

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 MONTANA

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	17,314	8,870	7,356	1,078	10	0	168,158	82,748	72,689	12,619	102	0
Age												
5 and younger	1	0	0	0	1	5		0	0	0	5	0
6-14	4	0	3	0	1	0	45	0	36	0	9	0
15-20	48	0	40	0	8	0	486	0	398	0	88	0
21-44	3,121	6	2,606	509	0	0	32,517	72	26,520	5,925	0	0
45-64	4,344	10	3,871	463	0	0	42,652	112	37,089	5,451	0	0
65-74	3,416	2,652	693	71	0	0	32,908	24,917	7,150	841	0	0
75-84	3,269	3,122	118	29	0	0	30,814	29,232	1,242	340	0	0
85 and older	3,111	3,080	25	6	0	0	28,731	28,415	254	62	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	11,067	6,570	3,978	515	4	0	109,176	62,833	40,330	5,965	48	0
Male	6,247	2,300	3,378	563	6	0	58,982	19,915	32,359	6,654	54	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	15,543	8,107	6,435	996	5	0	149,812	75,029	63,058	11,672	53	0
African American	54	16	35	3	0	0	500	151	313	36	0	0
Other/unknown	1,717	747	886	79	5	0	17,846	7,568	9,318	911	49	0
Use of Nursing Facilities^c												
Entire year	3,274	2,969	304	1	0	0	32,489	29,180	3,297	12	0	0
Part year	1,565	1,334	215	16	0	0	13,545	11,285	2,080	180	0	0
None	12,475	4,567	6,837	1,061	10	0	122,124	42,283	67,312	12,427	102	0
Maintenance Assistance Status												
Cash	6,056	1,866	4,179	10	1	0	65,914	20,536	45,275	94	9	0
Medically needy	8,149	5,794	2,355	0	0	0	68,663	49,795	18,868	0	0	0
Poverty-related	16	0	0	14	2	0	83	0	0	74	9	0
Other/unknown	3,093	1,210	822	1,054	7	0	33,498	12,417	8,546	12,451	84	0
Dual Medicare Status^d												
Full dual, all year	17,314	8,870	7,356	1,078	10	0	168,158	82,748	72,689	12,619	102	0
Full dual, part year	0	0	0	0	0	0		0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	17,314	8,870	7,356	1,078	10	0	168,158	82,748	72,689	12,619	102	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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	87.7 %	47.7	\$2,751	\$58	\$13,176	20.9 %	17,314
Age							
5 and younger	0.0	0.0	0	0	15	0.0	1
6-14	75.0	45.0	10,237	228	16,265	62.9	4
15-20	79.2	19.2	1,514	79	5,668	26.7	48
21-44	85.1	34.5	3,066	89	9,480	32.3	3,121
45-64	87.2	51.0	3,537	69	11,415	31.0	4,344
65-74	83.8	47.3	2,382	50	9,851	24.2	3,416
75-84	89.3	53.2	2,442	46	15,446	15.8	3,269
85 and older	93.9	51.6	2,079	40	20,726	10.0	3,111
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.5	51.3	2,319	45	15,895	14.6	8,870
Disabled	84.9	44.6	3,298	74	10,524	31.3	7,356
Adults	92.4	40.5	2,598	64	8,980	28.9	1,078
Children	80.0	14.0	643	46	4,732	13.6	10
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	90.9	53.8	2,897	54	13,825	21.0	11,067
Male	82.1	37.0	2,493	67	12,027	20.7	6,247
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.7	49.7	2,875	58	13,516	21.3	15,543
African American	81.5	40.7	2,416	59	10,943	22.1	54
Other/unknown	69.9	30.0	1,647	55	10,167	16.2	1,717
Use of Nursing Facilities^f							
Entire year	97.0	67.1	3,078	46	29,795	10.3	3,274
Part year	95.7	54.2	2,610	48	18,641	14.0	1,565
None	84.3	41.9	2,683	64	8,129	33.0	12,475
Maintenance Assistance Status							
Cash	82.1	38.5	2,432	63	6,061	40.1	6,056
Medically needy	90.6	54.3	2,926	54	16,910	17.3	8,149
