

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos				
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	16,929	9,097	7,033	776	23	0	163,690	84,014	70,307	9,127	242	0
Age												
5 and younger	1	0	0	0	1	2		0	0	0	2	0
6-14	6	0	4	0	2	0	41	0	38	0	3	0
15-20	25	0	20	1	4	0	283	0	229	6	48	0
21-44	3,074	5	2,677	376	16	0	32,035	60	27,385	4,401	189	0
45-64	3,822	4	3,490	328	0	0	37,916	48	33,973	3,895	0	0
65-74	3,459	2,719	698	42	0	0	32,737	25,091	7,155	491	0	0
75-84	3,373	3,231	121	21	0	0	31,156	29,625	1,293	238	0	0
85 and older	3,169	3,138	23	8	0	0	29,520	29,190	234	96	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	10,846	6,677	3,800	360	9	0	106,518	63,334	38,855	4,222	107	0
Male	6,083	2,420	3,233	416	14	0	57,172	20,680	31,452	4,905	135	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	15,291	8,345	6,210	717	19	0	146,726	76,537	61,532	8,452	205	0
African American	48	18	28	0	2	0	484	169	291	0	24	0
Other/unknown	1,590	734	795	59	2	0	16,480	7,308	8,484	675	13	0
Use of Nursing Facilities^c												
Entire year	3,406	3,149	256	1	0	0	33,855	31,029	2,814	12	0	0
Part year	1,442	1,231	195	16	0	0	12,243	10,138	1,926	179	0	0
None	12,081	4,717	6,582	759	23	0	117,592	42,847	65,567	8,936	242	0
Maintenance Assistance Status												
Cash	5,917	1,879	4,027	8	3	0	64,157	20,482	43,578	82	15	0
Medically needy	8,031	5,805	2,226	0	0	0	67,971	49,565	18,406	0	0	0
Poverty-related	5	0	0	5	0	0	36	0	0	36	0	0
Other/unknown	2,976	1,413	780	763	20	0	31,526	13,967	8,323	9,009	227	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
Managed Care Status												
FFS all year	16,929	9,097	7,033	776	23	0	163,690	84,014	70,307	9,127	242	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Table D2

Dual Eligible Beneficiaries

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 D.2 includes the beneficiaries represented by Cell G 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. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	88.4 %	44.2	\$2,281	\$52	\$12,258	18.6 %	16,929
Age							
5 and younger	0.0	0.0	0	0	806	0.0	1
6-14	50.0	22.3	3,011	135	6,083	49.5	6
15-20	84.0	20.0	1,833	92	8,092	22.7	25
21-44	85.5	33.2	2,597	78	9,299	27.9	3,074
45-64	89.4	49.3	3,049	62	10,534	28.9	3,822
65-74	83.6	41.6	1,940	47	8,655	22.4	3,459
75-84	89.4	47.7	1,992	42	14,035	14.2	3,373
85 and older	94.6	47.8	1,732	36	19,296	9.0	3,169
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	89.7	46.1	1,894	41	14,511	13.1	9,097
Disabled	86.4	42.2	2,787	66	9,975	27.9	7,033
Adults	92.9	39.7	2,264	57	6,768	33.4	776
Children	82.6	15.7	902	58	4,197	21.5	23
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	91.5	49.6	2,403	49	12,945	18.6	10,846
Male	83.0	34.5	2,063	60	11,032	18.7	6,083
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.4	45.9	2,367	52	12,533	18.9	15,291
African American	87.5	35.6	2,440	68	9,484	25.7	48
Other/unknown	69.1	28.0	1,448	52	9,688	14.9	1,590
Use of Nursing Facilities^d							
Entire year	97.8	59.8	2,394	40	26,297	9.1	3,406
Part year	94.5	49.6	2,107	43	16,790	12.5	1,442
None	85.1	39.1	2,270	58	7,759	29.3	12,081
Maintenance Assistance Status							
Cash	82.3	35.7	2,060	58	5,484	37.6	5,917
Medically needy	91.5	49.4	2,393	48	15,471	15.5	8,031
Poverty related	100.0	7.6	119	16	3,253	3.7	5
Other/unknown	92.1	47.0	2,421	52	17,068	14.2	2,976

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 D.3 includes beneficiaries represented by Cell G 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	4.6	\$236	18.6 %	11.6 %	16.0 %	10.4 %	28.6 %	25.6 %	7.8 %	\$1,268	16,929	163,690
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	403	1	2
6-14	3.3	441	49.5	50.0	0.0	16.7	33.3	0.0	0.0	890	6	41
15-20	1.8	162	22.7	16.0	36.0	16.0	28.0	4.0	0.0	715	25	283
21-44	3.2	249	27.9	14.5	28.6	11.9	25.2	15.5	4.3	892	3,074	32,035
45-64	5.0	307	28.9	10.6	15.4	10.2	27.8	26.5	9.4	1,062	3,822	37,916
65-74	4.4	205	22.4	16.4	15.2	10.5	25.8	24.4	7.7	914	3,459	32,737
75-84	5.2	216	14.2	10.6	10.9	9.4	29.5	30.1	9.5	1,520	3,373	31,156
85 and older	5.1	186	9.0	5.4	10.9	9.9	34.7	31.2	7.9	2,071	3,169	29,520
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	5.0	205	13.1	10.3	11.9	9.9	30.1	29.2	8.5	1,571	9,097	84,014
Disabled	4.2	279	27.9	13.6	20.1	10.5	26.1	22.0	7.6	998	7,033	70,307
Adults	3.4	193	33.4	7.1	25.6	14.0	33.2	17.3	2.7	575	776	9,127
Children	1.5	86	21.5	17.4	52.2	4.3	26.1	0.0	0.0	399	23	242
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.0	245	18.6	8.5	13.7	9.9	29.8	28.8	9.3	1,318	10,846	106,518
Male	3.7	220	18.7	17.0	20.2	11.2	26.5	19.9	5.1	1,174	6,083	57,172
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.8	247	18.9	9.6	15.3	10.5	29.6	26.9	8.2	1,306	15,291	146,726
African American	3.5	242	25.7	12.5	25.0	16.7	22.9	16.7	6.3	941	48	484
Other/unknown	2.7	140	14.9	30.9	22.6	8.9	19.2	14.0	4.4	935	1,590	16,480
use of nursing Facilities^d												
Entire year	6.0	241	9.1	2.2	7.6	8.8	32.7	36.1	12.5	2,646	3,406	33,855
Part year	5.8	248	12.5	5.5	8.7	9.3	33.6	32.1	10.8	1,978	1,442	12,243
None	4.0	233	29.3	14.9	19.3	10.9	26.8	21.9	6.2	797	12,081	117,592
Maintenance Assistance Status												
Cash	3.3	190	37.6	17.7	24.5	11.9	23.9	17.3	4.8	506	5,917	64,157
Medically needy	5.8	283	15.5	8.5	9.2	8.7	31.1	32.2	10.5	1,828	8,031	67,971
Poverty related	1.1	17	3.7	0.0	60.0	40.0	0.0	0.0	0.0	452	5	36
Other/unknown	4.4	229	14.2	7.9	17.6	11.9	31.3	24.6	6.8	1,611	2,976	31,526

