

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	17,203	9,017	7,291	888	7	0	164,941	83,040	71,379	10,447	75	0		
Age														
5 and younger	1	0	0	0	1	0	12	0	0	0	12	0		
6-14	5	0	4	0	1	0	51	0	48	0	3	0		
15-20	30	0	25	0	5	0	331	0	271	0	60	0		
21-44	3,112	5	2,663	444	0	0	31,949	59	26,718	5,172	0	0		
45-64	4,106	8	3,733	365	0	0	39,932	82	35,517	4,333	0	0		
65-74	3,467	2,698	718	51	0	0	32,701	24,841	7,254	606	0	0		
75-84	3,333	3,192	119	22	0	0	30,676	29,129	1,283	264	0	0		
85 and older	3,149	3,114	29	6	0	0	29,289	28,929	288	72	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	11,028	6,648	3,953	425	2	0	107,206	62,553	39,660	4,969	24	0		
Male	6,175	2,369	3,338	463	5	0	57,735	20,487	31,719	5,478	51	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	15,476	8,266	6,384	821	5	0	147,190	75,478	61,992	9,669	51	0		
African American	55	16	36	2	1	0	533	163	334	24	12	0		
Other/unknown	1,672	735	871	65	1	0	17,218	7,399	9,053	754	12	0		
Use of Nursing Facilities^c														
Entire year	3,375	3,090	285	0	0	0	33,044	29,963	3,081	0	0	0		
Part year	1,465	1,265	185	15	0	0	12,559	10,578	1,804	177	0	0		
None	12,363	4,662	6,821	873	7	0	119,338	42,499	66,494	10,270	75	0		
Maintenance Assistance Status														
Cash	6,054	1,888	4,153	12	1	0	64,924	20,469	44,324	128	3	0		
Medically needy	8,219	5,887	2,332	0	0	0	68,721	50,045	18,676	0	0	0		
Poverty-related	11	0	0	10	1	0	96	0	0	84	12	0		
Other/unknown	2,919	1,242	806	866	5	0	31,200	12,526	8,379	10,235	60	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		
Managed Care Status														
FFS all year	17,203	9,017	7,291	888	7	0	164,941	83,040	71,379	10,447	75	0		
FFS part year, with Rx claims	0	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	0		

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 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 2002. 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, 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	87.7 %	44.9	\$2,437	\$54	\$12,535	19.4 %	17,203
Age							
5 and younger	100.0	1.0	18	18	228	7.9	1
6-14	100.0	37.6	6,194	165	16,836	36.8	5
15-20	80.0	21.8	1,708	78	16,523	10.3	30
21-44	83.9	32.8	2,701	82	9,226	29.3	3,112
45-64	88.6	48.7	3,166	65	10,741	29.5	4,106
65-74	83.0	43.0	2,103	49	9,049	23.2	3,467
75-84	88.3	48.7	2,136	44	14,383	14.9	3,333
85 and older	95.1	50.2	1,915	38	19,985	9.6	3,149
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	89.2	47.7	2,061	43	15,011	13.7	9,017
Disabled	85.4	42.0	2,908	69	10,190	28.5	7,291
Adults	92.3	40.1	2,407	60	6,694	36.0	888
Children	85.7	18.4	773	42	7,035	11.0	7
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	90.7	50.1	2,559	51	13,126	19.5	11,028
Male	82.5	35.5	2,221	63	11,480	19.3	6,175
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.8	46.7	2,538	54	12,826	19.8	15,476
African American	90.9	39.3	2,358	60	11,376	20.7	55
Other/unknown	68.8	28.2	1,507	53	9,875	15.3	1,672
Use of Nursing Facilities^d							
Entire year	97.2	63.6	2,744	43	27,567	10.0	3,375
Part year	95.8	51.5	2,290	44	17,580	13.0	1,465
None	84.2	39.0	2,371	61	7,834	30.3	12,363
Maintenance Assistance Status							
Cash	81.2	35.7	2,156	60	5,859	36.8	6,054
Medically needy	91.1	50.9	2,583	51	16,012	16.1	8,219
Poverty related	90.9	18.6	1,100	59	3,457	31.8	11
Other/unknown	91.6	47.0	2,617	56	16,626	15.7	2,919

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 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, 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	Less than 5, but 10 or More	More than 10			
All	4.7	\$254	19.4 %	12.3 %	15.6 %	9.9 %	27.3 %	26.4 %	8.6 %	\$1,307	17,203	164,941
Age												
5 and younger	0.1	2	7.9	0.0	100.0	0.0	0.0	0.0	0.0	19	1	12
6-14	3.7	607	36.8	0.0	20.0	40.0	20.0	20.0	0.0	1,651	5	51
15-20	2.0	155	10.3	20.0	43.3	3.3	26.7	6.7	0.0	1,498	30	331
21-44	3.2	263	29.3	16.1	27.1	12.2	24.8	15.3	4.5	899	3,112	31,949
45-64	5.0	326	29.5	11.4	14.8	9.4	27.6	26.5	10.3	1,105	4,106	39,932
65-74	4.6	223	23.2	17.0	14.9	9.4	24.9	25.1	8.6	959	3,467	32,701
75-84	5.3	232	14.9	11.7	11.1	8.7	27.2	30.9	10.4	1,563	3,333	30,676
85 and older	5.4	206	9.6	4.9	10.3	9.9	32.4	33.8	8.7	2,149	3,149	29,289
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	224	13.7	10.8	11.7	9.3	28.2	30.5	9.5	1,630	9,017	83,040
Disabled	4.3	297	28.5	14.6	19.2	9.9	25.8	22.4	8.1	1,041	7,291	71,379
Adults	3.4	205	36.0	7.7	25.3	15.7	31.2	16.9	3.3	569	888	10,447
Children	1.7	72	11.0	14.3	57.1	0.0	28.6	0.0	0.0	657	7	75
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.2	263	19.5	9.3	13.3	9.5	28.2	29.6	10.1	1,350	11,028	107,206
Male	3.8	238	19.3	17.5	19.7	10.6	25.8	20.6	5.8	1,228	6,175	57,735
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.9	267	19.8	10.2	14.7	10.0	28.3	27.7	9.1	1,349	15,476	147,190
African American	4.1	243	20.7	9.1	23.6	16.4	23.6	18.2	9.1	1,174	55	533
Other/unknown	2.7	146	15.3	31.2	23.1	8.6	18.8	14.4	3.9	959	1,672	17,218
use or nursing Facilities^d												
Entire year	6.5	280	10.0	2.8	6.9	7.8	28.4	39.1	15.1	2,816	3,375	33,044
Part year	6.0	267	13.0	4.2	7.8	8.5	31.7	37.1	10.6	2,051	1,465	12,559
None	4.0	246	30.3	15.8	18.9	10.6	26.5	21.6	6.6	812	12,363	119,338
Maintenance Assistance Status												
Cash	3.3	201	36.8	18.8	23.7	11.1	24.1	17.7	4.6	546	6,054	64,924
Medically needy	6.1	309	16.1	8.9	8.6	8.2	28.8	33.6	11.9	1,915	8,219	68,721
Poverty related	2.1	126	31.8	9.1	54.5	18.2	9.1	9.1	0.0	396	11	96
Other/unknown	4.4	245	15.7	8.4	18.2	12.0	30.1	24.0	7.3	1,556	2,919	31,200

