

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	13,751	8,728	4,944	75	4	0	139,397	85,470	53,311	574	42	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	3	0	2	0	1	0	31	0	19	0	12	0
15-20	20	0	18	0	2	0	205	0	181	0	24	0
21-44	2,222	0	2,178	43	1	0	24,074	0	23,707	361	6	0
45-64	2,722	2	2,690	30	0	0	29,059	12	28,848	199	0	0
65-74	2,291	2,233	56	2	0	0	22,898	22,328	556	14	0	0
75-84	2,894	2,894	0	0	0	0	28,873	28,873	0	0	0	0
85 and older	3,599	3,599	0	0	0	0	34,257	34,257	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	8,632	6,125	2,461	43	3	0	88,498	61,114	26,985	369	30	0
Male	5,119	2,603	2,483	32	1	0	50,899	24,356	26,326	205	12	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	12,802	8,252	4,487	62	1	0	129,684	80,657	48,532	483	12	0
African American	37	5	31	1	0	0	337	51	279	7	0	0
Other/unknown	912	471	426	12	3	0	9,376	4,762	4,500	84	30	0
Use of Nursing Facilities^c												
Entire year	3,936	3,713	223	0	0	0	38,232	35,839	2,393	0	0	0
Part year	1,130	995	135	0	0	0	10,429	9,012	1,417	0	0	0
None	8,685	4,020	4,586	75	4	0	90,736	40,619	49,501	574	42	0
Maintenance Assistance Status												
Cash	4,141	1,878	2,235	28	0	0	46,634	21,134	25,283	217	0	0
Medically needy	9,339	6,693	2,610	35	1	0	90,366	62,938	27,176	246	6	0
Poverty-related	261	157	99	5	0	0	2,283	1,398	852	33	0	0
Other/unknown	10	0	0	7	3	0	114	0	0	78	36	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
Managed Care Status												
FFS all year	13,751	8,728	4,944	75	4	0	139,397	85,470	53,311	574	42	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

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 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, 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	83.5 %	45.6	\$2,358	\$52	\$19,041	12.4 %	13,751
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	66.7	20.7	2,219	107	3,953	56.1	3
15-20	65.0	9.1	441	49	7,061	6.2	20
21-44	78.2	29.9	2,429	81	17,713	13.7	2,222
45-64	79.0	45.4	2,975	66	20,121	14.8	2,722
65-74	74.9	42.7	2,092	49	13,147	15.9	2,291
75-84	86.2	52.3	2,292	44	18,067	12.7	2,894
85 and older	93.6	52.1	2,081	40	23,657	8.8	3,599
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	86.4	49.7	2,151	43	19,075	11.3	8,728
Disabled	79.0	38.8	2,744	71	19,221	14.3	4,944
Adults	52.0	17.5	1,090	62	4,032	27.0	75
Children	50.0	5.5	297	54	3,008	9.9	4
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	87.4	50.7	2,456	48	18,935	13.0	8,632
Male	77.0	36.9	2,193	59	19,220	11.4	5,119
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	84.7	46.7	2,411	52	19,558	12.3	12,802
African American	62.2	26.9	1,711	64	7,703	22.2	37
Other/unknown	67.9	30.9	1,644	53	12,243	13.4	912
Use of Nursing Facilities^d							
Entire year	97.9	63.6	2,816	44	34,548	8.1	3,936
Part year	96.1	55.1	2,571	47	21,154	12.2	1,130
None	75.4	36.2	2,123	59	11,738	18.1	8,685
Maintenance Assistance Status							
Cash	89.2	46.0	2,652	58	11,282	23.5	4,141
Medically needy	82.9	46.7	2,293	49	23,014	10.0	9,339
Poverty related	16.9	1.5	77	52	554	14.0	261
Other/unknown	90.0	23.8	1,259	53	3,929	32.0	10

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 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, 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				More than 10
All	4.5	\$233	12.4 %	16.5 %	13.5 %	8.7 %	26.8 %	27.1 %	7.5 %	\$1,878	13,751	139,397
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	2.0	215	56.1	33.3	33.3	0.0	33.3	0.0	0.0	383	3	31
15-20	0.9	43	6.2	35.0	50.0	10.0	0.0	5.0	0.0	689	20	205
21-44	2.8	224	13.7	21.8	26.9	11.6	23.7	13.4	2.6	1,635	2,222	24,074
45-64	4.3	279	14.8	21.0	14.3	9.2	24.9	23.4	7.3	1,885	2,722	29,059
65-74	4.3	209	15.9	25.1	12.9	7.0	23.8	22.8	8.4	1,315	2,291	22,898
75-84	5.2	230	12.7	13.8	10.0	7.5	26.3	32.7	9.7	1,811	2,894	28,873
85 and older	5.5	219	8.8	6.4	7.4	8.5	32.7	36.6	8.4	2,485	3,599	34,257
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	5.1	220	11.3	13.6	9.7	7.8	28.3	31.8	8.8	1,948	8,728	85,470
Disabled	3.6	255	14.3	21.0	19.9	10.3	24.4	19.0	5.3	1,783	4,944	53,311
Adults	2.3	142	27.0	48.0	24.0	4.0	12.0	9.3	2.7	527	75	574
Children	0.5	28	9.9	50.0	50.0	0.0	0.0	0.0	0.0	287	4	42
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.9	240	13.0	12.6	11.8	8.2	28.4	30.3	8.7	1,847	8,632	88,498
Male	3.7	221	11.4	23.0	16.3	9.5	24.0	21.6	5.5	1,933	5,119	50,899
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.6	238	12.3	15.3	12.9	8.8	27.3	27.9	7.8	1,931	12,802	129,684
African American	2.9	188	22.2	37.8	16.2	2.7	18.9	18.9	5.4	846	37	337
Other/unknown	3.0	160	13.4	32.1	20.9	7.0	19.5	16.3	4.1	1,191	912	9,376
use or nursing Facilities^d												
Entire year	6.5	290	8.1	2.1	4.9	6.4	30.2	42.2	14.1	3,557	3,936	38,232
Part year	6.0	279	12.2	3.9	8.8	8.7	30.2	37.5	11.0	2,292	1,130	10,429
None	3.5	203	18.1	24.6	18.0	9.7	24.8	18.9	4.1	1,124	8,685	90,736
Maintenance Assistance Status												
Cash	4.1	236	23.5	10.8	18.8	11.3	29.4	23.6	5.9	1,002	4,141	46,634
Medically needy	4.8	237	10.0	17.1	11.0	7.7	26.4	29.3	8.4	2,378	9,339	90,366
Poverty related	0.2	9	14.0	83.1	13.8	1.9	0.8	0.4	0.0	63	261	2,283
Other/unknown	2.1	110	32.0	10.0	50.0	0.0	20.0	20.0	0.0	345	10	114

