

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 MONTANA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MONTANA, 2002

Inclusion Criteria (2002)	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	108,720 (A)	18,333 (E)	90,387 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	93,036 (B)	17,203 (F)	75,833 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	92,886 (C)	17,203 (G)	75,683 (K)
4. Benes who were all-year nursing facility residents ^f	3,575 (D)	3,375 (H)	200 (L)

Source: Data for this table are from the MAX 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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.
- Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2002, 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 19 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 19 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.
- The total Medicaid pharmacy reimbursement for Montana in 2002 was \$78,389,842, of which \$5,433,774 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.
- Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 0.2 percent were restricted benefit months without a pharmacy benefit in Montana, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of 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}
 MONTANA, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	92,886	9,279	18,048	8,178	57,376	5	821,591	84,845	176,082	62,200	498,435	29
Age												
5 and younger	24,740	0	521	0	24,219	0	211,269	0	5,085	0	206,184	0
6-14	24,114	0	1,117	2	22,995	0	219,675	0	11,899	12	207,764	0
15-20	12,000	0	1,039	998	9,962	1	99,596	0	10,587	5,215	83,792	2
21-44	12,930	8	6,058	6,661	200	3	111,405	77	59,683	50,935	695	15
45-64	8,873	16	8,419	437	0	1	85,047	169	79,782	5,084	0	12
65-74	3,550	2,755	743	52	0	0	33,392	25,324	7,450	618	0	0
75-84	3,431	3,287	122	22	0	0	31,358	29,786	1,308	264	0	0
85 and older	3,248	3,213	29	6	0	0	29,849	29,489	288	72	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	52,279	6,835	9,480	7,238	28,721	5	459,333	63,835	94,350	51,851	249,268	29
Male	40,606	2,444	8,568	940	28,654	0	362,257	21,010	81,732	10,349	249,166	0
Unknown	1	0	0	0	1	1	0	0	0	0	1	0
Race												
White	69,240	8,513	14,991	6,380	39,351	5	602,304	77,146	144,581	47,534	333,014	29
African American	706	16	109	34	547	0	5,970	163	1,042	247	4,518	0
Other/unknown	22,940	750	2,948	1,764	17,478	0	213,317	7,536	30,459	14,419	160,903	0
Use of Nursing Facilities^c												
Entire year	3,575	3,143	432	0	0	0	35,042	30,498	4,544	0	0	0
Part year	1,673	1,287	363	19	4	0	14,527	10,743	3,523	225	36	0
None	87,638	4,849	17,253	8,159	57,372	5	772,022	43,604	168,015	61,975	498,399	29
Maintenance Assistance Status												
Cash	37,858	1,928	13,861	1,859	20,210	0	361,187	20,824	140,972	17,380	182,011	0
Medically needy	9,000	6,072	2,852	7	69	0	73,671	51,239	21,972	9	451	0
Poverty-related	25,411	0	0	3,586	21,820	5	201,079	0	0	18,456	182,594	29
Other/unknown	20,617	1,279	1,335	2,726	15,277	0	185,654	12,782	13,138	26,355	133,379	0
Dual Medicare Status^d												
Full dual, all year	17,133	8,965	7,273	888	7	0	164,424	82,649	71,253	10,447	75	0
Full dual, part year	70	52	18	0	0	0	517	391	126	0	0	0
Non-dual, all year	75,683	262	10,757	7,290	57,369	5	656,650	1,805	104,703	51,753	498,360	29
Managed Care Status												
FFS all year	92,037	9,279	18,023	8,171	56,559	5	816,807	84,845	175,916	62,163	493,854	29
FFS part year, with Rx claims	457	0	19	7	431	0	2,913	0	128	37	2,748	0
FFS part year, no Rx claims	392	0	6	0	386	0	1,871	0	38	0	1,833	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 MONTANA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	64.2 %	14.1	\$785	\$56	\$5,173	15.2 %	92,886
Age							
5 and younger	59.1	2.8	87	31	1,817	4.8	24,740
6-14	50.6	3.6	214	60	2,369	9.0	24,114
15-20	56.3	5.3	319	61	4,074	7.8	12,000
21-44	75.3	18.2	1,331	73	6,789	19.6	12,930
45-64	82.4	42.9	2,681	63	10,897	24.6	8,873
65-74	82.6	42.7	2,092	49	9,036	23.2	3,550
75-84	87.4	48.2	2,113	44	14,267	14.8	3,431
85 and older	93.8	49.5	1,888	38	19,700	9.6	3,248
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	88.3	47.2	2,039	43	14,866	13.7	9,279
Disabled	79.5	33.5	2,319	69	10,746	21.6	18,048
Adults	73.0	10.5	533	51	4,073	13.1	8,178
Children	54.2	3.2	136	43	2,008	6.8	57,376
Unknown	40.0	19.2	1,025	53	7,115	14.4	5
Gender							
Female	67.5	16.9	872	52	5,488	15.9	52,279
Male	59.9	10.5	674	64	4,767	14.1	40,606
Unknown	0.0	0.0	0	0	0	0.0	1
Race							
White	70.8	17.0	947	56	5,644	16.8	69,240
African American	65.9	8.8	492	56	3,335	14.7	706
Other/unknown	44.1	5.7	308	54	3,808	8.1	22,940
Use of Nursing Facilities^d							
Entire year	97.1	64.1	2,809	44	28,148	10.0	3,575
Part year	95.7	51.7	2,358	46	20,471	11.5	1,673
None	62.2	11.4	673	59	3,943	17.1	87,638