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 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	Rx \$	No. of Rx	Rx \$
All	4.6	\$236	1.9	\$89	0.4	\$19	2.2	\$45
Age								
5 and younger	0.0	0	0.0	0	0.0	0	0.0	0
6-14	3.3	441	2.2	422	0.2	5	0.8	13
15-20	1.8	162	0.7	122	0.2	21	0.9	19
21-44	3.2	249	1.4	190	0.3	21	1.5	37
45-64	5.0	307	2.2	228	0.4	26	2.4	53
65-74	4.4	205	1.9	148	0.3	15	2.1	42
75-84	5.2	216	2.1	153	0.5	16	2.5	46
85 and older	5.1	186	1.9	125	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	144	0.5	16	2.5	45
Disabled	4.2	279	1.9	209	0.3	23	2.0	46
Adults	3.4	193	1.5	140	0.3	17	1.5	35
Children	1.5	86	0.7	63	0.1	11	0.7	11
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	5.0	245	2.1	178	0.4	19	2.4	47
Male	3.7	220	1.5	160	0.3	18	1.8	41
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	4.8	247	2.0	179	0.4	20	2.3	47
African American	3.5	242	1.4	166	0.3	28	1.8	48
Other/unknown	2.7	140	1.2	103	0.2	11	1.3	27
Use of Nursing Facilities^e								
Entire year	6.0	241	2.3	164	0.6	20	3.1	57
Part year	5.8	248	2.3	172	0.6	22	3.0	54
None	4.0	233	1.8	174	0.3	18	1.9	41
Maintenance Assistance Status								
Cash	3.3	190	1.5	141	0.2	15	1.6	34
Medically needy	5.8	283	2.4	204	0.5	22	2.9	57
Poverty related	1.1	17	0.1	5	0.0	0	0.9	12
Other/unknown	4.4	229	1.8	164	0.4	20	2.2	44
\$ per Rx								
		\$20		\$47		\$19		\$45

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 D.5 includes the beneficiaries represented by Cell G 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 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_mddb.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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Benes	No. of Bene Mos		
															Generic	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$18	\$0	\$2	\$58	\$101	\$48	\$12	33,326	8,856	52.3 %	93,140
Biologics	0.1	0.1	0.0	0.0	9	1	7	1	92	15	1,514	22	242	227	1.3	2,502
Antineoplastic Agents	0.7	0.3	0.1	0.2	162	139	10	14	245	416	107	57	3,558	534	3.2	5,367
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.4	37	30	2	5	35	53	19	13	83,627	7,605	44.9	77,526
Cardiovascular Agents	1.7	0.6	0.2	0.9	51	32	4	16	31	52	23	18	154,799	9,317	55.0	92,151
Respiratory Agents	0.9	0.5	0.0	0.4	45	34	1	11	49	65	30	28	57,735	6,096	36.0	63,029
Gastrointestinal Agents	0.8	0.4	0.0	0.3	63	52	3	8	79	123	78	24	54,153	6,654	39.3	67,979
Genitourinary Agents	0.6	0.4	0.0	0.2	31	28	0	3	55	68	41	19	14,696	2,486	14.7	26,225
CNS Drugs	1.3	0.6	0.1	0.6	103	74	11	17	77	118	115	28	124,738	9,163	54.1	92,937
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	36	22	4	11	65	111	54	37	2,086	346	2.0	3,735
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	79	75	0	4	154	170	54	52	3,108	598	3.5	6,027
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	47	32	4	11	49	116	74	18	82,214	8,506	50.2	86,007
Neuromuscular Agents	1.1	0.4	0.1	0.6	60	43	5	12	57	113	44	22	52,335	4,760	28.1	49,623
Nutritional Products	0.7	0.0	0.1	0.6	13	0	4	9	18	15	30	15	27,780	3,847	22.7	38,726
Hematological Agents	0.8	0.1	0.4	0.3	34	22	7	5	41	169	19	15	20,877	2,549	15.1	25,142
Topical Products	0.4	0.2	0.0	0.2	15	10	1	3	35	53	38	16	26,866	6,032	35.6	64,421
Miscellaneous Products	0.4	0.2	0.1	0.1	93	54	26	12	224	288	266	95	2,926	664	3.9	7,087
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	27	0	0	0	2,480	833	4.9	8,857
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.	747,546	38,613,764	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 D.6 includes the beneficiaries represented by Cell G 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 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. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.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_mdmb.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$5,012,480	4,141	24.5 %	43,642	0.8	\$151	\$115
ULCER DRUGS	3,783,432	6,565	38.8	67,854	0.6	92	56
ANTIDEPRESSANTS	3,681,142	8,586	50.7	88,545	0.7	60	42
ANALGESICS - Narcotic	2,464,915	10,498	62.0	107,228	0.5	44	23
ANTICONVULSANT	2,254,110	3,748	22.1	39,718	0.8	69	57
ANTIASTHMATIC	1,990,412	6,794	40.1	69,350	0.5	53	29
ANTIDIABETIC	1,748,791	4,338	25.6	44,553	0.8	51	39
ANTIHYPERTENSIVE	1,468,290	5,351	31.6	54,052	0.7	38	27
ANALGESICS - ANTI-INFLAMMATORY	1,346,995	4,183	24.7	44,705	0.5	67	30
ANTHYPERLIPIDEMIC	1,174,738	2,293	13.5	23,467	0.7	76	50
Total	24,925,305	56,497		583,114	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 D.7 includes the beneficiaries represented by Cell G 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; n.a. = not applicable.