Table D4

Dual Eligible 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 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, 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	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	4.5	\$233	1.9	\$171	0.4	\$20	2.1	\$42
Age								
5 and younger	0.0	0	0.0	0	0.0	0	0.0	0
6-14	2.0	215	1.4	210	0.0	0	0.5	5
15-20	0.9	43	0.5	35	0.1	3	0.3	5
21-44	2.8	224	1.3	173	0.3	23	1.1	29
45-64	4.3	279	1.9	206	0.4	29	1.9	43
65-74	4.3	209	1.8	155	0.4	14	2.0	40
75-84	5.2	230	2.1	165	0.5	16	2.6	49
85 and older	5.5	219	2.1	156	0.6	16	2.8	46
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.1	220	2.1	159	0.5	15	2.5	45
Disabled	3.6	255	1.6	191	0.4	27	1.6	37
Adults	2.3	142	1.2	114	0.2	12	0.9	17
Children	0.5	28	0.4	27	0.0	0	0.1	1
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	4.9	240	2.1	176	0.5	19	2.4	44
Male	3.7	221	1.6	162	0.4	21	1.8	38
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	4.6	238	1.9	175	0.5	20	2.2	43
African American	2.9	188	1.2	149	0.2	11	1.5	29
Other/unknown	3.0	160	1.2	115	0.3	14	1.5	31
Use of Nursing Facilities^e								
Entire year	6.5	290	2.6	210	0.6	20	3.2	59
Part year	6.0	279	2.4	205	0.6	20	2.9	54
None	3.5	203	1.5	151	0.3	19	1.6	33
Maintenance Assistance Status								
Cash	4.1	236	1.8	174	0.4	23	1.9	39
Medically needy	4.8	237	2.0	174	0.5	19	2.3	44
Poverty related	0.2	9	0.1	7	0.0	0	0.1	1
Other/unknown	2.1	110	1.0	88	0.2	6	0.9	16

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 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 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_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, NORTH DAKOTA, 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	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos			
															Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$18	\$14	\$1	\$2	\$56	\$90	\$71	\$17	24,292	\$1,351,168	6,936	50.4 %	75,180
Biologics	0.1	0.1	0.0	0.0	1	1	0	0	16	15	0	35	71	1,122	71	0.5	823
Antineoplastic Agents	0.7	0.3	0.1	0.3	122	103	3	17	188	321	48	61	2,510	472,235	375	2.7	3,861
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	38	27	5	6	34	56	19	17	66,086	2,269,769	5,589	40.6	59,851
Cardiovascular Agents	1.9	0.5	0.2	1.2	52	29	5	18	27	54	24	16	159,173	4,330,755	8,007	58.2	83,948
Respiratory Agents	0.8	0.5	0.0	0.3	41	32	3	7	54	69	63	25	34,184	1,831,703	4,074	29.6	44,191
Gastrointestinal Agents	0.8	0.4	0.0	0.4	59	48	2	9	71	113	107	23	42,456	3,025,603	4,858	35.3	51,578
Genitourinary Agents	0.6	0.5	0.0	0.1	39	37	0	2	62	72	36	17	14,053	864,960	2,084	15.2	22,416
CNS Drugs	1.4	0.8	0.1	0.5	119	92	13	14	83	119	112	26	109,814	9,109,567	7,227	52.6	76,403
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.3	41	29	4	8	69	116	53	29	1,129	77,626	175	1.3	1,905
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	85	84	0	1	126	134	0	27	3,887	491,382	552	4.0	5,755
Analgesics and Anesthetics	0.8	0.4	0.1	0.4	47	36	4	7	58	98	67	18	49,574	2,866,358	5,757	41.9	61,405
Neuromuscular Agents	1.1	0.5	0.1	0.5	78	58	7	13	68	111	50	27	43,526	2,975,100	3,487	25.4	38,211
Nutritional Products	0.7	0.0	0.1	0.7	15	0	1	13	20	16	23	20	22,503	444,162	2,923	21.3	30,135
Hematological Agents	0.9	0.2	0.2	0.5	44	33	4	8	51	186	20	15	23,378	1,185,188	2,587	18.8	26,768
Topical Products	0.5	0.2	0.0	0.2	17	11	1	4	36	54	45	18	27,918	992,458	5,301	38.5	58,174
Miscellaneous Products	0.4	0.1	0.0	0.2	42	22	7	13	115	178	233	63	954	110,031	255	1.9	2,640
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	17	0	0	0	1,595	27,635	506	3.7	5,466
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	627,103	32,426,822	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 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_mdmb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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_mdmb.asp (May 13 2003).

