

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 NORTH DAKOTA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH DAKOTA, 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	73,623 (A)	15,328 (E)	58,295 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	71,977 (B)	13,751 (F)	58,226 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	71,659 (C)	13,751 (G)	57,908 (K)
4. Benes who were all-year nursing facility residents ^f	4,080 (D)	3,936 (H)	144 (L)

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

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 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.
- d. The total Medicaid pharmacy reimbursement for North Dakota in 2002 was \$52,312,024, of which \$141,847 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. 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.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 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.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 1.4 percent were restricted benefit months without a pharmacy benefit in North Dakota, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NORTH DAKOTA, 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	Aged	Disabled	Adults	Children
All	71,659	9,029	9,540	18,719	34,371	0	633,497	88,515	100,987	148,658	295,337	0					
Age																	
5 and younger	14,312	0	199	0	14,113	0	118,773	0	2,031	0	116,742	0					
6-14	15,023	0	505	1	14,517	0	137,132	0	5,504	4	131,624	0					
15-20	7,454	0	413	1,486	5,555	0	61,702	0	4,392	11,201	46,109	0					
21-44	19,884	0	3,860	15,838	186	0	168,767	0	41,338	126,567	862	0					
45-64	5,893	2	4,500	1,391	0	0	57,972	12	47,100	10,860	0	0					
65-74	2,459	2,393	63	3	0	0	24,676	24,028	622	26	0	0					
75-84	2,983	2,983	0	0	0	0	29,714	29,714	0	0	0	0					
85 and older	3,651	3,651	0	0	0	0	34,761	34,761	0	0	0	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Gender																	
Female	42,150	6,321	4,868	14,062	16,899	0	376,320	63,104	52,195	115,890	145,131	0					
Male	29,508	2,708	4,672	4,657	17,471	0	257,165	25,411	48,792	32,768	150,194	0					
Unknown	1	0	0	0	1	0	12	0	0	0	12	0					
Race																	
White	54,038	8,480	7,980	13,862	23,716	0	473,852	82,930	84,864	108,515	197,543	0					
African American	1,360	15	125	336	884	0	12,258	171	1,147	2,787	8,153	0					
Other/unknown	16,261	534	1,435	4,521	9,771	0	147,387	5,414	14,976	37,356	89,641	0					
Use of Nursing Facilities^c																	
Entire year	4,080	3,773	306	1	0	0	39,670	36,425	3,236	9	0	0					
Part year	1,256	1,011	236	5	4	0	11,676	9,165	2,423	41	47	0					
None	66,323	4,245	8,998	18,713	34,367	0	582,151	42,925	95,328	148,608	295,290	0					
Maintenance Assistance Status																	
Cash	35,982	2,042	6,152	10,217	17,571	0	310,001	22,949	67,294	74,953	144,805	0					
Medically needy	14,862	6,816	3,288	1,958	2,800	0	129,361	64,073	32,835	12,983	19,470	0					
Poverty-related	3,969	171	100	325	3,373	0	29,693	1,493	858	1,803	25,539	0					
Other/unknown	16,846	0	0	6,219	10,627	0	164,442	0	0	58,919	105,523	0					
Dual Medicare Status^d																	
Full dual, all year	13,271	8,408	4,785	74	4	0	134,632	82,280	51,748	562	42	0					
Full dual, part year	480	320	159	1	0	0	4,765	3,190	1,563	12	0	0					
Non-dual, all year	57,908	301	4,596	18,644	34,367	0	494,100	3,045	47,676	148,084	295,295	0					
Managed Care Status																	
FFS all year	70,799	9,029	9,537	18,376	33,857	0	630,407	88,515	100,966	147,418	293,508	0					
FFS part year, with Rx claims	464	0	3	215	246	0	1,897	0	21	850	1,026	0					
FFS part year, no Rx claims	396	0	0	128	268	0	1,193	0	0	390	803	0					

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for North Dakota, 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}
 NORTH DAKOTA, 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	63.5 %	14.3	\$728	\$51	\$5,945	12.2 %	71,659
Age							
5 and younger	59.6	3.0	87	29	1,603	5.4	14,312
6-14	52.5	4.1	201	49	1,574	12.8	15,023
15-20	57.5	5.5	270	49	3,167	8.5	7,454
21-44	63.7	11.2	676	61	5,140	13.2	19,884
45-64	73.7	36.2	2,213	61	13,852	16.0	5,893
65-74	75.1	42.2	2,076	49	13,177	15.8	2,459
75-84	85.7	51.7	2,259	44	17,860	12.6	2,983
85 and older	93.5	51.9	2,072	40	23,633	8.8	3,651
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	86.0	49.2	2,133	43	18,921	11.3	9,029
Disabled	79.2	34.9	2,354	67	17,653	13.3	9,540
Adults	59.9	6.9	295	43	1,859	15.9	18,719
Children	55.3	3.5	143	41	1,511	9.5	34,371
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	67.0	16.6	794	48	6,005	13.2	42,150
Male	58.6	11.1	634	57	5,858	10.8	29,508
Unknown	0.0	0.0	0	0	14	0.0	1
Race							
White	66.8	16.9	861	51	6,844	12.6	54,038
African American	63.4	6.0	289	48	2,007	14.4	1,360
Other/unknown	52.8	6.7	321	48	3,285	9.8	16,261
Use of Nursing Facilities^d							
Entire year	97.8	63.9	2,838	45	34,951	8.1	4,080
Part year	95.9	55.3	2,617	47	23,449	11.2	1,256
None	60.8	10.5	562	53	3,829	14.7	66,323