TABLE D.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}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	370,597	\$24,925,305	4,141	24.5 %	43,642	0.8	\$115	6,565	38.8 %	67,854	0.6	\$56
Female	257,000	16,507,001	2,521	23.2	26,562	0.7	99	4,576	42.2	47,717	0.6	57
Disabled	100,583	7,578,697	1,145	30.1	12,350	0.8	130	1,691	44.5	18,253	0.5	58
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	71	5,145	1	10.0	12	0.3	8	4	40.0	48	0.3	36
21-44	27,070	2,285,616	486	40.8	5,239	0.8	141	449	37.7	4,866	0.5	52
45-64	61,637	4,570,688	593	29.0	6,372	0.8	128	994	48.6	10,664	0.6	62
65-74	10,169	631,840	56	12.5	623	0.5	84	208	46.5	2,284	0.5	52
75-84	1,430	74,027	8	9.2	92	0.9	52	29	33.3	309	0.5	49
85 and older	206	11,381	1	5.9	12	0.8	102	7	41.2	82	0.4	34
Other Eligibles	156,417	8,928,304	1,376	19.5	14,212	0.7	72	2,885	40.9	29,464	0.6	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	59	3,371	1	25.0	12	1.0	78	1	25.0	6	0.5	11
21-44	3,327	278,692	56	29.0	651	0.8	116	41	21.2	488	0.7	64
45-64	3,661	261,025	51	34.5	612	0.9	114	42	28.4	504	0.8	60
65-74	44,478	2,712,827	288	15.6	2,975	0.7	88	740	40.0	7,659	0.6	59
75-84	55,496	3,125,058	472	20.3	4,841	0.7	65	1,035	44.5	10,494	0.6	55
85 and older	49,396	2,547,331	508	20.1	5,121	0.6	57	1,026	40.6	10,313	0.7	53
Male	113,597	8,418,304	1,620	26.6	17,080	0.8	140	1,989	32.7	20,137	0.6	54
Disabled	62,492	5,371,962	996	30.8	10,740	0.9	169	1,006	31.1	10,595	0.6	54
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	21	1,680	1	50.0	12	1.1	103	1	50.0	12	0.3	28
15-20	68	2,721	1	10.0	4	1.0	67	3	30.0	36	0.3	13
21-44	25,192	2,391,241	576	38.8	6,353	0.9	169	397	26.7	4,357	0.5	49
45-64	31,721	2,627,394	376	26.0	3,931	0.9	179	510	35.3	5,164	0.6	59
65-74	4,893	314,869	37	14.7	389	0.7	100	86	34.3	935	0.6	55
75-84	514	30,377	5	14.7	51	0.8	46	6	17.6	71	0.7	54
85 and older	83	3,680	0	0.0	0	0.0	0	3	50.0	20	0.7	38
Other Eligibles	51,105	3,046,342	624	21.9	6,340	0.7	90	983	34.5	9,542	0.6	54
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	837	2	200.0	24	0.3	29	0	0.0	0	0.0	0
21-44	3,407	349,170	65	31.9	772	0.9	167	52	25.5	615	0.5	50
45-64	4,700	354,116	67	36.4	804	0.9	124	69	37.5	827	0.8	60
65-74	14,990	857,812	147	16.1	1,501	0.7	76	266	29.1	2,566	0.6	53
75-84	17,466	949,242	202	21.8	1,953	0.7	73	343	37.0	3,241	0.7	55
85 and older	10,533	535,165	141	22.9	1,286	0.6	64	253	41.0	2,293	0.6	51
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 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.7A includes the beneficiaries represented by Cell G 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 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.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}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	8,586	50.7 %	88,545	0.7	\$42	10,498	62.0 %	107,228	0.5	\$23	3,748	22.1 %	39,718	0.8	\$57
Female	6,194	57.1	64,462	0.7	41	7,510	69.2	77,552	0.5	22	2,326	21.4	24,715	0.8	52
Disabled	2,802	73.7	29,901	0.6	44	3,106	81.7	33,417	0.5	21	1,282	33.7	13,843	0.8	57
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	8	80.0	96	0.3	21	8	80.0	96	0.1	1	1	10.0	12	0.8	85
21-44	936	78.6	9,966	0.6	43	1,014	85.1	10,849	0.5	17	548	46.0	5,826	0.8	65
45-64	1,623	79.3	17,308	0.7	46	1,718	84.0	18,470	0.5	24	657	32.1	7,169	0.8	53
65-74	211	47.2	2,264	0.6	37	310	69.4	3,392	0.5	18	68	15.2	746	0.7	38
75-84	20	23.0	219	0.5	26	48	55.2	516	0.5	15	7	8.0	78	0.7	27
85 and older	4	23.5	48	0.6	18	8	47.1	94	0.5	13	1	5.9	12	0.1	1
Other Eligibles	3,392	48.1	34,561	0.7	38	4,404	62.5	44,135	0.6	22	1,044	14.8	10,872	0.8	45
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	50.0	24	0.7	66	1	25.0	6	0.2	2	2	50.0	24	1.0	31
21-44	66	34.2	776	0.8	55	54	28.0	615	0.2	7	80	41.5	958	1.2	107
45-64	64	43.2	768	0.8	71	37	25.0	444	0.2	3	64	43.2	768	1.2	73
65-74	880	47.6	9,067	0.7	36	1,260	68.2	12,989	0.5	19	332	18.0	3,428	0.7	38
75-84	1,151	49.5	11,611	0.7	37	1,518	65.3	15,305	0.6	25	334	14.4	3,418	0.8	38
85 and older	1,229	48.6	12,315	0.8	38	1,534	60.7	14,776	0.6	24	232	9.2	2,276	0.8	28
Male	2,392	39.3	24,083	0.7	43	2,988	49.1	29,676	0.5	26	1,422	23.4	15,003	0.9	65
Disabled	1,371	42.4	14,154	0.6	43	1,753	54.2	18,043	0.5	33	917	28.4	9,736	0.8	69
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	12	0.1	1	1	50.0	12	0.3	8
15-20	4	40.0	40	0.5	15	2	20.0	24	0.1	1	2	20.0	24	0.5	27
21-44	679	45.7	7,281	0.6	43	713	48.0	7,733	0.5	23	462	31.1	5,043	0.8	68
45-64	616	42.7	6,091	0.7	44	887	61.4	8,712	0.6	43	418	28.9	4,306	0.9	73
65-74	59	23.5	596	0.6	37	131	52.2	1,348	0.5	30	32	12.7	340	0.7	35
75-84	11	32.4	122	0.6	41	19	55.9	214	0.2	12	2	5.9	11	0.6	39
85 and older	2	33.3	24	0.8	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,021	35.8	9,929	0.8	43	1,235	43.3	11,633	0.5	16	505	17.7	5,267	0.9	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	12	0.2	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	62	30.4	735	0.8	53	44	21.6	516	0.2	2	89	43.6	1,063	1.1	112
45-64	68	37.0	800	1.0	84	32	17.4	372	0.2	2	96	52.2	1,149	1.1	68
65-74	266	29.1	2,517	0.7	40	386	42.3	3,642	0.4	16	143	15.7	1,436	0.8	45
75-84	374	40.3	3,533	0.7	38	448	48.3	4,121	0.5	20	108	11.6	985	0.7	32