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	\$5,309,952	3,682	26.8 %	39,659	0.9	\$157	\$134
ANTIDEPRESSANTS	3,154,157	6,918	50.3	73,675	0.7	58	43
ULCER DRUGS	2,616,821	5,139	37.4	55,422	0.6	84	47
ANTICONVULSANT	2,475,017	3,064	22.3	33,752	0.9	78	73
ANALGESICS - Narcotic	1,426,818	5,815	42.3	61,970	0.4	52	23
ANTIDIABETIC	1,382,896	3,581	26.0	38,347	0.8	46	36
ANALGESICS - ANTI-INFLAMMATORY	1,269,784	3,332	24.2	36,896	0.5	74	34
ANTIHYPERTENSIVE	1,181,848	4,672	34.0	49,815	0.7	32	24
ANTIASTHMATIC	1,180,718	3,765	27.4	40,148	0.5	58	29
ANTIHYPERLIPIDEMIC	1,069,816	2,014	14.6	22,407	0.7	70	48
Total	21,067,827	41,982		452,091	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 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	299,292	\$21,067,827	3,682	26.8 %	39,659	0.9	\$134	6,918	50.3 %	73,675	0.7	\$43
Female												
Disabled	200,116	13,397,284	2,174	25.2	23,575	0.8	119	4,870	56.4	52,186	0.7	43
5 and younger	59,659	4,982,040	833	33.8	9,704	0.9	153	1,545	62.8	17,690	0.7	45
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	60	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	72	5,278	4	33.3	48	0.6	75	1	8.3	12	0.5	8
45-64	19,524	1,834,382	357	35.6	4,121	0.8	148	619	61.7	7,107	0.7	47
65-74	39,284	3,091,321	463	32.8	5,439	0.9	158	909	64.3	10,383	0.7	45
75-84	775	50,999	9	30.0	96	0.9	126	16	53.3	188	0.8	47
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	140,457	8,415,244	1,341	21.7	13,871	0.8	94	3,325	53.9	34,496	0.8	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	418	37,201	5	16.1	60	0.6	118	14	45.2	153	0.4	43
45-64	227	17,206	2	15.4	20	0.9	175	2	15.4	16	0.9	76
65-74	31,584	2,062,895	229	17.3	2,505	0.8	125	617	46.6	6,807	0.7	38
75-84	47,726	2,831,211	427	22.1	4,460	0.8	95	1,086	56.2	11,420	0.8	40
85 and older	60,501	3,466,721	678	23.6	6,826	0.7	82	1,606	55.9	16,100	0.8	44
Male												
Disabled	99,176	7,670,543	1,508	29.5	16,084	0.9	156	2,048	40.0	21,489	0.7	43
5 and younger	46,855	4,563,254	881	35.5	9,950	1.0	194	879	35.4	9,876	0.7	42
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	697	0	0.0	0	0.0	0	2	33.3	22	0.9	32
45-64	18,136	1,982,123	430	36.6	4,834	0.9	197	410	34.9	4,565	0.7	42
65-74	28,142	2,553,459	444	34.8	5,055	1.1	192	460	36.0	5,221	0.7	43
75-84	558	26,975	7	26.9	61	1.0	75	7	26.9	68	0.7	38
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	52,321	3,107,289	627	23.8	6,134	0.7	96	1,169	44.3	11,613	0.8	43
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	789	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	16	968	0	0.0	0	0.0	0	2	15.4	24	0.4	33
45-64	67	3,584	0	0.0	0	0.0	0	2	10.5	12	0.7	52
65-74	16,369	1,030,227	168	18.4	1,738	0.8	124	320	35.1	3,340	0.7	43
75-84	21,221	1,256,563	251	26.1	2,478	0.7	88	454	47.1	4,500	0.8	42
85 and older	14,636	815,158	208	28.6	1,918	0.7	81	391	53.7	3,737	0.8	45
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible 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 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	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	5,139	37.4 %	55,422	0.6	\$47	3,064	22.3 %	33,752	0.9	\$73	5,815	42.3 %	61,970	0.4	\$23
Female	3,523	40.8	38,160	0.6	47	1,867	21.6	20,664	0.9	67	4,159	48.2	44,604	0.5	22
Disabled	879	35.7	10,163	0.5	49	906	36.8	10,480	1.0	87	1,235	50.2	14,141	0.4	19
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	50.0	12	0.3	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	8.3	12	0.1	1	2	16.7	24	1.1	58	3	25.0	36	0.1	1
21-44	292	29.1	3,422	0.5	44	396	39.4	4,601	0.9	95	461	45.9	5,283	0.3	13
45-64	568	40.2	6,524	0.5	52	499	35.3	5,748	1.0	80	754	53.4	8,644	0.5	23
65-74	17	56.7	193	0.5	36	9	30.0	107	1.2	54	17	56.7	178	0.3	21
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,644	42.8	27,997	0.6	47	961	15.6	10,184	0.9	47	2,924	47.4	30,463	0.5	23
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	0.1	1
21-44	3	9.7	36	0.4	35	9	29.0	108	0.7	88	21	67.7	235	0.3	26
45-64	5	38.5	52	0.5	33	3	23.1	36	1.2	78	6	46.2	54	0.4	9
65-74	557	42.1	6,152	0.5	48	260	19.7	2,870	0.9	60	626	47.3	6,868	0.5	21
75-84	833	43.1	8,937	0.6	45	335	17.3	3,666	0.9	46	909	47.1	9,640	0.5	22
85 and older	1,246	43.4	12,820	0.6	47	354	12.3	3,504	0.8	37	1,361	47.4	13,654	0.5	26
Male	1,616	31.6	17,262	0.6	47	1,197	23.4	13,088	1.0	83	1,656	32.4	17,366	0.4	25
Disabled	625	25.2	7,108	0.6	50	760	30.6	8,592	1.0	100	776	31.3	8,622	0.4	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	0	0.0	0	0.0	0
21-44	220	18.7	2,538	0.5	49	355	30.2	3,996	1.0	102	363	30.9	3,936	0.3	21
45-64	394	30.9	4,438	0.6	52	401	31.4	4,555	1.1	99	402	31.5	4,554	0.4	36
65-74	11	42.3	132	0.5	34	4	15.4	41	0.9	21	11	42.3	132	0.7	28
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	991	37.6	10,154	0.6	45	437	16.6	4,496	0.9	51	880	33.4	8,744	0.5	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7.7	12	0.1	1
45-64	2	10.5	12	0.8	101	1	5.3	7	0.9	88	5	26.3	33	0.3	7
65-74	292	32.0	3,064	0.5	42	166	18.2	1,769	0.9	62	267	29.3	2,755	0.4	18
75-84	372	38.6	3,952	0.6	48	173	18.0	1,755	0.9	46	305	31.7	3,128	0.5	24
85 and older	325	44.6	3,126	0.6	45	97	13.3	965	0.9	39	302	41.5	2,816	0.5	23
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 North Dakota, 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERTENSIVE			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx
All	3,581	26.0 %	38,347	0.8	3,332	24.2 %	36,896	0.5	4,672	34.0 %	49,815	0.7
Female												
Disabled	2,342	27.1	25,299	0.8	2,408	27.9	26,711	0.5	3,147	36.5	33,697	0.8
5 and younger	482	19.6	5,462	0.7	757	30.8	8,797	0.4	516	21.0	5,868	0.7
6-14	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	1	8.3	12	0.1	0	0.0	0	0.0
21-44	104	10.4	1,185	0.8	283	28.2	3,274	0.3	97	9.7	1,127	0.7
45-64	372	26.3	4,206	0.7	464	32.8	5,404	0.4	411	29.1	4,654	0.7
65-74	6	20.0	71	0.6	9	30.0	107	0.4	8	26.7	87	0.7
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	1,860	30.1	19,837	0.8	1,651	26.8	17,914	0.5	2,631	42.6	27,829	0.8
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
21-44	3	9.7	36	1.0	5	16.1	60	0.4	4	12.9	48	0.9
45-64	5	38.5	52	0.9	5	38.5	52	0.5	2	15.4	20	0.6
65-74	486	36.7	5,333	0.8	374	28.3	4,227	0.5	527	39.8	5,860	0.7
75-84	681	35.3	7,345	0.8	523	27.1	5,727	0.5	877	45.4	9,543	0.7
85 and older	685	23.9	7,071	0.8	744	25.9	7,848	0.6	1,221	42.5	12,358	0.8
Male												
Disabled	1,239	24.2	13,048	0.8	924	18.1	10,185	0.4	1,525	29.8	16,118	0.7
5 and younger	417	16.8	4,648	0.8	416	16.8	4,744	0.4	489	19.7	5,440	0.7
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
21-44	115	9.8	1,295	0.7	188	16.0	2,114	0.3	150	12.8	1,691	0.6
45-64	298	23.3	3,305	0.8	225	17.6	2,594	0.4	328	25.7	3,626	0.7
65-74	4	15.4	48	1.1	3	11.5	36	0.9	11	42.3	123	0.8
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	822	31.2	8,400	0.8	508	19.3	5,441	0.5	1,036	39.3	10,678	0.8
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
21-44	1	7.7	7	0.1	1	7.7	12	0.2	2	15.4	14	0.1
45-64	2	10.5	18	0.9	0	0.0	0	0.0	3	15.8	23	0.4
65-74	281	30.8	2,977	0.9	152	16.7	1,680	0.4	304	33.3	3,275	0.7
75-84	344	35.7	3,605	0.8	186	19.3	2,025	0.5	423	43.9	4,461	0.8
85 and older	194	26.6	1,793	0.8	169	23.2	1,724	0.6	304	41.8	2,905	0.8
Unknown	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 North Dakota, 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	ANTIASTHMATIC				ANTIHYPERTENSIVE				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx							
All	3,765	27.4 %	40,148	0.5	\$29	2,014	14.6 %	22,407	0.7	\$48	13,751	139,397			
Female	2,499	29.0	27,189	0.5	30	1,319	15.3	14,756	0.7	48	8,632	88,498			
Disabled	684	27.8	7,853	0.5	29	366	14.9	4,222	0.7	49	2,461	26,985			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	19			
15-20	0	0.0	0	0.0	0	1	8.3	12	0.5	13	12	124			
21-44	198	19.7	2,275	0.4	21	64	6.4	760	0.6	41	1,004	11,112			
45-64	473	33.5	5,464	0.5	32	295	20.9	3,378	0.7	50	1,413	15,429			
65-74	13	43.3	114	0.5	31	6	20.0	72	0.7	58	30	301			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
Other Eligibles	1,815	29.4	19,336	0.5	30	953	15.4	10,534	0.7	47	6,171	61,513			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	24			
21-44	5	16.1	60	0.5	26	2	6.5	24	0.9	55	31	279			
45-64	0	0.0	0	0.0	0	5	38.5	55	0.4	31	13	96			
65-74	471	35.6	5,181	0.6	36	383	28.9	4,255	0.6	46	1,323	13,591			
75-84	643	33.3	6,884	0.6	32	384	19.9	4,249	0.7	50	1,931	19,701			
85 and older	696	24.2	7,211	0.5	25	179	6.2	1,951	0.7	45	2,871	27,822			
Male	1,266	24.7	12,959	0.5	29	695	13.6	7,651	0.7	48	5,119	50,899			
Disabled	399	16.1	4,319	0.5	29	350	14.1	4,007	0.7	46	2,483	26,326			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	57			
21-44	158	13.5	1,723	0.5	23	104	8.9	1,215	0.6	37	1,174	12,595			
45-64	233	18.2	2,518	0.6	32	242	19.0	2,753	0.7	50	1,277	13,419			
65-74	8	30.8	78	0.4	36	4	15.4	39	0.8	46	26	255			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
Other Eligibles	867	32.9	8,640	0.5	29	345	13.1	3,644	0.7	49	2,636	24,573			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
6-14	0	0.0	0	0.0	0	1	100.0	12	1.0	66	1	12			
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			
21-44	1	7.7	12	0.1	4	0	0.0	0	0.0	0	13	88			
45-64	3	15.8	15	0.5	33	0	0.0	0	0.0	0	19	115			
65-74	239	26.2	2,394	0.6	29	151	16.6	1,667	0.7	50	912	8,751			
75-84	373	38.7	3,932	0.6	33	153	15.9	1,615	0.7	48	963	9,172			
85 and older	251	34.5	2,287	0.4	22	40	5.5	350	0.8	51	728	6,435			
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0			