Table D4

Dual Eligible 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 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, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	4.7	\$254	\$54	1.9	\$183	\$98	0.4	\$16	\$43	2.4	\$55	\$23
Age												
5 and younger	0.1	2	18	0.0	0	0	0.0	0	0	0.1	2	18
6-14	3.7	607	165	2.3	508	221	0.3	57	206	1.1	43	38
15-20	2.0	155	78	0.9	122	138	0.2	15	64	0.8	17	20
21-44	3.2	263	82	1.4	201	145	0.2	18	75	1.6	44	28
45-64	5.0	326	65	2.1	240	114	0.3	20	57	2.5	66	26
65-74	4.6	223	49	1.9	159	85	0.3	13	40	2.3	51	22
75-84	5.3	232	44	2.1	161	78	0.4	14	32	2.8	57	21
85 and older	5.4	206	38	1.9	138	73	0.5	14	28	3.0	53	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.2	224	43	2.0	155	78	0.4	14	32	2.7	55	20
Disabled	4.3	297	69	1.8	221	123	0.3	19	63	2.2	57	26
Adults	3.4	205	60	1.5	150	102	0.3	11	43	1.7	43	26
Children	1.7	72	42	0.6	46	78	0.1	7	52	1.0	20	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.2	263	51	2.1	189	91	0.4	16	41	2.7	58	22
Male	3.8	238	63	1.5	173	116	0.3	15	50	2.0	50	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.9	267	54	2.0	193	98	0.4	17	43	2.5	57	23
African American	4.1	243	60	1.5	159	108	0.3	13	46	2.3	71	31
Other/unknown	2.7	146	53	1.1	106	97	0.2	9	43	1.4	31	22
Use of Nursing Facilities^e												
Entire year	6.5	280	43	2.4	190	81	0.6	19	30	3.5	70	20
Part year	6.0	267	44	2.2	184	82	0.5	17	33	3.2	66	20
None	4.0	246	61	1.7	181	107	0.3	15	53	2.0	49	24
Maintenance Assistance Status												
Cash	3.3	201	60	1.4	147	105	0.2	13	57	1.7	41	24
Medically needy	6.1	309	51	2.4	220	93	0.5	20	38	3.2	69	22
Poverty related	2.1	126	59	0.6	90	139	0.1	5	48	1.4	32	23
Other/unknown	4.4	245	56	1.8	177	100	0.3	14	42	2.3	53	23

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 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, 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. Dual Benes	As % of Benes	No. of Bene Mos	
															Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$3	\$1	\$3	\$61	\$108	\$79	\$16	33,405	8,920	51.9 %	93,310
Biologics	0.1	0.0	0.0	0.1	7	1	8	89	22	1,526	22	269	243	1.4	2,698
Antineoplastic Agents	0.6	0.3	0.0	0.3	146	2	15	254	452	71	53	3,607	561	3.3	5,594
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	28	3	9	37	56	25	19	88,468	7,910	46.0	80,136
Cardiovascular Agents	1.7	0.5	0.2	1.0	53	5	17	31	58	27	18	159,745	9,530	55.4	94,516
Respiratory Agents	0.9	0.5	0.0	0.3	48	3	9	55	72	72	28	55,410	6,127	35.6	63,313
Gastrointestinal Agents	0.8	0.4	0.0	0.4	54	1	9	80	125	116	24	56,389	6,855	39.8	69,822
Genitourinary Agents	0.6	0.4	0.0	0.1	35	32	0	3	72	31	20	16,343	2,625	15.3	27,452
CNS Drugs	1.4	0.7	0.0	0.7	109	83	4	22	79	123	91	130,124	9,361	54.4	94,318
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.1	0.3	40	20	8	12	140	74	38	2,043	354	2.1	3,663
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	95	92	0	3	165	176	0	3,908	678	3.9	6,761
Analgesics and Anesthetics	1.0	0.3	0.0	0.7	51	34	3	15	52	134	59	85,380	8,617	50.1	86,987
Neuromuscular Agents	1.1	0.4	0.1	0.6	67	47	6	14	63	121	55	55,358	5,035	29.3	52,517
Nutritional Products	0.7	0.0	0.0	0.7	13	0	1	12	18	23	21	26,954	3,794	22.1	38,093
Hematological Agents	0.9	0.2	0.4	0.3	40	28	7	5	47	177	19	23,250	2,718	15.8	26,881
Topical Products	0.4	0.2	0.0	0.2	15	10	1	4	36	55	42	26,447	6,095	35.4	64,625
Miscellaneous Products	0.5	0.2	0.1	0.2	123	69	35	19	347	264	93	2,637	461	2.7	4,945
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	0	0	0	2,358	803	4.7	8,479
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.	772,095	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 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 2002. 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_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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2002