85 and older	250	40.5	2,332	0.8	38	325	52.7	2,982	0.5	15	69	11.2	634	0.8	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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 D.7B includes the beneficiaries represented by Cell G 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 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DIABETIC					ANTI-HYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	6,794	40.1 %	69,350	0.5	\$29	4,338	25.6 %	44,553	0.8	\$39	5,351	31.6 %	54,052	0.7	\$27
Female	4,672	43.1	48,739	0.5	29	3,076	28.4	32,014	0.8	40	3,693	34.0	37,732	0.7	28
Disabled	1,870	49.2	20,177	0.5	27	1,001	26.3	10,775	0.8	45	947	24.9	10,129	0.7	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	30.0	36	0.1	3	0	0.0	0	0.0	0	1	10.0	12	0.1	1
21-44	401	33.7	4,329	0.3	17	145	12.2	1,569	0.7	41	122	10.2	1,276	0.6	23
45-64	1,222	59.7	13,190	0.5	31	655	32.0	6,995	0.8	47	621	30.4	6,612	0.7	27
65-74	197	44.1	2,106	0.5	30	174	38.9	1,909	0.7	42	165	36.9	1,807	0.7	27
75-84	39	44.8	446	0.4	22	21	24.1	234	0.6	26	33	37.9	366	0.7	31
85 and older	8	47.1	70	0.3	20	6	35.3	68	0.5	35	5	29.4	56	0.4	15
Other Eligibles	2,802	39.8	28,562	0.6	29	2,075	29.4	21,239	0.8	37	2,746	39.0	27,603	0.7	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	50.0	18	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	12	6.2	144	0.3	19	21	10.9	243	0.7	33	15	7.8	177	0.7	21
45-64	28	18.9	336	0.5	28	23	15.5	276	0.8	53	32	21.6	384	0.8	27
65-74	1,025	55.5	10,497	0.6	33	681	36.9	7,040	0.7	42	752	40.7	7,729	0.7	28
75-84	969	41.7	9,886	0.6	30	838	36.1	8,667	0.8	36	1,045	45.0	10,398	0.7	28
85 and older	766	30.3	7,681	0.5	25	512	20.2	5,013	0.8	32	902	35.7	8,915	0.8	29
Male	2,122	34.9	20,611	0.6	29	1,262	20.7	12,539	0.8	38	1,658	27.3	16,320	0.7	26
Disabled	919	28.4	9,445	0.5	27	610	18.9	6,289	0.7	42	724	22.4	7,459	0.7	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	20.0	24	0.2	7	0	0.0	0	0.0	0	2	20.0	16	0.9	34
21-44	252	17.0	2,754	0.3	18	161	10.8	1,732	0.7	42	192	12.9	2,080	0.6	22
45-64	525	36.4	5,158	0.6	31	378	26.2	3,826	0.8	43	423	29.3	4,223	0.7	26
65-74	129	51.4	1,377	0.7	33	58	23.1	588	0.7	36	91	36.3	987	0.7	26
75-84	9	26.5	108	0.5	14	11	32.4	119	0.9	45	12	35.3	115	0.7	39
85 and older	2	33.3	24	0.3	11	2	33.3	24	0.8	25	4	66.7	38	0.6	22
Other Eligibles	1,203	42.2	11,166	0.6	31	652	22.9	6,250	0.8	35	934	32.8	8,861	0.7	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	18	8.8	209	0.5	31	17	8.3	197	0.8	61	16	7.8	191	0.6	23
45-64	44	23.9	485	0.6	33	23	12.5	270	0.8	49	35	19.0	409	0.8	29
65-74	397	43.5	3,795	0.6	33	236	25.8	2,294	0.8	36	319	34.9	3,099	0.7	27
75-84	462	49.8	4,178	0.6	30	244	26.3	2,339	0.8	33	343	37.0	3,187	0.8	27
85 and older	282	45.7	2,499	0.6	27	132	21.4	1,150	0.8	27	221	35.8	1,975	0.8	26
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C includes the beneficiaries represented by Cell G 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 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.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}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTHYPERLIPIDEMIC						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	4,183	24.7 %	44,705	0.5	\$30	2,293	13.5 %	23,467	0.7	\$50	16,929	163,690
Female	3,008	27.7	32,382	0.5	33	1,603	14.8	16,597	0.7	50	10,846	106,518
Disabled	1,313	34.6	14,367	0.4	34	641	16.9	6,728	0.6	47	3,800	38,855
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	118
21-44	394	33.1	4,267	0.3	22	77	6.5	798	0.5	40	1,191	12,191
45-64	763	37.3	8,333	0.5	42	446	21.8	4,644	0.6	48	2,046	20,723
65-74	134	30.0	1,508	0.5	28	104	23.3	1,118	0.7	51	447	4,672
75-84	19	21.8	223	0.4	19	14	16.1	168	0.4	43	87	947
85 and older	3	17.6	36	0.5	19	0	0.0	0	0.0	0	17	190
Other Eligibles	1,695	24.1	18,015	0.5	32	962	13.7	9,869	0.7	52	7,046	67,663
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	25.0	6	0.2	2	0	0.0	0	0.0	0	4	42
21-44	43	22.3	507	0.3	8	7	3.6	84	0.8	54	193	2,230
45-64	29	19.6	348	0.5	12	13	8.8	156	1.0	71	148	1,776
65-74	498	26.9	5,302	0.5	36	458	24.8	4,805	0.7	52	1,848	17,530
75-84	607	26.1	6,398	0.5	32	377	16.2	3,761	0.7	52	2,324	22,109
85 and older	517	20.4	5,454	0.5	30	107	4.2	1,063	0.7	47	2,529	23,976
Male	1,175	19.3	12,323	0.4	23	690	11.3	6,870	0.7	51	6,083	57,172
Disabled	695	21.5	7,350	0.4	24	404	12.5	4,132	0.7	51	3,233	31,452
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	111
21-44	295	19.9	3,219	0.3	16	116	7.8	1,222	0.6	41	1,486	15,194
45-64	331	22.9	3,411	0.4	29	232	16.1	2,291	0.7	55	1,444	13,250
65-74	65	25.9	679	0.5	36	51	20.3	569	0.7	58	251	2,483
75-84	4	11.8	41	0.3	37	5	14.7	50	0.9	69	34	346
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	44
Other Eligibles	480	16.8	4,973	0.5	22	286	10.0	2,738	0.7	50	2,850	25,720
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	30	14.7	352	0.3	5	10	4.9	120	0.6	49	204	2,420
45-64	33	17.9	373	0.4	11	26	14.1	300	0.7	43	184	2,167
65-74	149	16.3	1,532	0.5	20	134	14.7	1,252	0.6	51	913	8,052
75-84	160	17.2	1,639	0.5	26	99	10.7	911	0.7	53	928	7,754
85 and older	108	17.5	1,077	0.5	28	17	2.8	155	0.6	39	617	5,310
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