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for North Dakota, 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, NORTH DAKOTA, 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	\$290	6.5	3,936	38,232
Age				
0-64	376	7.1	214	2,312
65-74	405	7.8	381	3,827
75-84	313	7.0	1,092	10,696
85 and older	249	6.1	2,249	21,397
Unknown	0	0.0	0	0
Gender				
Female	278	6.5	2,757	27,192
Male	318	6.6	1,179	11,040
Unknown	0	0.0	0	0
Race				
White	289	6.5	3,847	37,344
African American	0	0	0	0
Other/unknown	346	6.9	89	888
Basis of Eligibility^c				
Aged	284	6.5	3,713	35,839
Disabled	378	7.1	223	2,393
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 North Dakota, 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 1,130 beneficiaries who were in nursing facilities for part of their enrollment and their 10,429 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, NORTH DAKOTA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users										\$ per Bene Mo among Users										Total Rx \$		Users											
	Patented					Off-Patent					Generic					Patented					Off-Patent					Generic					Total # of Rx	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos
	Total	Brand-Name	Off-Patent	Brand-Name	Generic	Total	Brand-Name	Off-Patent	Brand-Name	Generic	Total	Brand-Name	Off-Patent	Brand-Name	Generic	Total	Brand-Name	Off-Patent	Brand-Name	Generic	Total	Brand-Name	Off-Patent	Brand-Name	Generic									
Anti-infective Agents	0.3	0.2	0.0	0.1	\$15	\$13	\$1	\$2	\$47	\$14	\$45	\$14	8,953	\$422,249	2,661	67.6 %	27,299																	
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	35	35	0	0	5	175	5	0.1	40																	
Antineoplastic Agents	0.7	0.3	0.1	0.3	112	87	3	22	160	276	58	66	1,018	162,846	149	3.8	1,450																	
Endocrine/Metabolic Drugs	1.2	0.5	0.3	0.4	38	27	4	6	31	54	16	14	22,973	719,422	1,888	48.0	18,939																	
Cardiovascular Agents	2.1	0.4	0.3	1.4	47	20	5	21	22	45	20	15	64,468	1,399,577	3,054	77.6	30,032																	
Respiratory Agents	0.8	0.4	0.0	0.3	41	29	2	10	52	69	58	29	10,575	548,975	1,307	33.2	13,232																	
Gastrointestinal Agents	1.0	0.5	0.0	0.5	58	45	1	11	58	100	84	21	18,418	1,071,093	1,855	47.1	18,524																	
Genitourinary Agents	0.7	0.6	0.0	0.1	45	43	0	2	62	71	37	19	6,779	421,519	913	23.2	9,353																	
CNS Drugs	1.6	1.0	0.1	0.5	109	91	8	10	70	95	72	21	43,108	3,026,003	2,786	70.8	27,688																	
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.0	0.6	30	18	0	11	39	109	30	19	215	8,290	31	0.8	279																	
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	94	93	0	0	118	121	0	9	2,187	257,853	279	7.1	2,753																	
Analgesics and Anesthetics	1.0	0.5	0.1	0.4	54	46	2	6	55	88	34	16	19,228	1,065,506	1,988	50.5	19,699																	
Neuromuscular Agents	1.2	0.5	0.2	0.6	69	41	8	19	55	84	49	33	14,796	816,575	1,143	29.0	11,846																	
Nutritional Products	0.9	0.0	0.0	0.8	16	0	1	15	19	16	19	19	11,670	217,131	1,382	35.1	13,578																	
Hematological Agents	1.1	0.2	0.3	0.6	42	29	5	8	40	145	18	14	12,044	477,437	1,141	29.0	11,324																	
Topical Products	0.6	0.2	0.0	0.3	19	13	1	5	34	51	47	18	12,706	430,231	2,140	54.4	22,491																	
Miscellaneous Products	0.3	0.1	0.0	0.2	24	11	2	10	74	92	334	53	333	24,523	106	2.7	1,035																	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	15	0	0	0	850	13,010	244	6.2	2,575																	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	250,326	11,082,415	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 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 1,130 beneficiaries who were in nursing facilities for part of their enrollment and their 10,429 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 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.

