

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 NORTH DAKOTA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH DAKOTA, 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	66,927 (A)	15,012 (E)	51,915 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	66,327 (B)	14,441 (F)	51,886 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	66,066 (C)	14,441 (G)	51,625 (K)
4. Benes who were all-year nursing facility residents ^f	4,046 (D)	3,905 (H)	141 (L)

Source: Data for this table are from the MAX 2001 file for North Dakota, released by CMS in 06/2005. 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 North Dakota in 2001 was \$45,248,874, of which \$114,421 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 5.7 percent were restricted benefit months without a pharmacy benefit in North Dakota, 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 non-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}
 NORTH DAKOTA, 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	66,066	9,756	9,543	15,165	31,602	0	565,991	96,627	99,873	105,622	263,869	0
Age												
5 and younger	13,020	0	195	2	12,823	0	105,349	0	1,877	6	103,466	0
6-14	13,975	0	492	0	13,483	0	123,363	0	5,191	0	118,172	0
15-20	6,984	0	396	1,457	5,131	0	55,846	0	3,924	10,496	41,426	0
21-44	16,796	0	3,957	12,674	165	0	131,050	0	42,286	87,959	805	0
45-64	5,483	1	4,452	1,030	0	0	53,318	12	46,162	7,144	0	0
65-74	2,741	2,688	51	2	0	0	28,144	27,694	433	17	0	0
75-84	3,292	3,292	0	0	0	0	32,934	32,934	0	0	0	0
85 and older	3,775	3,775	0	0	0	0	35,987	35,987	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	39,448	6,778	4,875	12,244	15,551	0	341,451	68,256	51,605	91,711	129,879	0
Male	26,610	2,978	4,668	2,921	16,043	0	224,509	28,371	48,268	13,911	133,959	0
Unknown	8	0	0	0	8	0	31	0	0	0	31	0
Race												
White	49,224	9,155	7,985	10,855	21,229	0	420,302	90,415	83,745	74,334	171,808	0
African American	1,310	18	128	278	886	0	11,204	186	1,170	2,011	7,837	0
Other/unknown	15,532	583	1,430	4,032	9,487	0	134,485	6,026	14,958	29,277	84,224	0
Use of Nursing Facilities^c												
Entire year	4,046	3,750	296	0	0	0	39,576	36,428	3,148	0	0	0
Part year	1,272	1,065	197	6	4	0	11,857	9,695	2,067	56	39	0
None	60,748	4,941	9,050	15,159	31,598	0	514,558	50,504	94,658	105,566	263,830	0
Maintenance Assistance Status												
Cash	34,475	2,195	6,050	9,374	16,856	0	305,265	24,677	65,221	65,934	149,433	0
Medically needy	15,374	6,727	3,179	2,017	3,451	0	130,103	63,073	31,297	12,778	22,955	0
Poverty-related	6,716	834	314	598	4,970	0	50,622	8,877	3,355	3,063	35,327	0
Other/unknown	9,501	0	0	3,176	6,325	0	80,001	0	0	23,847	56,154	0
Dual Medicare Status^d												
Full dual, all year	13,268	8,621	4,596	45	6	0	133,848	84,373	49,102	320	53	0
Full dual, part year	1,173	839	332	2	0	0	13,086	9,382	3,680	24	0	0
Non-dual, all year	51,625	296	4,615	15,118	31,596	0	419,057	2,872	47,091	105,278	263,816	0
Managed Care Status												
FFS all year	65,577	9,756	9,540	15,017	31,264	0	563,919	96,627	99,858	105,064	262,370	0
FFS part year, with Rx claims	311	0	3	102	206	0	1,377	0	15	426	936	0
FFS part year, no Rx claims	178	0	0	46	132	0	695	0	0	132	563	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for North Dakota, released by CMS in 06/2005. 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 Mo(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, 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	61.9 %	14.5	\$683	\$47	\$5,902	11.6 %	66,066
Age							
5 and younger	58.0	2.9	81	28	1,445	5.6	13,020
6-14	51.7	3.8	174	46	1,519	11.5	13,975
15-20	56.3	5.2	236	45	3,222	7.3	6,984
21-44	61.6	11.7	678	58	5,547	12.2	16,796
45-64	71.5	35.4	1,994	56	13,830	14.4	5,483
65-74	68.6	38.4	1,753	46	11,187	15.7	2,741
75-84	78.4	45.7	1,852	41	14,765	12.5	3,292
85 and older	91.5	48.9	1,794	37	20,951	8.6	3,775
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	80.8	44.9	1,801	40	16,165	11.1	9,756
Disabled	76.9	33.3	2,076	62	16,611	12.5	9,543
Adults	56.6	6.4	257	40	1,822	14.1	15,165
Children	54.1	3.3	122	37	1,457	8.4	31,602
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	65.0	16.5	737	45	5,898	12.5	39,448
Male	57.2	11.5	604	53	5,909	10.2	26,610
Unknown	0.0	0.0	0	0	669	0.0	8
Race							
White	65.2	17.2	819	48	6,909	11.8	49,224
African American	61.8	5.5	226	41	2,145	10.6	1,310
Other/unknown	51.3	6.6	292	45	3,025	9.7	15,532
Use of Nursing Facilities^d							
Entire year	97.6	61.0	2,493	41	31,659	7.9	4,046
Part year	96.6	54.9	2,379	43	22,135	10.7	1,272
None	58.8	10.6	527	50	3,846	13.7	60,748

