72	13.7	40.1	41.1	5.6	7.9	4.3	1.1	527	38,852	347,654
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	68	8	11
Race												
White	1.9	103	16.1	29.0	42.7	6.7	11.1	8.0	2.4	639	67,135	588,775
African American	1.0	63	16.5	34.2	48.4	7.4	6.1	3.0	0.8	380	605	5,209
Other/unknown	0.6	32	7.8	57.0	34.1	3.0	3.5	1.9	0.5	402	21,121	195,063
Use of Nursing Facilities^d												
Entire year	6.1	247	9.2	2.2	7.5	8.8	32.5	36.3	12.7	2,688	3,586	35,794
Part year	5.8	258	11.5	5.9	8.9	9.4	33.4	31.2	11.2	2,239	1,655	14,390
None	1.3	74	16.7	37.7	42.8	5.6	7.8	4.8	1.3	445	83,620	738,863

Table 4

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	No.	
				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		Benes	Bene Mos
Maintenance Assistance Status											
Cash	1.6	93	19.6	36.9	38.5	6.8	10.0	6.0	1.8	35,528	341,479
Medically needy	5.7	279	15.2	10.1	9.8	8.7	30.5	30.9	10.1	1,830	73,314
Poverty related	0.3	12	6.8	45.1	50.7	3.0	1.2	0.1	0.0	174	178,958
Other/unknown	1.3	65	9.9	34.4	46.3	6.2	7.8	4.2	1.1	660	21,925

Source: Data for this table are from the MAX 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

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.

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

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

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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 MONTANA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.6	\$85	0.7	\$63	0.1	\$7	0.8	\$16
Age								
5 and younger	0.3	9	0.1	6	0.0	0	0.2	2
6-14	0.4	21	0.2	17	0.0	1	0.2	3
15-20	0.6	38	0.3	30	0.0	3	0.3	5
21-44	2.1	149	0.9	113	0.2	12	1.1	23
45-64	4.4	264	1.9	192	0.3	24	2.1	48
65-74	4.4	205	1.9	148	0.3	15	2.1	42
75-84	5.1	215	2.1	152	0.5	16	2.5	46
85 and older	5.1	185	1.9	124	0.5	15	2.7	45
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.0	205	2.0	143	0.5	16	2.5	45
Disabled	3.4	224	1.5	168	0.2	19	1.6	37
Adults	1.4	69	0.5	48	0.1	6	0.7	14
Children	0.4	14	0.2	11	0.0	1	0.2	3
Unknown	1.2	49	0.6	39	0.0	0	0.6	11
Gender								
Female	1.9	96	0.8	70	0.2	8	1.0	18
Male	1.2	72	0.5	54	0.1	5	0.6	13
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.9	103	0.8	76	0.2	8	1.0	19
African American	1.0	63	0.4	48	0.1	4	0.5	10
Other/unknown	0.6	32	0.2	24	0.0	2	0.3	6
Use of Nursing Facilities^e								
Entire year	6.1	247	2.3	167	0.6	21	3.1	58
Part year	5.8	258	2.3	178	0.6	23	3.0	57
None	1.3	74	0.6	56	0.1	6	0.6	13

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	1.6	93	0.7	70	0.1	8	0.8	16
Medically needy	5.7	279	2.3	201	0.5	22	2.8	56
Poverty related	0.3	12	0.1	9	0.0	1	0.2	2
Other/unknown	1.3	65	0.5	48	0.1	5	0.6	12

Source: Data for this table are from the MAX 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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.
- The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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, 0.7 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_mdldb.asp (May 13 2003).
- 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.
- Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos
		Generic	Generic		Generic	Generic		Generic	Generic					
Anti-infective Agents	0.3	0.1	0.0	\$11	\$10	\$0	\$42	\$77	\$53	\$11	\$4,326,077	37,021	41.7 %	376,969
Biologics	0.1	0.1	0.0	55	24	30	457	288	3,848	34	212,121	381	0.4	3,889
Antineoplastic Agents	0.7	0.3	0.1	179	157	9	275	457	114	58	1,411,981	767	0.9	7,870
Endocrine/Metabolic Drugs	0.8	0.4	0.1	31	25	4	38	57	24	13	4,629,988	14,692	16.5	149,868
Cardiovascular Agents	1.5	0.5	0.1	46	29	3	32	54	25	18	6,198,774	13,304	15.0	134,600
Respiratory Agents	0.5	0.3	0.0	24	19	0	46	65	31	23	5,489,456	22,050	24.8	227,512
Gastrointestinal Agents	0.7	0.4	0.0	56	47	3	83	126	91	24	6,564,568	11,302	12.7	116,716
Genitourinary Agents	0.4	0.3	0.0	22	20	0	52	65	42	19	1,074,765	4,667	5.3	47,847
CNS Drugs	1.1	0.6	0.1	90	66	10	79	120	119	29	17,061,972	18,393	20.7	189,325
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	37	26	3	55	69	48	34	1,321,575	3,428	3.9	35,996
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	66	61	0	159	184	68	58	647,491	949	1.1	9,797
Analgesics and Anesthetics	0.7	0.2	0.0	32	21	3	46	121	92	17	6,769,558	20,675	23.3	208,449
Neuromuscular Agents	0.9	0.4	0.1	55	40	4	58	112	45	21	5,472,462	9,412	10.6	99,928
Nutritional Products	0.4	0.0	0.1	7	0	2	17	19	29	14	719,066	10,648	12.0	104,456
Hematological Agents	0.7	0.1	0.3	78	66	6	105	525	20	20	2,661,552	3,447	3.9	34,101
Topical Products	0.3	0.1	0.0	8	5	1	31	53	36	14	1,703,585	20,255	22.8	210,335
Miscellaneous Products	0.3	0.2	0.1	64	38	16	195	242	266	82	866,528	1,282	1.4	13,624
Unknown Therapeutic Category	0.2	0.0	0.0	6	0	0	26	0	0	0	101,854	1,620	1.8	17,354
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.	67,233,373	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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, 0.7 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, 2001

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	\$8,802,597	7,630	81,908	0.7	\$155	\$107
ANTIDEPRESSANTS	6,722,962	17,597	184,047	0.6	62	37
ULCER DRUGS	5,591,323	10,997	114,758	0.5	93	49
ANTICONVULSANT	4,392,533	7,256	78,176	0.8	72	56
ANALGESICS - Narcotic	4,296,612	24,105	245,912	0.4	42	17
ANTIASTHMATIC	3,461,202	16,613	171,447	0.4	51	20
ANTIIDIABETIC	2,438,576	5,997	62,020	0.7	53	39
ANALGESICS - ANTI-INFLAMMATORY	2,016,331	9,865	103,729	0.3	58	19
ANTIHYPERTENSIVE	1,918,023	7,436	76,365	0.7	37	25
ANTIHYPERTENSIVE	1,603,871	3,178	33,197	0.6	77	48
Total	41,244,030	110,674	1,151,559	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.