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	61.3	12.4	680	55	4,089	16.6	35,982
Medically needy	67.9	31.8	1,560	49	16,176	9.6	14,862
Poverty related	48.0	2.7	104	39	949	11.0	3,969
Other/unknown	68.1	5.9	244	41	2,059	11.8	16,846

Source: Data for this table are from the MAX 2002 file for North Dakota, 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}
 NORTH DAKOTA, 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				1.8 %
All	1.6	\$82	12.2 %	36.5 %	39.7 %	6.1 %	9.3 %	6.6 %	1.8 %	\$672	71,659	633,497
Age												
5 and younger	0.4	11	5.4	40.4	56.3	2.2	1.0	0.1	0.0	193	14,312	118,773
6-14	0.4	22	12.8	47.5	45.0	3.9	3.2	0.4	0.0	172	15,023	137,132
15-20	0.7	33	8.5	42.5	45.3	6.6	4.8	0.6	0.1	383	7,454	61,702
21-44	1.3	80	13.2	36.3	41.4	8.8	9.2	3.6	0.7	606	19,884	168,767
45-64	3.7	225	16.0	26.3	18.9	9.1	21.8	18.2	5.7	1,408	5,893	57,972
65-74	4.2	207	15.8	24.9	13.5	7.4	23.5	22.3	8.3	1,313	2,459	24,676
75-84	5.2	227	12.6	14.3	10.3	7.5	26.1	32.2	9.6	1,793	2,983	29,714
85 and older	5.4	218	8.8	6.5	7.6	8.4	32.6	36.4	8.4	2,482	3,651	34,761
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	218	11.3	14.0	10.1	7.9	28.0	31.3	8.7	1,930	9,029	88,515
Disabled	3.3	222	13.3	20.8	23.8	10.8	23.7	16.4	4.5	1,668	9,540	100,987
Adults	0.9	37	15.9	40.1	44.4	7.9	5.8	1.5	0.3	234	18,719	148,658
Children	0.4	17	9.5	44.7	49.4	3.5	2.2	0.2	0.0	176	34,371	295,337
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.9	89	13.2	33.0	40.0	6.6	10.3	7.9	2.2	673	42,150	376,320
Male	1.3	73	10.8	41.4	39.4	5.4	7.8	4.8	1.2	672	29,508	257,165
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1	1	12
Race												
White	1.9	98	12.6	33.2	38.7	6.8	10.9	8.1	2.2	781	54,038	473,852
African American	0.7	32	14.4	36.6	52.1	4.2	5.4	1.3	0.4	223	1,360	12,258
Other/unknown	0.7	36	9.8	47.2	42.1	4.0	4.2	2.0	0.5	363	16,261	147,387
Use of Nursing Facilities^d												
Entire year	6.6	292	8.1	2.2	5.0	6.4	30.0	41.9	14.5	3,595	4,080	39,670
Part year	5.9	282	11.2	4.1	9.2	8.2	31.0	36.5	11.1	2,522	1,256	11,676
None	1.2	64	14.7	39.2	42.4	6.1	7.6	3.9	0.8	436	66,323	582,151

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	1.4	79	16.6	38.7	40.4	6.2	8.6	4.9	1.2	475	35,982	310,001
Medically needy	3.7	179	9.6	32.1	17.8	6.7	18.6	19.3	5.6	1,858	14,862	129,361
Poverty related	0.4	14	11.0	52.0	43.6	2.7	1.5	0.2	0.0	127	3,969	29,693
Other/unknown	0.6	25	11.8	31.9	56.9	6.3	4.2	0.6	0.1	211	16,846	164,442