Poverty related	81.3	6.9	533	78	3,112	17.1	16
Other/unknown	91.3	48.8	2,928	60	17,322	16.9	3,093

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			Percentage of All Medicaid FFS ^c	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	4.9	\$283	20.9 %	12.3 %	14.3 %	9.4 %	27.4 %	26.7 %	9.9 %	\$1,357	17,314	168,158
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	3	1	5
6-14	4.0	910	62.9	25.0	0.0	0.0	50.0	25.0	0.0	1,446	4	45
15-20	1.9	150	26.7	20.8	47.9	8.3	14.6	8.3	0.0	560	48	486
21-44	3.3	294	32.3	14.9	25.8	13.6	24.8	15.7	5.2	910	3,121	32,517
45-64	5.2	360	31.0	12.8	13.8	9.1	27.4	25.2	11.7	1,163	4,344	42,652
65-74	4.9	247	24.2	16.2	13.2	8.4	25.8	25.8	10.5	1,023	3,416	32,908
75-84	5.6	259	15.8	10.7	9.5	7.5	27.3	33.3	11.7	1,639	3,269	30,814
85 and older	5.6	225	10.0	6.1	9.1	8.9	32.1	34.0	9.8	2,244	3,111	28,731
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.5	249	14.6	10.5	10.3	8.2	28.4	31.5	11.1	1,704	8,870	82,748
Disabled	4.5	334	31.3	15.1	17.6	10.1	25.4	22.3	9.5	1,065	7,356	72,689
Adults	3.5	222	28.9	7.6	23.8	15.0	33.3	16.9	3.3	767	1,078	12,619
Children	1.4	63	13.6	20.0	50.0	20.0	10.0	0.0	0.0	464	10	102
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.5	294	21.0	9.1	11.8	9.1	28.1	30.2	11.7	1,401	11,067	109,176
Male	3.9	264	20.7	17.9	18.6	10.0	26.3	20.4	6.7	1,274	6,247	58,982
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.2	298	21.3	10.3	13.5	9.5	28.2	28.0	10.5	1,402	15,543	149,812
African American	4.4	261	22.1	18.5	14.8	5.6	33.3	20.4	7.4	1,182	54	500
Other/unknown	2.9	158	16.2	30.1	21.3	8.8	20.8	14.5	4.5	978	1,717	17,846
use of nursing Facilities^f												
Entire year	6.8	310	10.3	3.0	6.3	6.5	28.4	39.4	16.5	3,003	3,274	32,489
Part year	6.3	302	14.0	4.3	8.1	8.3	30.4	35.5	13.4	2,154	1,565	13,545
None	4.3	274	33.0	15.7	17.1	10.3	26.8	22.2	7.8	830	12,475	122,124
Maintenance Assistance Status												
Cash	3.5	223	40.1	17.9	22.1	11.0	25.6	17.8	5.5	557	6,056	65,914
Medically needy	6.4	347	17.3	9.4	7.4	7.5	27.9	33.9	13.9	2,007	8,149	68,663
Poverty related	1.3	103	17.1	18.8	68.8	0.0	12.5	0.0	0.0	600	16	83
Other/unknown	4.5	270	16.9	8.7	16.7	11.4	30.0	25.1	8.1	1,599	3,093	33,498

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.9	\$283	\$58	2.0	\$210	\$104	0.2	\$8	\$34	2.7	\$65	\$25
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.0	910	228	1.9	859	444	0.3	27	95	1.8	23	13
15-20	1.9	150	79	0.8	117	139	0.1	4	33	0.9	29	31
21-44	3.3	294	89	1.5	231	157	0.1	11	79	1.7	52	31
45-64	5.2	360	69	2.2	272	123	0.2	10	50	2.8	78	28
65-74	4.9	247	50	2.0	179	87	0.2	5	26	2.7	63	24
75-84	5.6	259	46	2.3	185	82	0.3	6	21	3.1	68	22
85 and older	5.6	225	40	2.0	155	77	0.4	7	19	3.2	63	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.5	249	45	2.2	177	82	0.3	6	21	3.0	65	22
Disabled	4.5	334	74	1.9	254	133	0.2	11	60	2.4	69	28
Adults	3.5	222	64	1.5	169	110	0.2	6	33	1.8	47	27
Children	1.4	63	46	0.3	18	69	0.1	3	26	1.0	42	43
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.5	294	54	2.2	216	97	0.3	8	30	2.9	69	24
Male	3.9	264	67	1.6	198	124	0.2	8	45	2.1	58	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.2	298	58	2.1	221	105	0.3	9	34	2.8	68	25