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, NORTH DAKOTA, 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	\$1,451,907	1,411	35.8 %	14,329	0.8	\$126	\$101
ANTIDEPRESSANTS	1,387,331	2,768	70.3	27,971	0.9	57	50
ULCER DRUGS	949,072	1,905	48.4	19,345	0.7	75	49
ANALGESICS - Narcotic	589,658	1,904	48.4	18,638	0.6	53	32
ANTICONVULSANT	538,650	930	23.6	9,692	1.0	54	56
ANTIDIABETIC	456,624	1,261	32.0	12,778	0.9	40	36
ANALGESICS - ANTI-INFLAMMATORY	450,355	1,015	25.8	10,692	0.6	70	42
ANTIHYPERTENSIVE	426,159	1,632	41.5	16,247	0.9	30	26
ANTIASTHMATIC	396,279	1,306	33.2	13,254	0.5	55	30
URINARY ANTISPASMODICS	281,176	480	12.2	4,941	0.8	73	57
Total	6,927,211	14,612		147,887	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 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 1,130 beneficiaries who were in nursing facilities for part of their enrollment and their 10,429 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as %			Mean No. of Rx	Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users of All-Year of All-Year Residents	NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$				
				1,411	35.8 %	14,329											0.8	\$101	2,768	70.3 %
All	112,955	\$6,927,211	1,411	35.8 %	14,329	0.8	\$101	2,768	70.3 %	27,971	0.9	\$50								
Female	78,010	4,752,782	921	33.4	9,498	0.8	98	1,968	71.4	19,999	0.9	50								
Disabled	3,738	218,901	32	33.3	362	0.8	77	70	72.9	796	1.0	57								
64 or younger	3,605	212,647	31	33.3	361	0.8	77	66	71.0	748	1.0	58								
65-74	133	6,254	1	33.3	1	3.0	86	4	133.3	48	1.1	41								
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
Other Eligibles	74,272	4,533,881	889	33.4	9,136	0.8	99	1,898	71.3	19,203	0.9	49								
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
65-74	7,967	555,266	92	48.9	960	0.9	133	169	89.9	1,805	0.9	53								
75-84	22,403	1,374,405	271	39.9	2,800	0.8	108	559	82.3	5,623	0.9	50								
85 and older	43,902	2,604,210	526	29.3	5,376	0.8	88	1,170	65.2	11,775	0.9	48								
Male	34,945	2,174,429	490	41.6	4,831	0.8	108	800	67.9	7,972	0.9	49								
Disabled	4,810	336,434	57	44.9	609	0.9	164	82	64.6	893	0.9	55								
64 or younger	4,608	324,331	53	43.8	584	0.9	164	78	64.5	861	0.9	54								
65-74	202	12,103	4	66.7	25	0.9	153	4	66.7	32	1.0	72								
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
Other Eligibles	30,135	1,837,995	433	41.2	4,222	0.8	100	718	68.3	7,079	0.9	49								
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
65-74	6,759	442,519	96	52.2	990	0.9	128	148	80.4	1,541	0.9	52								
75-84	12,341	751,615	179	43.3	1,745	0.7	95	288	69.7	2,825	0.9	46								
85 and older	11,035	643,861	158	34.7	1,487	0.8	88	282	62.0	2,713	0.9	50								
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 North Dakota, 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 1,130 beneficiaries who were in nursing facilities for part of their enrollment and their 10,429 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	ULCER DRUGS										ANTICONVULSANT													
	Users as %					Users as %					Users as %					Users as %								
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Residents	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Residents	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$			
All	1,905	48.4 %	0.7	\$49	0.6	1,904	48.4 %	0.6	\$32	0.6	930	23.6 %	0.6	\$32	0.6	930	23.6 %	0.6	\$32	0.6	930	23.6 %	0.6	\$56
Female	1,330	48.2	0.7	49	0.6	1,432	51.9	0.6	33	0.6	583	21.1	0.6	33	0.6	583	21.1	0.6	33	0.6	583	21.1	0.6	53
Disabled	48	50.0	0.7	53	0.8	56	58.3	0.8	32	0.8	62	64.6	0.8	32	0.8	62	64.6	0.8	32	0.8	62	64.6	0.8	76
64 or younger	46	49.5	0.7	51	0.8	55	59.1	0.8	31	0.8	60	64.5	0.8	31	0.8	60	64.5	0.8	31	0.8	60	64.5	0.8	77
65-74	2	66.7	0.5	88	1	33.3	774	8.0	774	2	66.7	24	1.8	774	2	66.7	24	1.8	774	2	66.7	24	1.8	38
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
Other Eligibles	1,282	48.2	0.6	49	0.6	1,376	51.7	0.6	33	0.6	521	19.6	0.6	33	0.6	521	19.6	0.6	33	0.6	521	19.6	0.6	50
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	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
65-74	118	62.8	0.7	53	0.7	135	71.8	0.7	41	0.7	91	48.4	0.7	41	0.7	91	48.4	0.7	41	0.7	91	48.4	0.7	84
75-84	341	50.2	0.7	47	0.7	351	51.7	0.6	33	0.6	185	27.2	0.6	33	0.6	185	27.2	0.6	33	0.6	185	27.2	0.6	45
85 and older	823	45.9	0.6	49	0.6	890	49.6	0.6	31	0.6	245	13.7	0.6	31	0.6	245	13.7	0.6	31	0.6	245	13.7	0.6	40
Male	575	48.8	0.7	49	0.7	472	40.0	0.6	29	0.6	347	29.4	0.6	29	0.6	347	29.4	0.6	29	0.6	347	29.4	0.6	60
Disabled	63	49.6	0.7	44	0.7	53	41.7	0.7	29	0.7	82	64.6	0.7	29	0.7	82	64.6	0.7	29	0.7	82	64.6	0.7	84
64 or younger	59	48.8	0.7	45	0.7	51	42.1	0.7	27	0.7	80	66.1	0.7	27	0.7	80	66.1	0.7	27	0.7	80	66.1	0.7	85
65-74	4	66.7	0.5	26	2	33.3	80	1.6	80	2	33.3	17	0.7	80	2	33.3	17	0.7	80	2	33.3	17	0.7	22
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
Other Eligibles	512	48.7	0.7	50	0.7	419	39.8	0.6	28	0.6	265	25.2	0.6	28	0.6	265	25.2	0.6	28	0.6	265	25.2	0.6	52
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	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
65-74	98	53.3	0.6	45	0.6	83	45.1	0.5	27	0.5	79	42.9	0.5	27	0.5	79	42.9	0.5	27	0.5	79	42.9	0.5	61
75-84	199	48.2	0.7	50	0.7	140	33.9	0.6	29	0.6	120	29.1	0.6	29	0.6	120	29.1	0.6	29	0.6	120	29.1	0.6	50
85 and older	215	47.3	0.7	52	0.7	196	43.1	0.6	28	0.6	66	14.5	0.6	28	0.6	66	14.5	0.6	28	0.6	66	14.5	0.6	45