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	\$5,636,590	4,521	26.3 %	47,306	0.7	\$160	\$119
ANTIDEPRESSANTS	3,864,097	8,972	52.2	92,202	0.7	60	42
ULCER DRUGS	3,797,305	6,696	38.9	68,903	0.6	91	55
ANALGESICS - Narcotic	2,855,811	10,687	62.1	108,827	0.5	48	26
ANTICONVULSANT	2,666,229	4,014	23.3	42,682	0.8	75	62
ANTIASTHMATIC	2,043,756	6,591	38.3	67,390	0.5	59	30
ANTIDIABETIC	1,822,630	4,481	26.0	45,938	0.8	51	40
ANTIHYPERTENSIVE	1,519,286	5,551	32.3	55,983	0.7	38	27
ANTHYPERLIPIDEMIC	1,359,079	2,615	15.2	27,015	0.7	76	50
ANALGESICS - ANTI-INFLAMMATORY	1,319,216	3,974	23.1	42,289	0.5	68	31
Total	26,883,999	58,102		598,535	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 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 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; 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, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Mean Rx \$	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
All	384,921	\$26,883,999	4,521	\$119	26.3 %	47,306	0.7	\$119	8,972	52.2 %	92,202	0.7	\$42
Female	265,654	17,715,467	2,720	104	24.7	28,488	0.7	104	6,383	57.9	66,305	0.7	42
Disabled	104,675	8,138,507	1,220	129	30.9	13,100	0.7	129	2,952	74.7	31,128	0.6	43
5 and younger	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	18	688	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	150	13,651	3	64	25.0	36	0.5	64	6	50.0	72	0.5	34
21-44	26,612	2,358,359	502	136	42.8	5,504	0.7	136	905	77.2	9,622	0.6	43
45-64	65,322	4,993,233	659	127	29.8	6,964	0.7	127	1,781	80.6	18,565	0.7	45
65-74	11,033	692,718	47	114	10.4	488	0.7	114	238	52.7	2,615	0.6	37
75-84	1,244	61,856	7	31	8.5	84	0.5	31	18	22.0	206	0.5	25
85 and older	296	18,002	2	18	8.3	24	0.2	18	4	16.7	48	0.5	24
Other Eligibles	160,979	9,576,960	1,500	83	21.2	15,388	0.7	83	3,431	48.5	35,177	0.8	41
5 and younger	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
15-20	37	1,958	1	93	50.0	12	0.8	93	2	100.0	24	0.5	8
21-44	3,979	338,084	51	154	22.8	596	1.0	154	104	46.4	1,191	0.8	55
45-64	4,221	313,906	57	129	32.8	684	0.9	129	73	42.0	876	0.9	65
65-74	45,068	2,880,617	314	101	17.0	3,325	0.7	101	891	48.3	9,110	0.7	38
75-84	56,350	3,316,817	498	77	21.5	4,975	0.7	77	1,141	49.2	11,665	0.7	40
85 and older	51,324	2,725,578	579	66	23.1	5,796	0.6	66	1,220	48.6	12,311	0.8	41
Male	119,267	9,168,532	1,801	142	29.2	18,818	0.8	142	2,589	41.9	25,897	0.7	42
Disabled	65,174	5,806,729	1,167	162	35.0	12,435	0.8	162	1,460	43.7	14,807	0.6	41
5 and younger	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	17	1,474	1	67	33.3	12	0.7	67	0	0.0	0	0.0	0
15-20	63	6,086	3	85	23.1	33	0.4	85	6	46.2	46	0.3	21
21-44	25,285	2,499,064	640	164	42.9	6,990	0.8	164	681	45.7	7,013	0.6	42
45-64	34,048	2,920,703	485	163	31.8	4,985	0.8	163	694	45.6	6,936	0.7	41
65-74	5,180	339,151	35	123	13.2	379	0.8	123	69	25.9	702	0.7	40
75-84	527	37,017	3	52	8.1	36	0.8	52	8	21.6	86	0.6	37
85 and older	54	3,234	0	0	0.0	0	0.0	0	2	40.0	24	0.7	45
Other Eligibles	54,093	3,361,803	634	102	22.3	6,383	0.8	102	1,129	39.8	11,090	0.8	43
5 and younger	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
15-20	34	1,885	1	12	33.3	12	0.1	12	0	0.0	0	0.0	0
21-44	3,933	384,481	74	150	32.9	882	0.9	150	82	36.4	969	0.8	45
45-64	5,220	414,646	75	138	37.7	897	0.8	138	90	45.2	1,052	0.9	67
65-74	15,639	961,179	147	106	16.3	1,461	0.8	106	270	29.9	2,666	0.7	39
75-84	17,479	963,453	191	73	21.3	1,820	0.7	73	403	45.0	3,806	0.7	40
85 and older	11,788	636,159	146	83	24.0	1,311	0.7	83	284	46.6	2,597	0.8	40
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 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	ULCER DRUGS					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	6,696	38.9 %	68,903	0.6	\$55	10,687	62.1 %	108,827	0.5	\$26	4,014	23.3 %	42,682	0.8	\$63
Female	4,699	42.6	48,740	0.6	56	7,569	68.6	77,979	0.6	25	2,486	22.5	26,546	0.8	57
Disabled	1,807	45.7	19,449	0.5	56	3,193	80.8	33,968	0.5	26	1,408	35.6	15,256	0.8	63
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	1	100.0	12	0.9	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	58.3	84	0.3	50	5	41.7	60	0.1	1	2	16.7	24	0.8	81
21-44	445	38.0	4,821	0.5	50	960	81.9	10,360	0.5	24	550	46.9	6,061	0.8	69
45-64	1,117	50.5	11,917	0.6	60	1,832	82.9	19,204	0.6	29	753	34.1	8,055	0.8	62
65-74	204	45.1	2,253	0.5	50	333	73.7	3,638	0.5	19	90	19.9	971	0.7	39
75-84	26	31.7	278	0.5	36	45	54.9	515	0.5	15	12	14.6	134	0.5	14
85 and older	7	29.2	84	0.6	72	18	75.0	191	0.4	10	1	4.2	11	0.1	3
Other Eligibles	2,892	40.9	29,291	0.6	56	4,376	61.9	44,011	0.6	24	1,078	15.2	11,290	0.9	50
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	1	50.0	12	0.1	0	0	0.0	0	0.0	0
21-44	49	21.9	568	0.6	48	77	34.4	871	0.3	17	89	39.7	1,049	1.1	104
45-64	51	29.3	612	0.7	58	32	18.4	384	0.2	3	77	44.3	915	1.2	80
65-74	739	40.0	7,594	0.6	60	1,279	69.3	13,040	0.5	22	336	18.2	3,508	0.8	43
75-84	992	42.8	9,944	0.6	57	1,384	59.7	14,174	0.6	28	344	14.8	3,563	0.8	41
85 and older	1,061	42.3	10,573	0.7	52	1,603	63.8	15,530	0.6	23	232	9.2	2,255	0.8	35
Male	1,997	32.3	20,163	0.6	54	3,118	50.5	30,848	0.5	29	1,528	24.7	16,136	0.9	71
Disabled	988	29.6	10,242	0.6	56	1,863	55.8	18,709	0.5	36	975	29.2	10,138	0.8	75
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	1	33.3	12	0.3	48	3	100.0	36	0.1	0	1	33.3	12	0.2	4
15-20	1	7.7	12	0.5	12	3	23.1	36	0.1	1	3	23.1	30	0.6	67
21-44	364	24.4	3,896	0.5	52	754	50.6	7,907	0.5	24	454	30.4	4,834	0.8	80
45-64	522	34.3	5,276	0.6	60	944	62.0	9,041	0.6	47	478	31.4	4,845	0.9	72
65-74	93	35.0	979	0.6	58	142	53.4	1,512	0.5	30	38	14.3	405	0.7	47
75-84	6	16.2	55	1.0	43	16	43.2	170	0.4	25	1	2.7	12	0.1	6
85 and older	1	20.0	12	1.0	24	1	20.0	7	1.9	223	0	0.0	0	0.0	0
Other Eligibles	1,009	35.6	9,921	0.6	51	1,255	44.2	12,139	0.5	20	553	19.5	5,998	0.9	65
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	1	33.3	12	0.1	2	2	66.7	24	0.9	68
21-44	49	21.8	579	0.7	62	46	20.4	533	0.1	2	107	47.6	1,279	1.1	109
45-64	82	41.2	957	0.8	66	43	21.6	500	0.2	1	100	50.3	1,182	1.1	76
65-74	282	31.2	2,775	0.6	47	381	42.2	3,774	0.5	20	156	17.3	1,654	0.8	54
75-84	331	36.9	3,137	0.6	48	453	50.6	4,260	0.6	21	115	12.8	1,183	0.8	35
85 and older	265	43.5	2,473	0.7	49	331	54.4	3,060	0.6	23	73	12.0	676	1.0	43
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 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 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); 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, 2002