Source: Data for this table are from the MAX 2002 file for North Dakota, 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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NORTH DAKOTA, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.6	\$82	0.7	\$60	0.2	\$7	0.8	\$15
Age								
5 and younger	0.4	11	0.1	7	0.0	1	0.2	2
6-14	0.4	22	0.2	16	0.0	2	0.2	4
15-20	0.7	33	0.3	24	0.1	4	0.3	6
21-44	1.3	80	0.6	60	0.1	7	0.6	12
45-64	3.7	225	1.7	166	0.3	22	1.7	37
65-74	4.2	207	1.8	154	0.4	14	2.0	39
75-84	5.2	227	2.1	163	0.5	16	2.6	48
85 and older	5.4	218	2.1	156	0.6	16	2.7	46
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.0	218	2.0	158	0.5	15	2.5	45
Disabled	3.3	222	1.5	167	0.3	22	1.5	34
Adults	0.9	37	0.4	27	0.1	3	0.4	7
Children	0.4	17	0.2	12	0.0	2	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.9	89	0.8	65	0.2	7	0.9	16
Male	1.3	73	0.6	54	0.1	7	0.6	12
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.9	98	0.8	73	0.2	9	0.9	17
African American	0.7	32	0.3	25	0.1	2	0.3	5
Other/unknown	0.7	36	0.3	25	0.1	4	0.4	7
Use of Nursing Facilities^e								
Entire year	6.6	292	2.6	212	0.6	20	3.3	60
Part year	5.9	282	2.4	205	0.6	22	2.9	54
None	1.2	64	0.5	47	0.1	6	0.6	11

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	1.4	79	0.6	58	0.1	7	0.7	14
Medically needy	3.7	179	1.5	132	0.4	14	1.7	33
Poverty related	0.4	14	0.2	10	0.0	2	0.2	2
Other/unknown	0.6	25	0.3	18	0.1	2	0.3	5

Source: Data for this table are from the MAX 2002 file for North Dakota, 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 North Dakota, 2.4 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_mddeb.asp (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

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

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users						
	Patented		Generic		Patented		Generic		Total		Total No. of Rx		Total Rx \$		
	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	
Anti-infective Agents	0.3	0.1	0.0	0.1	\$8	\$1	\$2	\$14	\$72	\$14	85,395	\$3,549,548	30,957	43.2 %	322,230
Biologics	0.1	0.1	0.0	0.0	40	9	34	1,554	533	1,554	151	94,630	99	0.1	1,128
Antineoplastic Agents	0.6	0.3	0.1	0.3	117	2	15	342	40	55	3,424	646,393	538	0.8	5,547
Endocrine/Metabolic Drugs	0.8	0.3	0.2	0.3	26	4	5	22	54	22	105,519	3,631,824	13,331	18.6	140,106
Cardiovascular Agents	1.6	0.5	0.2	1.0	44	4	15	28	54	25	195,440	5,412,248	11,599	16.2	121,628
Respiratory Agents	0.5	0.3	0.0	0.2	22	2	4	66	58	21	84,376	4,021,607	17,112	23.9	181,665
Gastrointestinal Agents	0.7	0.4	0.0	0.3	48	2	6	112	122	22	58,831	4,297,395	8,523	11.9	89,937
Genitourinary Agents	0.4	0.3	0.0	0.1	24	0	1	67	32	17	19,088	1,075,326	4,199	5.9	44,705
CNS Drugs	1.1	0.6	0.1	0.4	88	8	11	114	110	25	178,843	14,256,828	15,505	21.6	161,862
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	36	6	7	70	53	34	17,505	978,295	2,608	3.6	27,349
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	65	0	2	133	0	46	4,415	547,199	807	1.1	8,423
Analgesics and Anesthetics	0.6	0.2	0.0	0.3	28	2	5	97	63	16	92,412	4,631,307	16,208	22.6	168,013
Neuromuscular Agents	0.9	0.4	0.1	0.4	61	5	9	109	52	25	71,124	4,841,700	7,398	10.3	79,379
Nutritional Products	0.6	0.0	0.0	0.5	12	0	1	30	23	19	29,192	566,851	4,797	6.7	49,187
Hematological Agents	0.8	0.2	0.2	0.5	51	4	7	244	20	15	26,952	1,690,895	3,186	4.4	32,918
Topical Products	0.3	0.1	0.0	0.2	10	6	1	53	50	17	51,616	1,696,263	16,546	23.1	175,560
Miscellaneous Products	0.3	0.1	0.0	0.1	38	22	7	177	241	62	1,508	193,770	484	0.7	5,091
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	0	0	2,199	38,098	909	1.3	9,793
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.	1,027,990	52,170,177	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for North Dakota, 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 North Dakota, 2.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NORTH DAKOTA, 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	\$7,654,889	5,883	63,525	0.8	\$156	\$121	
ANTIDEPRESSANTS	5,568,436	15,478	163,374	0.6	58	34	
ANTICONVULSANT	4,113,532	5,612	61,048	0.8	79	67	
ULCER DRUGS	3,692,278	8,655	92,580	0.5	84	40	
ANTIASTHMATIC	2,374,350	11,737	124,450	0.4	54	19	
ANALGESICS - Narcotic	2,257,856	16,964	177,687	0.3	41	13	
ANTIDIABETIC	1,945,128	5,047	53,664	0.8	47	36	
ANALGESICS - ANTI-INFLAMMATORY	1,853,428	9,164	98,829	0.3	62	19	
ANTIHYPERTENSIVE	1,531,464	6,672	71,152	0.7	31	22	
ANTIHYPERLIPIDEMIC	1,396,325	2,824	30,986	0.7	69	45	
Total	32,387,686	88,036	937,295	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for North Dakota, 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.