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 D.7D includes the beneficiaries represented by Cell G 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 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

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	\$241	6.0	3,406	33,855
Age				
0-64	356	6.7	208	2,277
65-74	295	6.5	374	3,735
75-84	266	6.5	1,086	10,613
85 and older	199	5.5	1,738	17,230
Unknown	0	0.0	0	0
Gender				
Female	238	6.1	2,467	24,957
Male	248	5.8	939	8,898
Unknown	0	0.0	0	0
Race				
White	241	6	3,247	32,183
African American	265	7.1	8	78
Other/unknown	245	5.7	151	1,594
Basis of Eligibility^c				
Aged	232	6.0	3,149	31,029
Disabled	342	6.7	256	2,814
Adults	79	3.3	1	12
Children	0	0.0	0	0
Unknown	0	0.0	0	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 1,442 beneficiaries who were in nursing facilities for part of their enrollment and their 12,243 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.

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.

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 D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No. of Bene Mos	As % of Dual All-Year NF Residents	
		Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name		
Anti-infective Agents	0.3	0.2	0.0	0.2	\$13	\$11	\$0	\$2	\$39	\$65	\$46	\$11	7,875	\$304,724	2,138	62.8 %	22,676
Biologicals	0.1	0.0	0.0	0.1	2	1	0	1	18	13	0	22	138	2,511	136	4.0	1,478
Antineoplastic Agents	0.7	0.3	0.2	0.3	141	106	19	17	191	343	118	62	982	187,409	133	3.9	1,326
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	36	27	2	7	28	47	15	12	20,770	588,282	1,615	47.4	16,511
Cardiovascular Agents	1.9	0.5	0.2	1.2	45	21	4	19	23	43	18	16	46,301	1,070,105	2,386	70.1	23,934
Respiratory Agents	0.9	0.4	0.0	0.5	41	24	0	16	44	60	34	32	12,087	530,332	1,240	36.4	12,980
Gastrointestinal Agents	0.9	0.4	0.1	0.5	55	39	5	11	60	100	67	25	15,483	927,738	1,639	48.1	16,903
Genitourinary Agents	0.7	0.5	0.0	0.2	36	32	0	4	52	65	28	20	5,407	281,990	739	21.7	7,854
CNS Drugs	1.3	0.8	0.1	0.5	82	65	7	10	61	85	82	21	30,657	1,884,776	2,254	66.2	23,007
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.0	0.7	17	3	1	14	23	59	19	21	460	10,553	57	1.7	605
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	88	87	0	0	117	119	63	16	1,277	149,250	173	5.1	1,700
Analgesics and Anesthetics	1.1	0.4	0.1	0.7	49	36	3	10	45	93	53	15	20,229	900,858	1,831	53.8	18,461
Neuromuscular Agents	1.2	0.4	0.2	0.7	57	30	8	20	47	81	41	30	10,749	507,868	856	25.1	8,885
Nutritional Products	0.9	0.0	0.2	0.7	15	0	4	10	17	15	25	15	11,655	194,586	1,273	37.4	13,160
Hematological Agents	1.2	0.1	0.6	0.4	37	23	9	5	32	159	15	12	8,928	281,410	757	22.2	7,652
Topical Products	0.5	0.2	0.0	0.2	16	11	1	4	32	50	36	15	9,242	296,549	1,736	51.0	18,757
Miscellaneous Products	0.1	0.1	0.0	0.1	4	3	0	2	35	49	199	24	360	12,554	261	7.7	2,810
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	23	0	0	0	977	22,037	265	7.8	2,867
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.	203,577	8,153,532	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,442 beneficiaries who were in nursing facilities for part of their enrollment and their 12,243 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 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In Montana, 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.

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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