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	62.4	14.6	898	62	4,643	19.3	37,858
Medically needy	89.6	49.0	2,497	51	15,779	15.8	9,000
Poverty related	55.6	2.8	107	38	1,379	7.8	25,411
Other/unknown	66.9	12.1	669	55	6,190	10.8	20,617

Source: Data for this table are from the MAX 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table 3 includes beneficiaries represented by Cell C of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	1.6	\$89	15.2 %	35.8 %	40.8 %	5.8 %	8.9 %	6.6 %	2.1 %	\$585	92,866	821,591
Age												
5 and younger	0.3	10	4.8	40.9	56.3	2.1	0.7	0.0	0.0	213	24,740	211,269
6-14	0.4	24	9.0	49.4	43.8	3.9	2.6	0.2	0.0	260	24,114	219,675
15-20	0.6	38	7.8	43.7	45.2	6.1	4.2	0.7	0.1	491	12,000	99,596
21-44	2.1	155	19.6	24.7	40.9	10.6	14.7	7.1	1.9	788	12,930	111,405
45-64	4.5	280	24.6	17.6	16.6	9.5	25.3	22.7	8.2	1,137	8,873	85,047
65-74	4.5	222	23.2	17.4	14.8	9.5	24.7	25.0	8.6	961	3,550	33,392
75-84	5.3	231	14.8	12.6	11.0	8.6	27.0	30.6	10.1	1,561	3,431	31,358
85 and older	5.4	205	9.6	6.2	10.1	9.9	32.0	33.3	8.5	2,144	3,248	29,849
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	5.2	223	13.7	11.7	11.6	9.3	27.9	30.2	9.3	1,626	9,279	84,845
Disabled	3.4	238	21.6	20.5	24.6	10.5	22.4	16.4	5.6	1,102	18,048	176,082
Adults	1.4	70	13.1	27.0	51.1	9.8	8.6	3.0	0.4	536	8,178	62,200
Children	0.4	16	6.8	45.8	49.2	3.1	1.7	0.2	0.0	231	57,376	498,435
Unknown	3.3	177	14.4	60.0	20.0	0.0	0.0	20.0	0.0	1,227	5	29
Gender												
Female	1.9	99	15.9	32.5	40.5	6.0	9.8	8.3	2.8	625	52,279	459,333
Male	1.2	76	14.1	40.1	41.2	5.5	7.8	4.4	1.1	534	40,606	362,257
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Race												
White	2.0	109	16.8	29.2	42.6	6.7	10.8	8.1	2.6	649	69,240	602,304
African American	1.0	58	14.7	34.1	49.3	6.1	6.8	2.7	1.0	394	706	5,970
Other/unknown	0.6	33	8.1	55.9	35.2	3.0	3.4	2.0	0.5	410	22,940	213,317
Use of Nursing Facilities^d												
Entire year	6.5	287	10.0	2.9	6.6	7.5	28.5	39.3	15.1	2,872	3,575	35,042
Part year	6.0	272	11.5	4.3	8.5	8.8	31.3	36.6	10.6	2,358	1,673	14,527
None	1.3	76	17.1	37.8	42.8	5.6	7.7	4.7	1.4	448	87,638	772,022