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	6,591	38.3 %	67,390	0.5	\$30	4,481	26.0 %	45,938	0.8	\$40	5,551	32.3 %	55,983	0.7	\$27
Female	4,584	41.6	47,224	0.5	30	3,121	28.3	32,415	0.8	39	3,846	34.9	39,167	0.7	28
Disabled	1,860	47.1	19,829	0.5	29	1,048	26.5	11,110	0.7	44	1,015	25.7	10,713	0.6	25
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	1	100.0	12	0.6	49
15-20	7	58.3	84	0.2	16	0	0.0	0	0.0	0	3	25.0	36	0.4	18
21-44	386	32.9	4,165	0.4	21	129	11.0	1,315	0.7	40	128	10.9	1,300	0.6	19
45-64	1,212	54.8	12,754	0.5	32	713	32.3	7,513	0.7	45	669	30.3	7,041	0.6	25
65-74	220	48.7	2,411	0.5	27	186	41.2	2,057	0.8	43	179	39.6	1,941	0.7	27
75-84	32	39.0	384	0.5	28	15	18.3	165	0.8	33	25	30.5	276	0.6	19
85 and older	3	12.5	31	0.8	48	5	20.8	60	0.5	14	10	41.7	107	0.6	41
Other Eligibles	2,724	38.5	27,395	0.6	31	2,073	29.3	21,305	0.8	37	2,831	40.0	28,454	0.8	29
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	1	50.0	12	1.1	53
21-44	34	15.2	404	0.4	24	19	8.5	222	0.9	35	14	6.3	156	0.8	23
45-64	34	19.5	408	0.4	30	26	14.9	312	0.9	55	38	21.8	447	0.8	26
65-74	947	51.3	9,549	0.6	36	677	36.7	7,015	0.7	41	785	42.5	7,938	0.7	29
75-84	971	41.9	9,737	0.6	32	854	36.8	8,663	0.8	36	1,051	45.3	10,469	0.7	29
85 and older	738	29.4	7,297	0.5	26	497	19.8	5,093	0.8	31	942	37.5	9,432	0.8	29
Male	2,007	32.5	20,166	0.5	31	1,360	22.0	13,523	0.8	40	1,705	27.6	16,816	0.7	26
Disabled	872	26.1	8,965	0.5	29	694	20.8	7,095	0.8	44	784	23.5	7,970	0.7	25
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	1	33.3	12	0.1	3	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	1	7.7	12	0.6	11
21-44	259	17.4	2,795	0.4	21	163	10.9	1,769	0.8	50	193	12.9	2,082	0.6	22
45-64	496	32.6	4,927	0.5	32	451	29.6	4,499	0.8	43	473	31.1	4,660	0.7	26
65-74	109	41.0	1,152	0.7	40	67	25.2	689	0.8	42	105	39.5	1,090	0.7	26
75-84	6	16.2	72	0.5	22	13	35.1	138	0.8	35	11	29.7	114	0.7	26
85 and older	1	20.0	7	0.6	8	0	0.0	0	0.0	0	1	20.0	12	0.7	21
Other Eligibles	1,135	40.0	11,201	0.6	31	666	23.5	6,428	0.8	36	921	32.5	8,946	0.8	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	1	33.3	12	0.9	8
21-44	13	5.8	149	0.3	17	14	6.2	156	0.8	65	20	8.9	240	0.8	25
45-64	47	23.6	520	0.6	36	18	9.0	198	1.1	61	42	21.1	487	0.8	27
65-74	358	39.6	3,685	0.6	33	247	27.4	2,458	0.8	38	307	34.0	2,986	0.7	28
75-84	443	49.4	4,112	0.6	35	236	26.3	2,198	0.8	34	327	36.5	3,003	0.7	26
85 and older	274	45.0	2,735	0.4	24	151	24.8	1,418	0.8	31	224	36.8	2,118	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 D7C