Unknown	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	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 North Dakota, 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 1,130 beneficiaries who were in nursing facilities for part of their enrollment and their 10,429 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene among Users	Mean No. of Rx
All	1,261	32.0 %	0.9	\$36	0.9	1,015	25.8 %	0.6	\$42	0.6	1,632	41.5 %	0.9	\$26	16,247	0.9	\$26
Female	803	29.1	0.9	36	0.9	752	27.3	0.6	43	0.6	1,094	39.7	0.9	27	11,023	0.9	27
Disabled	18	18.8	1.1	57	1.1	30	31.3	0.5	26	0.5	24	25.0	1.1	28	245	1.1	28
64 or younger	18	19.4	1.1	57	1.1	30	32.3	0.5	26	0.5	23	24.7	1.1	29	233	1.1	29
65-74	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	1	33.3	1.1	12	12	1.1	12
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
Other Eligibles	785	29.5	0.9	35	0.9	722	27.1	0.6	43	0.6	1,070	40.2	0.9	27	10,778	0.9	27
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
65-74	98	52.1	0.9	35	0.9	65	34.6	0.5	40	0.5	82	43.6	0.9	28	847	0.9	28
75-84	276	40.6	0.9	38	0.9	211	31.1	0.6	39	0.6	280	41.2	0.9	28	2,841	0.9	28
85 and older	411	22.9	0.9	33	0.9	446	24.9	0.6	46	0.6	708	39.5	0.9	27	7,090	0.9	27
Male	458	38.8	0.9	36	0.9	263	22.3	0.6	41	0.6	538	45.6	0.9	24	5,224	0.9	24
Disabled	41	32.3	1.0	42	1.0	18	14.2	0.5	34	0.5	53	41.7	0.9	25	522	0.9	25
64 or younger	40	33.1	1.0	41	1.0	18	14.9	0.5	34	0.5	49	40.5	0.9	26	474	0.9	26
65-74	1	16.7	2.3	84	2.3	0	0.0	0.0	0	0.0	4	66.7	0.9	19	48	0.9	19
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
Other Eligibles	417	39.6	0.9	35	0.9	245	23.3	0.6	42	0.6	485	46.1	0.9	24	4,702	0.9	24
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	0	0.0	0
65-74	102	55.4	1.0	44	1.0	43	23.4	0.6	39	0.6	82	44.6	0.9	26	819	0.9	26
75-84	174	42.1	0.8	34	0.8	93	22.5	0.6	41	0.6	207	50.1	0.9	24	2,069	0.9	24
85 and older	141	31.0	0.8	31	0.8	109	24.0	0.6	43	0.6	196	43.1	0.8	23	1,814	0.8	23
Unknown	0	0.0	0.0	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 North Dakota, 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 1,130 beneficiaries who were in nursing facilities for part of their enrollment and their 10,429 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).
- Benefit 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					URINARY ANTISPASMODICS					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	NF Residents	All-Year NF Residents		Users	Mos among Users	Users	Mos among Users			
All	1,306	33.2 %	13,254	0.5	\$30	480	12.2 %	4,941	0.8	\$57	3,936	38,232
Female	809	29.3	8,496	0.5	28	364	13.2	3,698	0.8	57	2,757	27,192
Disabled	33	34.4	362	0.4	23	16	16.7	184	0.9	66	96	1,061
64 or younger	32	34.4	350	0.5	23	16	17.2	184	0.9	66	93	1,036
65-74	1	33.3	12	0.2	20	0	0.0	0	0.0	0	3	25
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	776	29.2	8,134	0.5	28	348	13.1	3,514	0.8	57	2,661	26,131
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	75	39.9	791	0.6	37	26	13.8	275	0.7	50	188	1,940
75-84	230	33.9	2,432	0.6	35	103	15.2	1,055	0.8	61	679	6,792
85 and older	471	26.3	4,911	0.5	24	219	12.2	2,184	0.8	56	1,794	17,399
Male	497	42.2	4,758	0.6	33	116	9.8	1,243	0.7	56	1,179	11,040
Disabled	44	34.6	420	1.0	52	16	12.6	178	0.9	50	127	1,332
64 or younger	42	34.7	414	1.0	51	16	13.2	178	0.9	50	121	1,276
65-74	2	33.3	6	1.0	81	0	0.0	0	0.0	0	6	56
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	453	43.1	4,338	0.6	32	100	9.5	1,065	0.7	57	1,052	9,708
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	77	41.8	705	0.7	36	17	9.2	155	0.6	44	184	1,806
75-84	206	49.9	2,102	0.6	36	40	9.7	440	0.7	60	413	3,904
85 and older	170	37.4	1,531	0.5	23	43	9.5	470	0.7	58	455	3,998
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 North Dakota, 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 1,130 beneficiaries who were in nursing facilities for part of their enrollment and their 10,429 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}
 NORTH DAKOTA, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D		Total No. Part D Excl Rx	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Dual Rx	Total No. of Benes
			Excl Rx	Bene						
All	6,169	44.9 %	3.9	52,965	\$72	\$984,557	\$19	3.0 %	13,751	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	
6-14	2	66.7	0.7	2	3	9	5	0.1	3	
15-20	2	10.0	0.2	3	2	32	11	0.4	20	
21-44	787	35.4	2.5	5,510	63	139,019	25	2.6	2,222	
45-64	1,128	41.4	3.9	10,699	87	236,630	22	2.9	2,722	
65-74	993	43.3	3.6	8,236	61	139,812	17	2.9	2,291	
75-84	1,399	48.3	4.4	12,606	73	211,256	17	3.2	2,894	
85 and older	1,858	51.6	4.4	15,909	72	257,799	16	3.4	3,599	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	4,223	48.4	4.2	36,517	69	604,664	17	3.2	8,728	
Disabled	1,923	38.9	3.3	16,315	76	377,286	23	2.8	4,944	
Adults	22	29.3	1.8	132	35	2,600	20	3.2	75	
Children	1	25.0	0.3	1	2	7	7	0.6	4	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	4,292	49.7	4.5	38,442	82	707,901	18	3.3	8,632	
Male	1,877	36.7	2.8	14,523	54	276,656	19	2.5	5,119	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	5,804	45.3	3.9	49,915	73	936,253	19	3.0	12,802	
African American	14	37.8	3.2	117	56	2,078	18	3.3	37	
Other/unknown	351	38.5	3.2	2,933	51	46,226	16	3.1	912	
Use of Nursing Facilities^d										
Entire year	2,093	53.2	4.7	18,666	85	335,910	18	3.0	3,936	
Part year	736	65.1	4.7	5,358	75	84,517	16	2.9	1,130	
None	3,340	38.5	3.3	28,941	65	564,130	19	3.1	8,685	
Maintenance Assistance Status										
Cash	1,952	47.1	4.2	17,569	83	344,505	20	3.1	4,141	
Medically needy	4,202	45.0	3.8	35,348	68	639,271	18	3.0	9,339	
Poverty related	11	4.2	0.1	29	2	453	16	2.2	261	
Other/unknown	4	40.0	1.9	19	33	328	17	2.6	10	