African American	4.4	261	59	1.7	166	99	0.2	5	27	2.5	90	36
Other/unknown	2.9	158	55	1.2	117	101	0.1	4	35	1.6	38	23
Use of Nursing Facilities^e												
Entire year	6.8	310	46	2.5	218	86	0.4	9	22	3.8	83	22
Part year	6.3	302	48	2.4	216	88	0.4	9	26	3.5	76	22
None	4.3	274	64	1.8	207	114	0.2	8	44	2.3	59	26
Maintenance Assistance Status												
Cash	3.5	223	63	1.5	168	112	0.1	7	49	1.9	49	26
Medically needy	6.4	347	54	2.6	254	99	0.3	10	29	3.5	83	24
Poverty related	1.3	103	78	0.5	88	187	0.0	1	21	0.8	15	17
Other/unknown	4.5	270	60	1.9	201	107	0.2	8	35	2.4	61	25

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name						
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$17	\$0	\$5	\$63	\$110	\$75	\$24	34,507	\$2,174,469	9,136	52.8 %	96,196
Biologics	0.1	0.0	0.0	0.1	16	1	12	2	153	45	1,721	35	175	26,738	157	0.9	1,706
Antineoplastic Agents	0.6	0.3	0.0	0.3	149	130	1	18	242	512	54	52	3,193	773,821	519	3.0	5,182
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.5	45	33	2	10	38	62	17	19	94,726	3,640,612	7,921	45.7	81,000
Cardiovascular Agents	1.8	0.6	0.1	1.1	56	35	1	20	31	59	14	18	177,758	5,521,405	9,748	56.3	97,956
Respiratory Agents	0.9	0.6	0.0	0.3	52	43	0	8	59	78	45	26	57,425	3,408,516	6,254	36.1	65,739
Gastrointestinal Agents	0.8	0.3	0.0	0.5	62	42	1	19	76	121	157	41	57,987	4,397,886	6,876	39.7	71,151
Genitourinary Agents	0.6	0.5	0.0	0.1	41	37	0	4	64	75	52	25	18,018	1,147,728	2,678	15.5	28,045
CNS Drugs	1.4	0.7	0.0	0.7	123	99	3	21	86	138	126	30	140,809	12,042,386	9,603	55.5	98,218
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	60	40	6	13	89	156	71	41	2,318	206,239	329	1.9	3,459
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	125	122	0	3	189	196	0	82	5,354	1,012,007	775	4.5	8,099
Analgesics and Anesthetics	1.0	0.3	0.0	0.7	59	42	1	17	58	150	42	23	91,168	5,318,712	8,805	50.9	89,471
Neuromuscular Agents	1.1	0.4	0.1	0.6	76	54	4	18	71	132	45	32	60,282	4,292,664	5,392	31.1	56,323
Nutritional Products	0.7	0.0	0.0	0.7	14	0	1	13	19	21	18	19	26,850	515,274	3,708	21.4	37,151
Hematological Agents	0.9	0.2	0.3	0.4	47	34	7	6	51	181	20	15	25,327	1,301,860	2,808	16.2	27,961
Topical Products	0.4	0.2	0.0	0.2	16	12	1	4	41	62	47	19	26,159	1,060,799	6,004	34.7	64,552
Miscellaneous Products	0.6	0.3	0.1	0.2	145	94	28	22	241	368	272	93	2,959	712,573	472	2.7	4,923
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	48	0	0	0	1,727	82,467	519	3.0	5,451
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.	826,742	47,636,156	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$7,269,513	4,729	27.3 %	50,216	0.8	\$186
ANTIDEPRESSANTS	4,080,829	9,298	53.7	96,446	0.7	59
ULCER DRUGS	3,618,758	6,720	38.8	70,094	0.6	82
ANALGESICS - Narcotic	3,398,191	11,188	64.6	114,560	0.6	53
ANTICONVULSANT	3,284,029	4,367	25.2	46,136	0.9	84
ANTIASTHMATIC	2,349,350	6,640	38.4	69,392	0.5	65
ANTIDIABETIC	2,072,231	4,591	26.5	46,924	0.8	55
ANTHYPERLIPIDEMIC	1,718,197	3,083	17.8	32,207	0.7	76
ANALGESICS - ANTI-INFLAMMATORY	1,604,469	3,914	22.6	42,040	0.5	78
ANTHYPERTENSIVE	1,530,449	5,774	33.3	58,606	0.8	35
Total	30,926,016	60,304		626,621	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month		