Dual Eligible 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 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 2002. 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 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); 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, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY				No. of Bene Mos	
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$		
All	2,615	15.2 %	27,015	0.7	3,974	23.1 %	42,289	0.5	17,203	164,941
Female	1,846	16.7	19,398	0.7	2,860	25.9	30,638	0.5	11,028	107,206
Disabled	741	18.7	7,903	0.6	1,265	32.0	13,716	0.4	3,953	39,660
5 and younger	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	12
15-20	0	0.0	0	0.0	1	8.3	12	1.1	12	131
21-44	85	7.3	907	0.6	362	30.9	3,957	0.3	1,172	11,894
45-64	515	23.3	5,438	0.6	750	33.9	8,025	0.5	2,210	21,757
65-74	125	27.7	1,374	0.6	129	28.5	1,463	0.5	452	4,694
75-84	16	19.5	184	0.6	19	23.2	213	0.4	82	914
85 and older	0	0.0	0	0.0	4	16.7	46	0.5	24	258
Other Eligibles	1,105	15.6	11,495	0.7	1,595	22.5	16,922	0.5	7,075	67,546
5 and younger	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
15-20	0	0.0	0	0.0	1	50.0	12	0.1	2	24
21-44	9	4.0	99	0.6	45	20.1	526	0.3	224	2,568
45-64	18	10.3	216	0.8	33	19.0	387	0.5	174	2,076
65-74	486	26.3	5,061	0.7	472	25.6	5,062	0.4	1,846	17,440
75-84	438	18.9	4,507	0.7	514	22.2	5,420	0.5	2,318	21,851
85 and older	154	6.1	1,612	0.7	530	21.1	5,515	0.5	2,511	23,587
Male	769	12.5	7,617	0.7	1,114	18.0	11,651	0.4	6,175	57,735
Disabled	440	13.2	4,506	0.7	663	19.9	6,967	0.4	3,338	31,719
5 and younger	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	36
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	140
21-44	117	7.8	1,282	0.6	260	17.4	2,830	0.3	1,491	14,824
45-64	265	17.4	2,614	0.7	347	22.8	3,525	0.4	1,523	13,760
65-74	54	20.3	569	0.8	47	17.7	514	0.4	266	2,560
75-84	4	10.8	41	1.0	9	24.3	98	0.5	37	369
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	5	30
Other Eligibles	329	11.6	3,111	0.7	451	15.9	4,684	0.5	2,837	26,016
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	12
6-14	0	0.0	0	0.0	0	0.0	0	0.0	1	3
15-20	0	0.0	0	0.0	0	0.0	0	0.0	3	36
21-44	15	6.7	179	0.8	24	10.7	278	0.4	225	2,663
45-64	28	14.1	324	0.8	33	16.6	396	0.4	199	2,339
65-74	151	16.7	1,399	0.7	141	15.6	1,484	0.5	903	8,007
75-84	110	12.3	989	0.8	149	16.6	1,478	0.5	896	7,542
85 and older	25	4.1	220	0.6	104	17.1	1,048	0.5	609	5,414
Unknown	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 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 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); 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, 2002

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	\$280	6.5	3,375	33,044
Age				
0-64	408	7.4	233	2,498
65-74	373	7.4	388	3,811
75-84	300	6.8	1,060	10,109
85 and older	228	5.9	1,694	16,626
Unknown	0	0.0	0	0
Gender				
Female	278	6.6	2,430	24,092
Male	287	6.3	945	8,952
Unknown	0	0.0	0	0
Race				
White	281	6.5	3,204	31,346
African American	269	7.8	6	68
Other/unknown	270	6	165	1,630
Basis of Eligibility^c				
Aged	269	6.4	3,090	29,963
Disabled	389	7.3	285	3,081
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,465 beneficiaries who were in nursing facilities for part of their enrollment and their 12,559 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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos			
	Patented		Off-Patent		Patented		Off-Patent									
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$10	\$1	\$2	\$38	\$62	\$64	\$13	8,057	\$305,508	2,177	64.5 %	22,894
Biologicals	0.1	0.0	0.0	0.1	1	0	1	23	30	0	20	139	3,146	134	4.0	1,478
Antineoplastic Agents	0.7	0.2	0.1	0.4	132	97	6	182	397	91	69	1,015	184,889	138	4.1	1,404
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.6	42	28	3	32	53	22	17	22,698	731,943	1,728	51.2	17,483
Cardiovascular Agents	2.0	0.4	0.3	1.3	49	20	7	24	49	24	17	47,921	1,160,013	2,380	70.5	23,843
Respiratory Agents	0.9	0.4	0.1	0.4	45	28	4	50	67	66	33	10,993	555,011	1,198	35.5	12,327
Gastrointestinal Agents	1.0	0.4	0.0	0.5	55	42	1	57	101	73	24	16,791	963,357	1,711	50.7	17,400
Genitourinary Agents	0.8	0.6	0.0	0.2	44	39	0	58	69	38	22	6,226	360,228	806	23.9	8,274
CNS Drugs	1.4	0.8	0.1	0.5	98	79	4	68	94	65	27	33,432	2,258,184	2,302	68.2	23,114
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.1	0.7	17	2	2	21	89	27	19	390	8,187	47	1.4	471
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	103	102	0	128	130	0	38	1,866	239,576	238	7.1	2,336
Analgesics and Anesthetics	1.2	0.4	0.1	0.7	54	39	3	45	103	50	16	21,542	979,953	1,809	53.6	18,232
Neuromuscular Agents	1.2	0.4	0.2	0.6	62	34	7	52	89	42	33	11,947	617,490	956	28.3	9,944
Nutritional Products	0.9	0.0	0.1	0.8	15	0	1	17	19	21	17	11,181	192,699	1,221	36.2	12,471
Hematological Agents	1.2	0.2	0.6	0.4	43	28	10	35	159	15	12	9,839	343,955	812	24.1	8,079
Topical Products	0.5	0.2	0.0	0.3	18	12	1	34	54	37	17	9,349	321,435	1,709	50.6	18,236
Miscellaneous Products	0.2	0.1	0.0	0.1	7	3	0	46	35	296	55	245	11,368	146	4.3	1,617
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	23	0	0	0	983	23,011	270	8.0	2,873
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.	214,614	9,259,953	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,465 beneficiaries who were in nursing facilities for part of their enrollment and their 12,559 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 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.
- 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.