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	\$908,975	2,004	58.8 %	20,612	0.8	\$53	\$44
ULCER DRUGS	852,074	1,509	44.3	15,508	0.7	75	55
ANTIPSYCHOTICS	816,369	983	28.9	10,275	0.7	116	79
ANALGESICS - Narcotic	642,832	1,998	58.7	20,051	0.7	45	32
ANTIASTHMATIC	402,246	1,351	39.7	13,931	0.6	46	29
ANTIHYPERTENSIVE	363,062	1,173	34.4	11,928	0.9	35	30
ANTIDIABETIC	342,301	938	27.5	9,674	0.9	40	35
ANTICONVULSANT	272,186	614	18.0	6,390	1.0	44	43
ANALGESICS - ANTI-INFLAMMATORY	235,748	724	21.3	7,752	0.6	52	30
CALCIUM BLOCKERS	195,260	527	15.5	5,327	0.9	41	37
Total	5,031,053	11,821		121,448	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,442 beneficiaries who were in nursing facilities for part of their enrollment and their 12,243 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 2001. 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 2001 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	93,172	\$5,031,053	2,004	0.8	58.8 %	20,612	0.8	\$44	44.3 %	1,509	0.7	\$55
Female	68,910	3,687,151	1,516	0.8	61.5	15,773	0.8	44	44.6	1,101	0.7	53
Disabled	4,955	324,037	95	0.8	69.9	1,039	0.8	56	45.6	62	0.7	62
64 or younger	3,899	270,327	80	0.8	75.5	859	0.8	58	44.3	47	0.7	64
65-74	897	47,069	12	0.8	52.2	144	0.8	47	47.8	11	0.7	57
75-84	75	2,856	1	1.0	25.0	12	1.0	72	50.0	2	1.0	41
85 and older	84	3,785	2	0.8	66.7	24	0.8	25	66.7	2	0.7	65
Other Eligibles	63,955	3,363,114	1,421	0.8	61.0	14,734	0.8	43	44.6	1,039	0.7	53
64 or younger	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	7,047	406,456	151	0.9	79.5	1,575	0.9	46	50.0	95	0.8	57
75-84	23,768	1,289,198	480	0.9	64.4	4,955	0.9	46	48.1	358	0.7	53
85 and older	33,140	1,667,460	790	0.8	56.6	8,204	0.8	42	42.0	586	0.7	52
Male	24,262	1,343,902	488	0.8	52.0	4,839	0.8	44	43.5	408	0.7	60
Disabled	4,056	278,107	61	1.0	50.8	688	1.0	59	40.8	49	0.8	78
64 or younger	3,435	235,309	52	1.0	51.0	589	1.0	60	41.2	42	0.8	77
65-74	520	35,132	6	0.9	40.0	63	0.9	48	33.3	5	0.8	81
75-84	77	6,030	2	100.0	100.0	24	0.5	45	50.0	1	0.9	113
85 and older	24	1,636	1	1.0	100.0	12	1.0	82	100.0	1	1.0	54
Other Eligibles	20,206	1,065,795	427	0.8	52.1	4,151	0.8	41	43.8	359	0.7	57
64 or younger	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	4,274	244,506	79	0.8	54.1	736	0.8	40	44.5	65	0.7	64
75-84	8,808	468,818	191	0.8	57.0	1,900	0.8	42	43.9	147	0.8	58
85 and older	7,124	352,471	157	0.8	46.4	1,515	0.8	41	43.5	147	0.7	52
Unknown	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 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,442 beneficiaries who were in nursing facilities for part of their enrollment and their 12,243 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 2001. 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 2001 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	ANTIPSYCHOTICS										ANALGESICS - Narcotic										ANTI-ASTHMATIC									
	Users as %					Users as %					Users as %					Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$					
All	983	28.9 %	10,275	0.7	\$80	1,998	58.7 %	20,051	0.7	\$32	1,351	39.7 %	13,931	0.6	\$29															
Female	683	27.7	7,248	0.7	74	1,524	61.8	15,433	0.7	34	894	36.2	9,515	0.6	28															
Disabled	47	34.6	525	0.8	119	80	58.8	865	0.8	39	70	51.5	814	0.7	33															
64 or younger	36	34.0	393	0.9	137	58	54.7	618	0.8	46	56	52.8	646	0.7	31															
65-74	10	43.5	120	0.5	70	16	69.6	185	0.7	22	12	52.2	144	1.1	47															
75-84	1	25.0	12	0.3	19	2	50.0	14	0.1	2	2	50.0	24	0.2	6															
85 and older	0	0.0	0	0.0	0	4	133.3	48	0.6	21	0	0.0	0	0.0	0															
Other Eligibles	636	27.3	6,723	0.7	71	1,444	61.9	14,568	0.7	34	824	35.3	8,701	0.6	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	86	45.3	890	0.8	113	122	64.2	1,236	0.9	40	85	44.7	873	0.6	34															
75-84	240	32.2	2,545	0.7	70	481	64.6	4,896	0.8	42	309	41.5	3,281	0.7	31															
85 and older	310	22.2	3,288	0.6	59	841	60.2	8,436	0.7	29	430	30.8	4,547	0.5	23															
Male	300	31.9	3,027	0.7	92	474	50.5	4,618	0.6	24	457	48.7	4,416	0.7	32															
Disabled	50	41.7	577	0.8	148	44	36.7	479	0.7	30	52	43.3	588	0.7	34															
64 or younger	39	38.2	455	0.8	149	37	36.3	395	0.8	35	45	44.1	504	0.7	34															
65-74	10	66.7	110	0.8	143	4	26.7	48	0.4	7	7	46.7	84	0.8	34															
75-84	1	50.0	12	2.0	144	3	150.0	36	0.1	4	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	250	30.5	2,450	0.7	79	430	52.5	4,139	0.6	24	405	49.5	3,828	0.7	31															
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	60	41.1	587	0.8	97	63	43.2	617	0.7	34	80	54.8	852	0.7	33															
75-84	103	30.7	1,032	0.7	80	185	55.2	1,775	0.6	26	178	53.1	1,581	0.8	32															
85 and older	87	25.7	831	0.6	65	182	53.8	1,747	0.5	17	147	43.5	1,395	0.6	29															
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 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,442 beneficiaries who were in nursing facilities for part of their enrollment and their 12,243 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 2001. 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 2001 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIIDIABETIC					ANTICONVULSANT				
	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	1,173	34.4 %	11,928	0.9	\$30	938	27.5 %	9,674	0.9	\$35	614	18.0 %	6,390	1.0	\$43
Female	827	33.5	8,507	0.9	31	674	27.3	7,117	0.9	36	409	16.6	4,277	0.9	41
Disabled	25	18.4	277	0.8	25	47	34.6	526	0.9	44	65	47.8	750	1.1	67
64 or younger	15	14.2	167	0.7	24	37	34.9	406	0.9	44	59	55.7	685	1.1	71
65-74	7	30.4	84	1.0	27	8	34.8	96	0.9	53	5	21.7	53	0.8	26
75-84	2	50.0	14	0.8	26	1	25.0	12	0.1	2	1	25.0	12	1.3	19
85 and older	1	33.3	12	0.8	29	1	33.3	12	1.0	23	0	0.0	0	0.0	0
Other Eligibles	802	34.4	8,230	0.9	31	627	26.9	6,591	0.9	36	344	14.8	3,527	0.9	36
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	57	30.0	622	1.0	33	79	41.6	857	0.9	36	73	38.4	729	0.9	39
75-84	299	40.1	3,059	0.9	31	278	37.3	2,931	0.9	37	139	18.7	1,428	0.9	39
85 and older	446	31.9	4,549	0.9	31	270	19.3	2,803	0.9	35	132	9.5	1,370	0.8	30
Male	346	36.8	3,421	0.9	29	264	28.1	2,557	0.9	33	205	21.8	2,113	1.0	46
Disabled	35	29.2	398	0.9	27	23	19.2	254	0.8	27	67	55.8	757	1.2	64
64 or younger	29	28.4	326	0.8	26	17	16.7	182	0.8	25	60	58.8	682	1.2	67
65-74	6	40.0	72	1.0	33	5	33.3	60	0.9	37	7	46.7	75	1.0	38
75-84	0	0.0	0	0.0	0	1	50.0	12	1.1	8	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	311	38.0	3,023	0.9	29	241	29.4	2,303	0.9	33	138	16.8	1,356	0.9	36
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	58	39.7	554	0.9	33	37	25.3	361	1.0	39	47	32.2	484	1.0	46
75-84	125	37.3	1,236	0.9	30	121	36.1	1,217	0.9	34	46	13.7	426	0.8	34
85 and older	128	37.9	1,233	0.8	27	83	24.6	725	0.8	28	45	13.3	446	0.9	27
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 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,442 beneficiaries who were in nursing facilities for part of their enrollment and their 12,243 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 2001. 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 2001 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					CALCIUM BLOCKERS						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Residents	No. of Rx	No. of Rx			
All	724	21.3 %	7,752	0.6	\$30	527	15.5 %	5,327	0.9	\$37	3,406	33,855
Female	565	22.9	6,054	0.6	31	410	16.6	4,272	0.9	37	2,467	24,957
Disabled	32	23.5	344	0.9	53	10	7.4	120	1.0	31	136	1,501
64 or younger	26	24.5	272	0.8	53	4	3.8	48	1.0	34	106	1,158
65-74	6	26.1	72	1.0	52	5	21.7	60	1.0	28	23	269
75-84	0	0.0	0	0.0	0	1	25.0	12	1.0	34	4	38
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
Other Eligibles	533	22.9	5,710	0.6	30	400	17.2	4,152	0.9	37	2,331	23,456
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	41	21.6	438	0.5	22	30	15.8	304	0.8	36	190	1,907
75-84	196	26.3	2,090	0.6	29	139	18.7	1,444	0.9	39	745	7,494
85 and older	296	21.2	3,182	0.6	32	231	16.5	2,404	0.9	37	1,396	14,055
Male	159	16.9	1,698	0.6	28	117	12.5	1,055	0.9	34	939	8,898
Disabled	20	16.7	228	0.5	24	10	8.3	103	0.9	31	120	1,313
64 or younger	15	14.7	168	0.5	17	8	7.8	79	0.9	36	102	1,119
65-74	4	26.7	48	0.7	24	1	6.7	12	1.1	14	15	158
75-84	1	50.0	12	0.8	122	1	50.0	12	0.3	15	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	139	17.0	1,470	0.6	28	107	13.1	952	0.9	35	819	7,585
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	29	19.9	301	0.6	21	23	15.8	216	0.9	40	146	1,401
75-84	56	16.7	595	0.7	33	45	13.4	377	0.9	34	335	3,057
85 and older	54	16.0	574	0.5	27	39	11.5	359	0.8	32	338	3,127
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 2001 file for Montana, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,442 beneficiaries who were in nursing facilities for part of their enrollment and their 12,243 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 2001. 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 2001 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 D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
			4.0	67,829					
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	1
6-14	2	33.3	1.5	9	285	32	32	1.6	6
15-20	10	40.0	1.4	36	762	21	21	1.7	25
21-44	1,326	43.1	3.3	10,125	206,181	20	20	2.6	3,074
45-64	1,968	51.5	4.7	17,891	382,791	21	21	3.3	3,822
65-74	1,555	45.0	3.7	12,637	238,809	19	19	3.6	3,459
75-84	1,665	49.4	4.1	13,975	231,496	17	17	3.4	3,373
85 and older	1,597	50.4	4.2	13,156	219,179	17	17	4.0	3,169
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,398	48.3	4.0	36,124	627,563	17	17	3.6	9,097
Disabled	3,303	47.0	3.9	27,121	589,110	22	22	3.0	7,033
Adults	415	53.5	5.9	4,572	62,718	14	14	3.6	776
Children	7	30.4	0.5	12	112	9	9	0.5	23
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	5,691	52.5	4.5	49,147	946,708	19	19	3.6	10,846
Male	2,432	40.0	3.1	18,682	332,795	18	18	2.7	6,083
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	7,515	49.1	4.1	63,408	1,207,537	19	19	3.3	15,291
African American	19	39.6	1.8	87	1,269	15	15	1.1	48
Other/unknown	589	37.0	2.7	4,334	70,697	16	16	3.1	1,590
Use of Nursing Facilities^d									
Entire year	1,745	51.2	4.8	16,224	293,318	18	18	3.6	3,406
Part year	866	60.1	4.4	6,382	111,959	18	18	3.7	1,442
None	5,512	45.6	3.7	45,223	874,226	19	19	3.2	12,081
Maintenance Assistance Status									
Cash	2,422	40.9	3.0	17,995	384,777	21	21	3.2	5,917
Medically needy	4,161	51.8	4.4	35,064	641,416	18	18	3.3	8,031
Poverty related	1	20.0	0.2	1	5	5	5	0.8	5
Other/unknown	1,539	51.7	5.0	14,769	253,305	17	17	3.5	2,976