Table D11

Dual Eligible 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 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}
 NORTH DAKOTA, 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	\$7	\$19	\$0	\$2	139,397
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.1	0	5	0	0	31
15-20	0.0	0	11	0	0	205
21-44	0.2	6	25	0	3	24,074
45-64	0.4	8	22	0	3	29,059
65-74	0.4	6	17	0	2	22,898
75-84	0.4	7	17	0	2	28,873
85 and older	0.5	8	16	0	2	34,257
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	7	17	0	2	85,470
Disabled	0.3	7	23	0	3	53,311
Adults	0.2	5	20	0	1	574
Children	0.0	0	7	0	0	42
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	8	18	0	2	88,498
Male	0.3	5	19	0	2	50,899
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	19	0	2	129,684
African American	0.3	6	18	0	1	337
Other/unknown	0.3	5	16	0	2	9,376
Use of Nursing Facilities^d						
Entire year	0.5	9	18	0	2	38,232
Part year	0.5	8	16	0	2	10,429
None	0.3	6	19	0	2	90,736
Maintenance Assistance Status						
Cash	0.4	7	20	0	2	46,634
Medically needy	0.4	7	18	0	2	90,366
Poverty related	0.0	0	16	0	0	2,283
Other/unknown	0.2	3	17	0	1	114

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 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}
 NORTH DAKOTA, 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	8,444	\$117	\$984,557	100.0 %	52,965	\$19	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	5	29	146	0.0	14	10	0.0
Cough and cold medications	1,223	91	111,398	11.3	3,507	32	6.6
Vitamins and minerals	2,797	154	431,136	43.8	21,355	20	40.3
Non-prescription drugs	1,598	59	94,496	9.6	9,512	10	18.0
Barbiturates	156	83	12,934	1.3	1,698	8	3.2
Benzodiazepines	2,536	123	312,078	31.7	16,305	19	30.8
Other Part D Excl Rx Drugs	129	173	22,369	2.3	574	39	1.1

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 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NORTH DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries 13,751
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$32,426,822
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,358

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,266	16.5 %	\$0	0.0 %
1-500	2,278	16.6	476,363	1.5
501-1,000	1,379	10.0	1,023,459	3.2
1,001-1,500	1,243	9.0	1,548,838	4.8
1,501-2,000	1,027	7.5	1,793,539	5.5
2,001-2,500	863	6.3	1,939,899	6.0
2,501-3,000	796	5.8	2,185,068	6.7
3,001-3,500	660	4.8	2,141,353	6.6
3,501-4,000	562	4.1	2,103,550	6.5
4,001-4,500	441	3.2	1,872,865	5.8
4,501-5,000	378	2.7	1,794,399	5.5
5,001-5,500	293	2.1	1,538,319	4.7
5,501-6,000	233	1.7	1,339,364	4.1
6,001-6,500	209	1.5	1,305,008	4.0
6,501-7,000	176	1.3	1,184,957	3.7
7,001-7,500	133	1.0	962,746	3.0
7,501-8,000	131	1.0	1,013,335	3.1
8,001-8,500	100	0.7	824,596	2.5
8,501-9,000	78	0.6	682,635	2.1
9,001-9,500	67	0.5	620,521	1.9
9,501-10,000	60	0.4	585,744	1.8
10,001+	378	2.7	5,490,264	16.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NORTH DAKOTA, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 4,888
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$13,428,075
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,747

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		1,025	21.0 %		
\$0	1,025	0	0.0 %	0	0.0 %
1-500	844	17.3	17.3	160,351	1.2
501-1,000	416	8.5	8.5	307,855	2.3
1,001-1,500	356	7.3	7.3	444,672	3.3
1,501-2,000	289	5.9	5.9	502,092	3.7
2,001-2,500	244	5.0	5.0	547,853	4.1
2,501-3,000	209	4.3	4.3	575,513	4.3
3,001-3,500	168	3.4	3.4	547,248	4.1
3,501-4,000	164	3.4	3.4	614,473	4.6
4,001-4,500	139	2.8	2.8	590,259	4.4
4,501-5,000	119	2.4	2.4	564,408	4.2
5,001-5,500	110	2.3	2.3	579,213	4.3
5,501-6,000	86	1.8	1.8	495,055	3.7
6,001-6,500	88	1.8	1.8	551,106	4.1
6,501-7,000	77	1.6	1.6	520,035	3.9
7,001-7,500	64	1.3	1.3	463,156	3.4
7,501-8,000	54	1.1	1.1	415,273	3.1
8,001-8,500	54	1.1	1.1	445,003	3.3
8,501-9,000	40	0.8	0.8	350,178	2.6
9,001-9,500	29	0.6	0.6	267,786	2.0
9,501-10,000	40	0.8	0.8	390,308	2.9
10,001+	273	5.6	5.6	4,096,238	30.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NORTH DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 8,784
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$18,915,955
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,154