Table D9

Dual Eligible 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; 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, 2002

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
ANTIPSYCHOTICS	\$1,090,043	1,124	33.3 %	11,477	0.7	\$130	\$95
ANTIDEPRESSANTS	1,013,782	2,039	60.4	21,093	0.9	55	48
ULCER DRUGS	846,522	1,533	45.4	15,663	0.8	72	54
ANALGESICS - Narcotic	736,300	2,012	59.6	20,240	0.8	46	36
ANTIASTHMATIC	407,832	1,285	38.1	13,005	0.6	54	31
ANTIHYPERTENSIVE	387,015	1,238	36.7	12,532	0.9	35	31
ANTIDIABETIC	376,349	981	29.1	10,153	0.9	41	37
ANTICONVULSANT	349,898	634	18.8	6,749	1.0	50	52
MISC. ENDOCRINE	250,906	482	14.3	5,028	0.7	67	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	240,302	244	7.2	2,402	0.8	128	100
Total	5,698,949	11,572		118,342	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,465 beneficiaries who were in nursing facilities for part of their enrollment and their 12,559 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as %		Mean Rx \$	Mean No. of Rx	No. of Bene Mos among Users	NF Residents	All-Year Residents	Users as %	No. of Bene Mos among Users	NF Residents	All-Year Residents	Users as %	Mean No. of Rx	Mean Rx \$
				1,124	33.3 %												
All	95,279	\$5,698,949	1,124	33.3 %	11,477	0.7	\$95	2,039	60.4 %	21,093	0.9	\$48					
Female	69,468	4,139,463	776	31.9	8,031	0.7	90	1,488	61.2	15,623	0.9	49					
Disabled	5,732	429,352	43	28.9	467	0.9	175	103	69.1	1,130	0.9	62					
64 or younger	4,802	380,230	34	28.6	361	1.0	190	87	73.1	968	0.9	65					
65-74	776	40,008	7	31.8	82	1.1	139	14	63.6	139	0.9	46					
75-84	97	5,906	1	20.0	12	0.5	116	1	20.0	11	1.0	77					
85 and older	57	3,208	1	33.3	12	0.1	2	1	33.3	12	1.0	38					
Other Eligibles	63,736	3,710,111	733	32.1	7,564	0.7	85	1,385	60.7	14,493	0.9	48					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	8,119	540,309	98	46.9	999	0.9	145	156	74.6	1,635	1.0	56					
75-84	23,175	1,393,866	261	36.1	2,681	0.7	85	484	66.9	5,033	0.9	49					
85 and older	32,442	1,775,936	374	27.7	3,884	0.7	70	745	55.2	7,825	0.9	45					
Male	25,811	1,559,486	348	36.8	3,446	0.7	106	551	58.3	5,470	0.9	46					
Disabled	4,731	341,068	70	51.5	745	0.9	155	70	51.5	761	1.0	58					
64 or younger	3,857	280,936	55	48.2	575	0.8	155	58	50.9	617	1.0	58					
65-74	756	55,669	13	68.4	146	1.0	169	10	52.6	120	1.0	63					
75-84	81	2,850	2	100.0	24	1.0	66	0	0.0	0	0.0	0					
85 and older	37	1,613	0	0.0	0	0.0	0	2	200.0	24	0.7	45					
Other Eligibles	21,080	1,218,418	278	34.4	2,701	0.7	92	481	59.5	4,709	0.8	44					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	4,358	282,774	67	48.6	662	0.8	133	82	59.4	866	0.8	48					
75-84	8,686	484,410	110	33.3	1,069	0.7	75	214	64.8	2,061	0.8	45					
85 and older	8,036	451,234	101	29.6	970	0.7	83	185	54.3	1,782	0.8	41					
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 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,465 beneficiaries who were in nursing facilities for part of their enrollment and their 12,559 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ULCER DRUGS						ANALGESICS - Narcotic						ANTI-ASTHMATIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx
All	1,533	45.4 %	0.8	2,012	59.6 %	0.8	20,240	0.8	\$54	1,285	38.1 %	\$36	13,005	0.6	\$31			
Female	1,094	45.0	0.8	1,517	62.4	0.8	15,355	0.8	38	832	34.2	38	8,443	0.6	31			
Disabled	82	55.0	0.8	79	53.0	1.0	869	1.0	57	67	45.0	57	739	0.9	50			
64 or younger	67	56.3	0.8	67	56.3	1.0	735	1.0	64	61	51.3	64	667	0.8	48			
65-74	13	59.1	0.7	8	36.4	1.2	86	1.2	17	5	22.7	17	60	1.9	88			
75-84	1	20.0	1.1	0	0.0	0.0	0	0.0	24	1	20.0	0	12	0.1	3			
85 and older	1	33.3	1.1	4	133.3	0.4	48	0.4	20	0	0.0	20	0	0.0	0			
Other Eligibles	1,012	44.4	0.8	1,438	63.0	0.8	14,486	0.8	37	765	33.5	37	7,704	0.6	29			
64 or younger	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0	0	0.0	0			
65-74	102	48.8	0.8	141	67.5	0.9	1,380	0.9	49	104	49.8	49	994	0.7	40			
75-84	320	44.3	0.8	433	59.9	0.9	4,433	0.9	48	299	41.4	48	3,044	0.6	30			
85 and older	590	43.7	0.7	864	64.0	0.7	8,673	0.7	29	362	26.8	29	3,666	0.5	25			
Male	439	46.5	0.7	495	52.4	0.8	4,885	0.8	32	453	47.9	32	4,562	0.6	32			
Disabled	65	47.8	0.8	65	47.8	0.8	696	0.8	27	58	42.6	27	616	0.7	42			
64 or younger	53	46.5	0.7	52	45.6	0.9	560	0.9	32	50	43.9	32	520	0.7	42			
65-74	10	52.6	0.9	12	63.2	0.4	124	0.4	9	8	42.1	9	96	0.8	43			
75-84	1	50.0	1.0	1	50.0	0.1	12	0.1	0	0	0.0	0	0	0.0	0			
85 and older	1	100.0	1.0	0	0.0	0.0	0	0.0	24	0	0.0	24	0	0.0	0			
Other Eligibles	374	46.2	0.7	430	53.2	0.8	4,189	0.8	32	395	48.8	32	3,946	0.6	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	0			
65-74	68	49.3	0.7	66	47.8	0.8	677	0.8	35	56	40.6	35	611	0.5	28			
75-84	152	46.1	0.7	181	54.8	0.8	1,697	0.8	32	188	57.0	32	1,729	0.7	38			
85 and older	154	45.2	0.7	183	53.7	0.7	1,815	0.7	32	151	44.3	32	1,606	0.4	24			
Unknown	0	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 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,465 beneficiaries who were in nursing facilities for part of their enrollment and their 12,559 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 2002. 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 2002 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, 2002