Table D11

Dual Eligible Beneficiaries

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.4	\$8	\$19	\$0	\$3	163,690
Age						
5 and younger	0.0	0	0	0	0	2
6-14	0.2	7	32	0	0	41
15-20	0.1	3	21	0	0	283
21-44	0.3	6	20	0	3	32,035
45-64	0.5	10	21	0	4	37,916
65-74	0.4	7	19	0	3	32,737
75-84	0.4	7	17	0	2	31,156
85 and older	0.4	7	17	0	2	29,520
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	7	17	0	2	84,014
Disabled	0.4	8	22	0	4	70,307
Adults	0.5	7	14	0	2	9,127
Children	0.0	0	9	0	0	242
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	9	19	0	3	106,518
Male	0.3	6	18	0	2	57,172
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	8	19	0	3	146,726
African American	0.2	3	15	0	1	484
Other/unknown	0.3	4	16	0	2	16,480
Use of Nursing Facilities^d						
Entire year	0.5	9	18	0	2	33,855
Part year	0.5	9	18	0	3	12,243
None	0.4	7	19	0	3	117,592
Maintenance Assistance Status						
Cash	0.3	6	21	0	2	64,157
Medically needy	0.5	9	18	0	3	67,971
Poverty related	0.0	0	5	0	0	36
Other/unknown	0.5	8	17	0	3	31,526

Table D12

Dual Eligible Beneficiaries

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 MONTANA, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	11,742	\$109	\$1,279,503	100.0 %	67,829	\$19	100.0 %
Anorexia or weight loss/gain	22	74	1,637	0.1	49	33	0.1
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	6	20	120	0.0	12	10	0.0
Cough and cold medications	2,009	78	157,011	12.3	5,604	28	8.3
Vitamins and minerals	3,406	133	452,884	35.4	23,401	19	34.5
Non-prescription drugs	2,005	65	131,069	10.2	11,012	12	16.2
Barbiturates	163	84	13,685	1.1	1,550	9	2.3
Benzodiazepines	3,787	120	455,733	35.6	24,671	18	36.4
Other Part D Excl Rx Drugs	344	196	67,364	5.3	1,530	44	2.3

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MONTANA, 2001

Total Number of Dual Eligible Beneficiaries 16,929
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$38,613,764
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,281

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,960	11.6 %	\$0	0.0 %
1-500	3,646	21.5	760,822	2.0
501-1,000	2,002	11.8	1,487,357	3.9
1,001-1,500	1,585	9.4	1,971,149	5.1
1,501-2,000	1,282	7.6	2,228,363	5.8
2,001-2,500	1,077	6.4	2,417,568	6.3
2,501-3,000	915	5.4	2,507,295	6.5
3,001-3,500	763	4.5	2,472,883	6.4
3,501-4,000	614	3.6	2,299,757	6.0
4,001-4,500	501	3.0	2,126,696	5.5
4,501-5,000	413	2.4	1,956,550	5.1
5,001-5,500	339	2.0	1,781,040	4.6
5,501-6,000	287	1.7	1,647,707	4.3
6,001-6,500	231	1.4	1,447,201	3.7
6,501-7,000	189	1.1	1,278,959	3.3
7,001-7,500	161	1.0	1,164,535	3.0
7,501-8,000	116	0.7	899,692	2.3
8,001-8,500	138	0.8	1,135,443	2.9
8,501-9,000	78	0.5	682,281	1.8
9,001-9,500	80	0.5	741,066	1.9
9,501-10,000	66	0.4	642,599	1.7
10,001+	486	2.9	6,964,801	18.0

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MONTANA, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 6,191
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$18,049,059
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,915

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	0		
\$0	804	13.0 %	0		0.0 %
1-500	1,353	21.9	262,109		1.5
501-1,000	652	10.5	487,680		2.7
1,001-1,500	433	7.0	537,906		3.0
1,501-2,000	370	6.0	644,034		3.6
2,001-2,500	322	5.2	722,923		4.0
2,501-3,000	280	4.5	767,482		4.3
3,001-3,500	222	3.6	720,397		4.0
3,501-4,000	204	3.3	764,758		4.2
4,001-4,500	170	2.7	722,552		4.0
4,501-5,000	185	3.0	877,412		4.9
5,001-5,500	114	1.8	600,390		3.3
5,501-6,000	111	1.8	637,076		3.5
6,001-6,500	103	1.7	644,944		3.6
6,501-7,000	85	1.4	574,707		3.2
7,001-7,500	81	1.3	585,346		3.2
7,501-8,000	67	1.1	520,445		2.9
8,001-8,500	88	1.4	722,263		4.0
8,501-9,000	46	0.7	402,180		2.2
9,001-9,500	49	0.8	453,424		2.5
9,501-10,000	46	0.7	448,300		2.5
10,001+	406	6.6	5,952,731		33.0

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MONTANA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+ 10,001
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$18,916,739
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,892