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				
Maintenance Assistance Status												
Cash	1.5	94	19.3	37.6	38.4	6.5	9.8	5.9	1.7	487	37,858	361,187
Medically needy	6.0	305	15.8	10.4	9.1	8.4	28.3	32.5	11.3	1,928	9,000	73,671
Poverty related	0.4	14	7.8	44.4	50.5	3.5	1.5	0.1	0.0	174	25,411	201,079
Other/unknown	1.3	74	10.8	33.1	47.0	6.1	8.0	4.5	1.3	687	20,617	185,654

Source: Data for this table are from the MAX 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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
Maintenance Assistance Status								
Cash	1.5	94	0.6	62	0.1	6	0.8	19
Medically needy	6.0	305	2.3	51	0.5	19	3.1	68
Poverty related	0.4	14	0.1	38	0.0	1	0.2	3
Other/unknown	1.3	74	0.6	55	0.1	5	0.7	15

Source: Data for this table are from the MAX 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 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 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MONTANA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.3	0.1	0.0	\$12	\$9	\$1	\$2	\$44	\$77	\$74	\$15	104,354	\$4,615,227	38,322	41.3 %	391,041
Biologics	0.1	0.1	0.0	77	52	24	1	549	540	3,638	22	593	325,657	398	0.4	4,236
Antineoplastic Agents	0.6	0.3	0.0	175	158	3	14	275	472	82	52	5,053	1,390,961	796	0.9	7,944
Endocrine/Metabolic Drugs	0.8	0.4	0.1	33	23	3	7	40	61	28	20	130,414	5,197,729	15,617	16.8	157,466
Cardiovascular Agents	1.5	0.5	0.1	47	28	4	15	32	60	27	18	204,167	6,613,489	13,862	14.9	140,216
Respiratory Agents	0.5	0.3	0.0	26	19	2	5	51	72	73	23	120,999	6,177,641	23,007	24.8	237,162
Gastrointestinal Agents	0.7	0.4	0.0	55	47	1	7	81	126	138	24	83,109	6,766,193	11,968	12.9	122,530
Genitourinary Agents	0.5	0.3	0.0	25	23	0	2	56	69	38	20	22,751	1,274,183	4,928	5.3	50,366
CNS Drugs	1.1	0.6	0.0	94	73	3	18	82	126	94	34	225,484	18,463,573	19,290	20.8	196,346
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	43	28	7	8	64	81	60	39	25,354	1,629,664	3,616	3.9	37,488
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	77	71	0	5	167	186	0	70	4,923	819,707	1,051	1.1	10,696
Analgesics and Anesthetics	0.7	0.2	0.0	34	21	2	11	48	141	77	20	151,218	7,313,689	21,449	23.1	215,119
Neuromuscular Agents	0.9	0.4	0.1	61	45	5	11	65	120	54	24	98,542	6,410,146	9,972	10.7	105,302
Nutritional Products	0.4	0.0	0.0	7	0	1	6	17	30	21	16	42,482	721,101	10,789	11.6	106,431
Hematological Agents	0.8	0.1	0.3	71	60	6	5	92	408	20	15	28,021	2,565,543	3,673	4.0	36,178
Topical Products	0.3	0.1	0.0	8	5	1	2	32	53	53	16	56,593	1,789,884	21,057	22.7	217,423
Miscellaneous Products	0.4	0.2	0.1	86	47	24	14	199	295	258	82	4,027	801,589	885	1.0	9,345
Unknown Therapeutic Category	0.2	0.0	0.0	5	0	0	0	22	0	0	0	3,574	80,092	1,465	1.6	15,562
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,311,658	72,956,068	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Montana, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MONTANA, 2002

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$10,078,991	8,500	90,815	0.7	\$164	\$111
ANTIDEPRESSANTS	7,022,430	18,734	193,679	0.6	61	36
ULCER DRUGS	5,587,046	11,444	118,437	0.5	91	47
ANTICONVULSANT	5,139,932	7,784	83,477	0.8	79	62
ANALGESICS - Narcotic	4,833,517	25,200	255,674	0.4	45	19
ANTIASTHMATIC	3,816,009	17,263	178,376	0.4	57	21
ANTIDIABETIC	2,559,510	6,247	64,494	0.7	53	40
ANTIHYPERTENSIVE	1,978,373	7,832	80,145	0.7	36	25
ANALGESICS - ANTI-INFLAMMATORY	1,969,321	9,625	100,552	0.3	59	20
ANTIHYPERTENSIVE	1,845,920	3,659	38,133	0.6	76	48
Total	44,831,049	116,288	1,203,782	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.