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	1,238	36.7 %	12,532	0.9	\$31	981	29.1 %	10,153	0.9	\$37	634	18.8 %	6,749	1.0	\$52
Female	873	35.9	8,934	0.9	32	698	28.7	7,309	0.9	38	425	17.5	4,555	1.0	50
Disabled	34	22.8	366	0.8	28	45	30.2	487	1.1	51	69	46.3	808	1.2	82
64 or younger	25	21.0	261	0.9	29	34	28.6	357	1.1	54	63	52.9	737	1.3	88
65-74	6	27.3	70	0.8	29	9	40.9	106	1.1	50	5	22.7	60	0.8	21
75-84	3	60.0	35	0.7	18	1	20.0	12	0.5	14	1	20.0	11	1.1	11
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.9	25	0	0.0	0	0.0	0
Other Eligibles	839	36.8	8,568	0.9	32	653	28.6	6,822	0.9	37	356	15.6	3,747	1.0	44
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	84	40.2	854	0.9	33	102	48.8	1,027	0.9	42	71	34.0	775	1.1	50
75-84	295	40.8	2,984	0.9	33	293	40.5	3,044	0.9	38	145	20.1	1,534	0.9	46
85 and older	460	34.1	4,730	0.9	31	258	19.1	2,751	0.8	33	140	10.4	1,438	0.9	38
Male	365	38.6	3,598	0.9	29	283	29.9	2,844	0.9	36	209	22.1	2,194	1.1	55
Disabled	43	31.6	455	0.8	24	33	24.3	348	1.1	43	76	55.9	835	1.2	70
64 or younger	34	29.8	347	0.8	25	25	21.9	252	1.0	43	67	58.8	727	1.2	74
65-74	8	42.1	96	0.7	22	5	26.3	60	1.4	47	9	47.4	108	1.0	48
75-84	0	0.0	0	0.0	0	3	150.0	36	1.2	30	0	0.0	0	0.0	0
85 and older	1	100.0	12	0.7	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	322	39.8	3,143	0.9	30	250	30.9	2,496	0.9	35	133	16.4	1,359	1.0	46
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	64	46.4	619	1.0	37	64	46.4	622	0.9	33	48	34.8	487	1.1	51
75-84	130	39.4	1,242	0.8	27	104	31.5	1,018	1.0	39	42	12.7	419	1.0	36
85 and older	128	37.5	1,282	0.9	30	82	24.0	856	0.9	31	43	12.6	453	1.0	49
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 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 1,465 beneficiaries who were in nursing facilities for part of their enrollment and their 12,559 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	MISC. ENDOCRINE					MISC. PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean		
	No. of Users	Residents	NF	Mos among Users	Rx	No. of Users	Residents	NF	Mos among Users	Rx		
All	482	14.3 %	5,028	0.7	\$50	244	7.2 %	2,402	0.8	\$100	3,375	33,044
Female	438	18.0	4,597	0.7	51	164	6.7	1,646	0.8	106	2,430	24,092
Disabled	18	12.1	206	0.7	41	9	6.0	87	0.7	299	149	1,639
64 or younger	15	12.6	170	0.7	38	8	6.7	75	0.7	325	119	1,309
65-74	2	9.1	24	0.7	48	0	0.0	0	0.0	0	22	235
75-84	1	20.0	12	1.0	66	1	20.0	12	1.1	137	5	59
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
Other Eligibles	420	18.4	4,391	0.7	51	155	6.8	1,559	0.8	95	2,281	22,453
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	30	14.4	333	0.7	46	16	7.7	142	0.8	99	209	2,049
75-84	139	19.2	1,430	0.8	67	54	7.5	551	0.8	96	723	7,076
85 and older	251	18.6	2,628	0.7	43	85	6.3	866	0.8	95	1,349	13,328
Male	44	4.7	431	0.7	39	80	8.5	756	0.7	87	945	8,952
Disabled	2	1.5	24	0.4	36	6	4.4	72	0.4	53	136	1,442
64 or younger	1	0.9	12	0.4	26	4	3.5	48	0.5	79	114	1,189
65-74	1	5.3	12	0.3	47	2	10.5	24	0.1	2	19	217
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	42	5.2	407	0.7	40	74	9.1	684	0.7	90	809	7,510
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	3	2.2	32	0.6	34	9	6.5	91	0.6	79	138	1,310
75-84	13	3.9	124	0.8	44	39	11.8	328	0.8	94	330	2,950
85 and older	26	7.6	251	0.7	38	26	7.6	265	0.8	90	341	3,250
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 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,465 beneficiaries who were in nursing facilities for part of their enrollment and their 12,559 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 2002. 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 2002 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 2002