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	12.7	638	50	4,104	15.5	34,475
Medically needy	67.1	29.2	1,320	45	14,187	9.3	15,374
Poverty related	42.2	2.1	69	33	855	8.1	6,716
Other/unknown	63.0	6.1	252	41	2,584	9.8	9,501

Source: Data for this table are from the MAX 2001 file for North Dakota, released by CMS in 06/2005. 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}
 NORTH DAKOTA, 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	1.7	\$80	11.6 %	38.1 %	37.6 %	6.0 %	9.5 %	6.9 %	1.8 %	\$689	66,066	565,991
Age												
5 and younger	0.4	10	5.6	42.0	54.6	2.4	0.8	0.1	0.0	179	13,020	105,349
6-14	0.4	20	11.5	48.3	44.6	3.8	2.9	0.4	0.1	172	13,975	123,363
15-20	0.7	30	7.3	43.7	45.2	5.9	4.5	0.7	0.0	403	6,984	55,846
21-44	1.5	87	12.2	38.4	38.1	8.8	9.8	4.0	0.9	711	16,796	131,050
45-64	3.6	205	14.4	28.5	17.6	9.1	21.3	17.9	5.6	1,422	5,483	53,318
65-74	3.7	171	15.7	31.4	12.5	8.2	21.0	20.4	6.5	1,090	2,741	28,144
75-84	4.6	185	12.5	21.6	9.7	7.2	24.6	28.4	8.5	1,476	3,292	32,934
85 and older	5.1	188	8.6	8.5	8.5	8.1	34.1	33.5	7.3	2,198	3,775	35,987
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	4.5	182	11.1	19.2	10.0	7.8	27.2	28.2	7.5	1,632	9,756	96,627
Disabled	3.2	198	12.5	23.1	23.7	10.7	22.4	15.6	4.4	1,587	9,543	99,873
Adults	0.9	37	14.1	43.4	41.5	7.5	5.8	1.5	0.3	262	15,165	105,622
Children	0.4	15	8.4	45.9	48.5	3.4	2.0	0.2	0.0	175	31,602	263,869
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.9	85	12.5	35.0	38.0	6.4	10.4	7.9	2.2	681	39,448	341,451
Male	1.4	72	10.2	42.8	37.0	5.4	8.3	5.3	1.2	700	26,610	224,509
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	173	8	31
Race												
White	2.0	96	11.8	34.8	36.3	6.7	11.4	8.5	2.3	809	49,224	420,302
African American	0.6	27	10.6	38.2	51.2	4.8	4.6	0.8	0.3	251	1,310	11,204
Other/unknown	0.8	34	9.7	48.7	40.7	4.0	4.0	2.2	0.5	349	15,532	134,485
Use of Nursing Facilities^d												
Entire year	6.2	255	7.9	2.4	6.2	7.3	31.9	39.4	12.8	3,237	4,046	39,576
Part year	5.9	255	10.7	3.4	10.7	7.5	31.4	36.1	10.9	2,375	1,272	11,857
None	1.2	62	13.7	41.2	40.3	5.9	7.6	4.1	0.9	454	60,748	514,558

Table 4

All Medicaid Beneficiaries

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				
												Less
Maintenance Assistance Status												
Cash	1.4	72	15.5	36.9	42.2	6.1	8.4	5.1	1.3	464	34,475	305,265
Medically needy	3.5	156	9.3	32.9	19.7	6.8	18.3	17.3	5.0	1,676	15,374	130,103
Poverty related	0.3	9	8.1	57.8	38.2	2.6	1.3	0.2	0.0	114	6,716	50,622
Other/unknown	0.7	30	9.8	37.0	49.5	6.9	5.5	1.0	0.1	307	9,501	80,001