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,202	13.7 %	0	0.0 %
1-500	1,415	16.1	313,370	1.7
501-1,000	960	10.9	713,356	3.8
1,001-1,500	881	10.0	1,096,780	5.8
1,501-2,000	738	8.4	1,291,447	6.8
2,001-2,500	616	7.0	1,384,983	7.3
2,501-3,000	585	6.7	1,604,102	8.5
3,001-3,500	490	5.6	1,587,686	8.4
3,501-4,000	398	4.5	1,489,077	7.9
4,001-4,500	301	3.4	1,278,137	6.8
4,501-5,000	258	2.9	1,225,401	6.5
5,001-5,500	182	2.1	953,671	5.0
5,501-6,000	147	1.7	844,309	4.5
6,001-6,500	121	1.4	753,902	4.0
6,501-7,000	99	1.1	664,922	3.5
7,001-7,500	69	0.8	499,590	2.6
7,501-8,000	77	0.9	598,062	3.2
8,001-8,500	46	0.5	379,593	2.0
8,501-9,000	38	0.4	332,457	1.8
9,001-9,500	38	0.4	352,735	1.9
9,501-10,000	20	0.2	195,436	1.0
10,001+	103	1.2	1,356,939	7.2

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NORTH DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 2,291
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$4,791,732
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,092

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		574	25.1 %		
\$0	574			0	0.0 %
1-500	325	14.2		62,907	1.3
501-1,000	198	8.6		147,473	3.1
1,001-1,500	180	7.9		221,654	4.6
1,501-2,000	178	7.8		313,338	6.5
2,001-2,500	124	5.4		276,856	5.8
2,501-3,000	128	5.6		351,119	7.3
3,001-3,500	112	4.9		361,920	7.6
3,501-4,000	71	3.1		264,314	5.5
4,001-4,500	52	2.3		222,349	4.6
4,501-5,000	66	2.9		313,418	6.5
5,001-5,500	45	2.0		236,530	4.9
5,501-6,000	37	1.6		212,082	4.4
6,001-6,500	25	1.1		156,674	3.3
6,501-7,000	30	1.3		201,485	4.2
7,001-7,500	26	1.1		188,403	3.9
7,501-8,000	26	1.1		202,160	4.2
8,001-8,500	17	0.7		140,026	2.9
8,501-9,000	7	0.3		61,549	1.3
9,001-9,500	14	0.6		129,366	2.7
9,501-10,000	7	0.3		68,302	1.4
10,001+	49	2.1		659,807	13.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NORTH DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 2,894
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$6,633,776
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,292

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	399	13.8 %	0	0.0 %
1-500	442	15.3	95,021	1.4
501-1,000	284	9.8	210,200	3.2
1,001-1,500	262	9.1	327,391	4.9
1,501-2,000	234	8.1	409,771	6.2
2,001-2,500	204	7.0	459,500	6.9
2,501-3,000	187	6.5	509,241	7.7
3,001-3,500	189	6.5	612,488	9.2
3,501-4,000	138	4.8	517,481	7.8
4,001-4,500	108	3.7	459,318	6.9
4,501-5,000	85	2.9	402,515	6.1
5,001-5,500	72	2.5	377,948	5.7
5,501-6,000	53	1.8	304,047	4.6
6,001-6,500	50	1.7	311,129	4.7
6,501-7,000	45	1.6	302,724	4.6
7,001-7,500	23	0.8	166,839	2.5
7,501-8,000	33	1.1	255,569	3.9
8,001-8,500	19	0.7	157,306	2.4
8,501-9,000	17	0.6	148,774	2.2
9,001-9,500	10	0.3	93,229	1.4
9,501-10,000	6	0.2	58,652	0.9
10,001+	34	1.2	454,633	6.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NORTH DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 3,599
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$7,490,447
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,081

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	229	6.4 %	0	0.0 %
1-500	648	18.0	155,442	2.1
501-1,000	478	13.3	355,683	4.7
1,001-1,500	439	12.2	547,735	7.3
1,501-2,000	326	9.1	568,338	7.6
2,001-2,500	288	8.0	648,627	8.7
2,501-3,000	270	7.5	743,742	9.9
3,001-3,500	189	5.3	613,278	8.2
3,501-4,000	189	5.3	707,282	9.4
4,001-4,500	141	3.9	596,470	8.0
4,501-5,000	107	3.0	509,468	6.8
5,001-5,500	65	1.8	339,193	4.5
5,501-6,000	57	1.6	328,180	4.4
6,001-6,500	46	1.3	286,099	3.8
6,501-7,000	24	0.7	160,713	2.1
7,001-7,500	20	0.6	144,348	1.9
7,501-8,000	18	0.5	140,333	1.9
8,001-8,500	10	0.3	82,261	1.1
8,501-9,000	14	0.4	122,134	1.6
9,001-9,500	14	0.4	130,140	1.7
9,501-10,000	7	0.2	68,482	0.9
10,001+	20	0.6	242,499	3.2

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2002

Beneficiary Characteristics	No. of Benes				No. of Bene Mos			
	All	Aged	Disabled	Unknown	All	Aged	Disabled	Unknown
All	13,751	8,728	4,944	0	139,397	85,470	53,311	0
Age								
5 and younger	0	0	0	0		0	0	0
6-14	3	0	2	0	31	0	19	0
15-20	20	0	18	0	205	0	181	0
21-44	2,222	0	2,178	0	24,074	0	23,707	0
45-64	2,722	2	2,690	0	29,059	12	28,848	0
65-74	2,291	2,233	56	0	22,898	22,328	556	0
75-84	2,894	2,894	0	0	28,873	28,873	0	0
85 and older	3,599	3,599	0	0	34,257	34,257	0	0
Unknown	0	0	0	0	0	0	0	0
Gender								
Female	8,632	6,125	2,461	0	88,498	61,114	26,985	0
Male	5,119	2,603	2,483	0	50,899	24,356	26,326	0
Unknown	0	0	0	0	0	0	0	0
Race								
White	12,802	8,252	4,487	0	129,684	80,657	48,532	0
African American	37	5	31	0	337	51	279	0
Other/unknown	912	471	426	0	9,376	4,762	4,500	0
Use of Nursing Facilities^c								
Entire year	3,936	3,713	223	0	38,232	35,839	2,393	0
Part year	1,130	995	135	0	10,429	9,012	1,417	0
None	8,685	4,020	4,586	0	90,736	40,619	49,501	0
Maintenance Assistance Status								
Cash	4,141	1,878	2,235	0	46,634	21,134	25,283	0
Medically needy	9,339	6,693	2,610	0	90,366	62,938	27,176	0
Poverty related	261	157	99	0	2,283	1,398	852	0
Other/unknown	10	0	0	0	114	0	0	0
Dual Status^d								
Full dual, all year	13,271	8,408	4,785	0	134,632	82,280	51,748	0
Full dual, part year	480	320	159	0	4,765	3,190	1,563	0
Managed Care Status								
FFS all year	13,751	8,728	4,944	0	139,397	85,470	53,311	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0

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 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, NORTH DAKOTA, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		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	No. of Benes	No. of Bene Mos
All	13,751	139,397	13,751	139,397	13,751	139,397	0	0
FFS all year	13,751	139,397	13,751	139,397	13,751	139,397	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0	0	0

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