Beneficiary Characteristics	No. of Benefes with at Least One Part D Excl Rx	% Benefes 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 Dual Rx \$		Total No. of Benefes
		8,244	47.9 %	4.1	69,910	\$75	\$1,286,394	\$18	3.1 %	17,203				
Age														
5 and younger	0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	1	
6-14	5	100.0	7.2	36	212	1,059	29	3.4	5					
15-20	8	26.7	1.3	39	23	700	18	1.4	30					
21-44	1,309	42.1	3.3	10,301	64	199,908	19	2.4	3,112					
45-64	2,113	51.5	4.8	19,518	97	397,031	20	3.1	4,106					
65-74	1,575	45.4	3.7	12,909	69	239,454	19	3.3	3,467					
75-84	1,631	48.9	4.2	13,921	70	233,397	17	3.3	3,333					
85 and older	1,603	50.9	4.2	13,186	68	214,845	16	3.6	3,149					
Unknown	0	0.0	0.0	0	0	0	0	0.0	0					
Basis of Eligibility^c														
Aged	4,362	48.4	4.0	36,238	69	621,302	17	3.3	9,017					
Disabled	3,410	46.8	3.9	28,429	81	593,459	21	2.8	7,291					
Adults	469	52.8	5.9	5,237	80	71,293	14	3.3	888					
Children	3	42.9	0.9	6	49	340	57	6.3	7					
Unknown	0	0.0	0.0	0	0	0	0	0.0	0					
Gender														
Female	5,787	52.5	4.5	50,077	85	936,851	19	3.3	11,028					
Male	2,457	39.8	3.2	19,833	57	349,543	18	2.5	6,175					
Unknown	0	0.0	0.0	0	0	0	0	0.0	0					
Race														
White	7,618	49.2	4.2	65,201	78	1,210,361	19	3.1	15,476					
African American	21	38.2	2.8	154	43	2,375	15	1.8	55					
Other/unknown	605	36.2	2.7	4,555	44	73,658	16	2.9	1,672					
Use of Nursing Facilities^d														
Entire year	1,733	51.3	4.9	16,607	88	295,579	18	3.2	3,375					
Part year	891	60.8	4.4	6,496	80	116,808	18	3.5	1,465					
None	5,620	45.5	3.8	46,807	71	874,007	19	3.0	12,363					
Maintenance Assistance Status														
Cash	2,487	41.1	3.1	18,855	63	382,798	20	2.9	6,054					
Medically needy	4,252	51.7	4.4	36,340	81	666,721	18	3.1	8,219					
Poverty related	3	27.3	2.2	24	30	325	14	2.7	11					
Other/unknown	1,502	51.5	5.0	14,691	81	236,550	16	3.1	2,919					

Table D11

Dual Eligible 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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 2002

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
All	0.4	\$8	\$18	\$0	\$3	164,941
Age						
5 and younger	0.0	0	0	0	0	12
6-14	0.7	21	29	0	0	51
15-20	0.1	2	18	0	0	331
21-44	0.3	6	19	0	3	31,949
45-64	0.5	10	20	0	4	39,932
65-74	0.4	7	19	0	3	32,701
75-84	0.5	8	17	0	3	30,676
85 and older	0.5	7	16	0	2	29,289
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	7	17	0	2	83,040
Disabled	0.4	8	21	0	4	71,379
Adults	0.5	7	14	0	2	10,447
Children	0.1	5	57	0	0	75
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	9	19	0	3	107,206
Male	0.3	6	18	0	2	57,735
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	8	19	0	3	147,190
African American	0.3	4	15	0	3	533
Other/unknown	0.3	4	16	0	2	17,218
Use of Nursing Facilities^d						
Entire year	0.5	9	18	0	3	33,044
Part year	0.5	9	18	0	3	12,559
None	0.4	7	19	0	3	119,338
Maintenance Assistance Status						
Cash	0.3	6	20	0	2	64,924
Medically needy	0.5	10	18	0	3	68,721
Poverty related	0.3	3	14	0	1	96
Other/unknown	0.5	8	16	0	3	31,200

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 MONTANA, 2002

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	11,869	\$108	\$1,286,394	100.0 %	69,910	\$18	100.0 %
Anorexia or weight loss/gain	27	95	2,552	0.2	51	50	0.1
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	8	18	141	0.0	14	10	0.0
Cough and cold medications	2,062	86	177,222	13.8	6,115	29	8.7
Vitamins and minerals	3,444	131	452,616	35.2	23,745	19	34.0
Non-prescription drugs	1,892	54	101,518	7.9	10,302	10	14.7
Barbiturates	170	87	14,781	1.1	1,771	8	2.5
Benzodiazepines	3,931	121	475,241	36.9	26,496	18	37.9
Other Part D Excl Rx Drugs	335	186	62,323	4.8	1,416	44	2.0

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 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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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.

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, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	17,203	9,017	7,291	888	7	164,941	83,040	71,379	10,447	75	0
Age											
5 and younger	1	0	0	0	1	12	0	0	0	12	0
6-14	5	0	4	0	1	51	0	48	0	3	0
15-20	30	0	25	0	5	331	0	271	0	60	0
21-44	3,112	5	2,663	444	0	31,949	59	26,718	5,172	0	0
45-64	4,106	8	3,733	365	0	39,932	82	35,517	4,333	0	0
65-74	3,467	2,698	718	51	0	32,701	24,841	7,254	606	0	0
75-84	3,333	3,192	119	22	0	30,676	29,129	1,283	264	0	0
85 and older	3,149	3,114	29	6	0	29,289	28,929	288	72	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	11,028	6,648	3,953	425	2	107,206	62,553	39,660	4,969	24	0
Male	6,175	2,369	3,338	463	5	57,735	20,487	31,719	5,478	51	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	15,476	8,266	6,384	821	5	147,190	75,478	61,992	9,669	51	0
African American	55	16	36	2	1	533	163	334	24	12	0
Other/unknown	1,672	735	871	65	1	17,218	7,399	9,053	754	12	0
Use of Nursing Facilities^c											
Entire year	3,375	3,090	285	0	0	33,044	29,963	3,081	0	0	0
Part year	1,465	1,265	185	15	0	12,559	10,578	1,804	177	0	0
None	12,363	4,662	6,821	873	7	119,338	42,499	66,494	10,270	75	0
Maintenance Assistance Status											
Cash	6,054	1,888	4,153	12	1	64,924	20,469	44,324	128	3	0
Medically needy	8,219	5,887	2,332	0	0	68,721	50,045	18,676	0	0	0
Poverty related	11	0	0	10	1	96	0	0	84	12	0
Other/unknown	2,919	1,242	806	866	5	31,200	12,526	8,379	10,235	60	0
Dual Status^d											
Full dual, all year	17,133	8,965	7,273	888	7	164,424	82,649	71,253	10,447	75	0
Full dual, part year	70	52	18	0	0	517	391	126	0	0	0
Managed Care Status											
FFS all year	17,203	9,017	7,291	888	7	164,941	83,040	71,379	10,447	75	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 2002 file for Montana, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	17,203	164,941	17,203	164,941	0	0
FFS all year	17,203	164,941	17,203	164,941	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

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. 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.