Source: Data for this table are from the MAX 2001 file for North Dakota, released by CMS in 06/2005. 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}
 NORTH DAKOTA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.7	\$80	0.8	\$59	0.2	\$7	0.8	\$14
Age								
5 and younger	0.4	10	0.1	7	0.0	0	0.2	3
6-14	0.4	20	0.2	14	0.0	1	0.2	4
15-20	0.7	30	0.3	22	0.0	2	0.3	5
21-44	1.5	87	0.7	65	0.2	10	0.6	12
45-64	3.6	205	1.7	151	0.4	23	1.5	30
65-74	3.7	171	1.7	128	0.4	13	1.6	29
75-84	4.6	185	1.9	134	0.5	14	2.1	37
85 and older	5.1	188	2.0	133	0.6	15	2.5	40
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.5	182	1.9	131	0.5	14	2.1	36
Disabled	3.2	198	1.5	147	0.3	23	1.3	28
Adults	0.9	37	0.4	27	0.1	3	0.4	7
Children	0.4	15	0.2	11	0.0	1	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.9	85	0.8	63	0.2	8	0.9	15
Male	1.4	72	0.6	53	0.1	7	0.6	12
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.0	96	0.9	71	0.2	9	0.9	16
African American	0.6	27	0.3	20	0.0	2	0.3	4
Other/unknown	0.8	34	0.3	25	0.1	3	0.4	6
Use of Nursing Facilities^e								
Entire year	6.2	255	2.5	183	0.7	20	3.0	52
Part year	5.9	255	2.4	184	0.6	20	2.8	52
None	1.2	62	0.6	46	0.1	6	0.6	10

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	1.4	72	0.6	53	0.1	7	0.6	12
Medically needy	3.5	156	1.5	113	0.4	14	1.6	29
Poverty related	0.3	9	0.1	7	0.0	1	0.1	2
Other/unknown	0.7	30	0.4	23	0.0	2	0.3	5

Source: Data for this table are from the MAX 2001 file for North Dakota, released by CMS in 06/2005. This table was produced on 09/19/2006.

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.

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, 2.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

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

CMS = 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, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users			
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Beneficiaries
		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic				
Anti-infective Agents	0.3	0.1	0.0	\$10	\$9	\$0	\$38	\$65	\$56	79,105	\$2,977,815	27,980	42.4 %
Biologics	0.2	0.1	0.0	99	50	11	38	376	840	207	117,898	107	0.2
Antineoplastic Agents	0.7	0.3	0.1	117	96	9	173	276	91	3,386	587,353	492	0.7
Endocrine/Metabolic Drugs	0.8	0.4	0.2	26	20	3	33	51	19	94,685	3,094,980	11,417	17.3
Cardiovascular Agents	1.7	0.5	0.2	45	26	3	27	48	21	186,220	4,993,816	10,795	16.3
Respiratory Agents	0.5	0.3	0.0	21	17	0	43	59	25	78,121	3,327,046	14,898	22.6
Gastrointestinal Agents	0.7	0.4	0.0	49	41	3	72	108	86	54,028	3,907,839	7,517	11.4
Genitourinary Agents	0.4	0.3	0.0	22	20	0	50	62	45	17,545	884,411	3,807	5.8
CNS Drugs	1.2	0.6	0.1	86	65	12	75	104	116	166,868	12,473,387	14,030	21.2
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	32	23	2	49	60	45	15,205	742,717	2,230	3.4
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	57	54	0	109	123	39	3,281	357,140	613	0.9
Analgesics and Anesthetics	0.6	0.2	0.0	27	21	2	47	87	59	83,666	3,913,911	14,056	21.3
Neuromuscular Agents	1.0	0.4	0.1	59	45	5	61	102	41	67,058	4,122,841	6,565	9.9
Nutritional Products	0.6	0.0	0.1	13	2	4	21	67	30	28,499	611,593	4,533	6.9
Hematological Agents	0.8	0.1	0.3	40	26	5	50	182	18	25,101	1,246,566	2,994	4.5
Topical Products	0.3	0.1	0.0	9	6	1	30	50	35	50,545	1,532,827	15,550	23.5
Miscellaneous Products	0.4	0.1	0.1	54	29	12	131	220	196	1,343	175,678	316	0.5
Unknown Therapeutic Category	0.3	0.0	0.0	6	0	0	21	0	0	3,147	66,635	1,077	1.6
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	958,010	45,134,453	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for North Dakota, released by CMS in 06/2005. 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 North Dakota, 2.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NORTH DAKOTA, 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	
ANTIPTYCHOTICS	\$6,323,891	5,324	8.1 %	57,417	\$137	\$110	
ANTIDEPRESSANTS	5,080,129	13,603	20.6	142,025	59	36	
ANTICONVULSANT	3,502,346	5,166	7.8	56,556	72	62	
ULCER DRUGS	3,485,633	7,160	10.8	75,856	86	46	
ANTIASTHMATIC	2,012,958	10,288	15.6	108,085	47	19	
ANALGESICS - Narcotic	1,786,705	14,090	21.3	144,693	37	12	
ANTIDIABETIC	1,782,018	4,752	7.2	50,434	45	35	
ANALGESICS - ANTI-INFLAMMATORY	1,694,104	8,192	12.4	86,938	59	19	
ANTIHYPERTENSIVE	1,446,993	6,099	9.2	64,319	31	22	
ANTIHYPERTENSIVE	1,129,421	2,343	3.5	25,761	66	44	
Total	28,244,198	77,017		812,094	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for North Dakota, released by CMS in 06/2005. 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_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.