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,099	11.0%	0	0.0%
1-500	2,111	21.1	468,410	2.5
501-1,000	1,267	12.7	938,674	5.0
1,001-1,500	1,086	10.9	1,353,573	7.2
1,501-2,000	853	8.5	1,481,176	7.8
2,001-2,500	709	7.1	1,589,577	8.4
2,501-3,000	595	5.9	1,630,159	8.6
3,001-3,500	505	5.0	1,637,079	8.7
3,501-4,000	379	3.8	1,418,033	7.5
4,001-4,500	316	3.2	1,341,111	7.1
4,501-5,000	219	2.2	1,036,754	5.5
5,001-5,500	198	2.0	1,038,300	5.5
5,501-6,000	160	1.6	918,365	4.9
6,001-6,500	113	1.1	708,622	3.7
6,501-7,000	99	1.0	669,595	3.5
7,001-7,500	75	0.7	542,982	2.9
7,501-8,000	40	0.4	309,777	1.6
8,001-8,500	42	0.4	347,280	1.8
8,501-9,000	27	0.3	235,756	1.2
9,001-9,500	23	0.2	213,553	1.1
9,501-10,000	16	0.2	155,355	0.8
10,001+	69	0.7	882,608	4.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 MONTANA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74 3,459
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$6,710,470
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,940

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	569	16.4 %	0	0.0 %
1-500	727	21.0	147,104	2.2
501-1,000	389	11.2	285,571	4.3
1,001-1,500	305	8.8	378,492	5.6
1,501-2,000	235	6.8	404,481	6.0
2,001-2,500	209	6.0	464,527	6.9
2,501-3,000	179	5.2	488,327	7.3
3,001-3,500	160	4.6	519,763	7.7
3,501-4,000	122	3.5	456,136	6.8
4,001-4,500	119	3.4	507,469	7.6
4,501-5,000	65	1.9	308,482	4.6
5,001-5,500	71	2.1	372,318	5.5
5,501-6,000	73	2.1	418,548	6.2
6,001-6,500	44	1.3	274,803	4.1
6,501-7,000	41	1.2	278,108	4.1
7,001-7,500	39	1.1	281,992	4.2
7,501-8,000	14	0.4	108,993	1.6
8,001-8,500	19	0.5	157,494	2.3
8,501-9,000	17	0.5	148,895	2.2
9,001-9,500	17	0.5	157,658	2.3
9,501-10,000	4	0.1	38,598	0.6
10,001+	41	1.2	512,711	7.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MONTANA, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84 3,373
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$6,719,271
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,992

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	358	10.6%	0	0.0%
1-500	664	19.7	152,477	2.3
501-1,000	410	12.2	303,911	4.5
1,001-1,500	375	11.1	469,912	7.0
1,501-2,000	301	8.9	527,153	7.8
2,001-2,500	238	7.1	534,797	8.0
2,501-3,000	215	6.4	587,724	8.7
3,001-3,500	162	4.8	524,689	7.8
3,501-4,000	126	3.7	471,858	7.0
4,001-4,500	112	3.3	474,949	7.1
4,501-5,000	86	2.5	406,746	6.1
5,001-5,500	83	2.5	434,894	6.5
5,501-6,000	59	1.7	339,029	5.0
6,001-6,500	43	1.3	271,589	4.0
6,501-7,000	40	1.2	269,753	4.0
7,001-7,500	25	0.7	181,854	2.7
7,501-8,000	17	0.5	131,523	2.0
8,001-8,500	10	0.3	82,657	1.2
8,501-9,000	8	0.2	69,670	1.0
9,001-9,500	6	0.2	55,895	0.8
9,501-10,000	11	0.3	107,180	1.6
10,001+	24	0.7	321,011	4.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MONTANA, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 3,169
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$5,486,998
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,732

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	172	5.4 %	0	0.0 %
1-500	720	22.7	168,829	3.1
501-1,000	468	14.8	349,192	6.4
1,001-1,500	406	12.8	505,169	9.2
1,501-2,000	317	10.0	549,542	10.0
2,001-2,500	262	8.3	590,253	10.8
2,501-3,000	201	6.3	554,108	10.1
3,001-3,500	183	5.8	592,627	10.8
3,501-4,000	131	4.1	490,039	8.9
4,001-4,500	85	2.7	358,693	6.5
4,501-5,000	68	2.1	321,526	5.9
5,001-5,500	44	1.4	231,088	4.2
5,501-6,000	28	0.9	160,788	2.9
6,001-6,500	26	0.8	162,230	3.0
6,501-7,000	18	0.6	121,734	2.2
7,001-7,500	11	0.3	79,136	1.4
7,501-8,000	9	0.3	69,261	1.3
8,001-8,500	13	0.4	107,129	2.0
8,501-9,000	2	0.1	17,191	0.3
9,001-9,500	1	0.0	9,577	0.2
9,501-10,000	4	0.1	48,886	0.9
10,001+				

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	16,929	9,097	7,033	776	23	0	84,014	70,307	9,127	242	0
Age											
5 and younger	1	0	0	0	1	2	0	0	0	2	0
6-14	6	0	4	0	2	0	0	38	0	3	0
15-20	25	0	20	1	4	0	283	229	6	48	0
21-44	3,074	5	2,677	376	16	0	32,035	27,385	4,401	189	0
45-64	3,822	4	3,490	328	0	0	37,916	33,973	3,895	0	0
65-74	3,459	2,719	698	42	0	0	32,737	7,155	491	0	0
75-84	3,373	3,231	121	21	0	0	31,156	1,293	238	0	0
85 and older	3,169	3,138	23	8	0	0	29,520	234	96	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	10,846	6,677	3,800	360	9	0	106,518	38,855	4,222	107	0
Male	6,083	2,420	3,233	416	14	0	57,172	31,452	4,905	135	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	15,291	8,345	6,210	717	19	0	146,726	61,532	8,452	205	0
African American	48	18	28	0	2	0	484	291	0	24	0
Other/unknown	1,590	734	795	59	2	0	16,480	8,484	675	13	0
Use of Nursing Facilities^c											
Entire year	3,406	3,149	256	1	0	0	33,855	2,814	12	0	0
Part year	1,442	1,231	195	16	0	0	12,243	1,926	179	0	0
None	12,081	4,717	6,582	759	23	0	117,592	65,567	8,936	242	0
Maintenance Assistance Status											
Cash	5,917	1,879	4,027	8	3	0	64,157	43,578	82	15	0
Medically needy	8,031	5,805	2,226	0	0	0	67,971	18,406	0	0	0
Poverty related	5	0	0	5	0	0	36	0	36	0	0
Other/unknown	2,976	1,413	780	763	20	0	31,526	8,323	9,009	227	0
Dual Status^d											
Full dual, all year	16,929	9,097	7,033	776	23	0	163,690	70,307	9,127	242	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0
Managed Care Status											
FFS all year	16,929	9,097	7,033	776	23	0	163,690	70,307	9,127	242	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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 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. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2001

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
All	16,929	163,690	16,929	163,690	16,929	163,690	0	0
FFS all year	16,929	163,690	16,929	163,690	16,929	163,690	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0	0	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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.