All	417,724	\$30,926,016	4,729	27.3 %	0.8	50,216	53.7 %	9,298	\$145	9,298	53.7 %	96,446	\$42		
Female	290,690	20,401,000	2,803	25.3	0.7	29,880	60.6	6,704	127	6,704	60.6	70,319	43		
Disabled	114,519	9,530,396	1,287	32.4	0.8	14,023	76.2	3,031	154	3,031	76.2	32,372	44		
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0		
6-14	9	79	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0		
15-20	128	5,662	2	13.3	0.1	15	4	7	4	7	46.7	79	41		
21-44	27,771	2,711,984	528	47.2	0.7	5,796	81.3	910	155	910	81.3	9,897	42		
45-64	74,094	6,026,996	699	30.3	0.8	7,602	81.5	1,879	157	1,879	81.5	19,851	46		
65-74	10,797	701,091	45	10.4	0.7	491	47.9	207	141	207	47.9	2,287	40		
75-84	1,457	70,365	8	9.8	0.6	77	28.0	23	24	23	28.0	210	24		
85 and older	263	14,219	5	20.8	0.7	42	51	5	51	5	20.8	48	36		
Other Eligibles	176,171	10,870,604	1,516	21.4	0.7	15,857	51.8	3,673	102	3,673	51.8	37,947	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	24	731	0	0.0	0.0	0	0	1	0	1	25.0	12	5		
21-44	4,928	449,145	77	29.8	0.8	904	45.3	117	147	117	45.3	1,344	52		
45-64	5,182	405,914	72	33.3	0.9	861	47.7	103	148	103	47.7	1,219	58		
65-74	50,253	3,272,926	331	17.9	0.7	3,605	51.6	957	115	957	51.6	9,984	39		
75-84	61,310	3,727,156	476	20.9	0.7	4,877	53.4	1,214	97	1,214	53.4	12,429	41		
85 and older	54,474	3,014,732	560	22.5	0.7	5,610	51.5	1,281	85	1,281	51.5	12,959	41		
Male	127,034	10,525,016	1,926	30.8	0.8	20,336	41.5	2,594	171	2,594	41.5	26,127	42		
Disabled	68,998	6,693,961	1,230	36.4	0.9	13,259	43.5	1,468	198	1,468	43.5	15,011	41		
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0		
6-14	15	217	0	0.0	0.0	0	0	0	0	0	0.0	0	0		
15-20	217	28,248	6	24.0	1.4	68	16.0	4	270	4	16.0	38	8		
21-44	26,389	3,003,828	723	48.6	0.8	7,766	44.3	658	198	658	44.3	6,806	40		
45-64	36,229	3,234,363	467	29.8	0.9	5,036	46.0	721	201	721	46.0	7,273	43		
65-74	5,506	385,477	27	10.3	0.9	306	29.5	77	175	77	29.5	812	42		
75-84	641	41,766	7	19.4	0.5	83	22.2	8	48	8	22.2	82	31		
85 and older	1	62	0	0.0	0.0	0	0	0	0	0	0.0	0	0		
Other Eligibles	58,036	3,831,055	696	24.3	0.8	7,077	39.2	1,126	121	1,126	39.2	11,116	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		
15-20	34	2,809	1	25.0	0.5	12	25.0	1	21	1	25.0	12	154		
21-44	4,395	471,129	74	28.8	0.9	888	32.3	83	201	83	32.3	994	53		
45-64	6,754	592,802	96	37.4	0.9	1,143	40.1	103	169	103	40.1	1,228	61		
65-74	17,941	1,150,453	177	20.3	0.8	1,769	33.3	290	121	290	33.3	2,868	38		
75-84	17,899	1,019,318	196	22.3	0.7	1,894	41.5	364	88	364	41.5	3,429	39		
85 and older	11,013	594,544	152	25.3	0.7	1,371	47.4	285	77	285	47.4	2,585	40		
Unknown	0	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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	6,720	38.8 %	70,094	\$52	0.6	11,188	64.6 %	114,560	\$30	0.6	4,367	25.2 %	46,136	\$71	0.9
Female	4,742	42.8	49,817	52	0.6	8,004	72.3	82,772	29	0.6	2,771	25.0	29,448	64	0.8
Disabled	1,787	44.9	19,323	54	0.6	3,433	86.3	36,762	30	0.5	1,548	38.9	16,565	72	0.8
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	7	0.8	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	8	53.3	90	13	0.2	12	80.0	125	4	0.4	1	6.7	12	0.5	33
21-44	402	35.9	4,411	47	0.5	995	88.9	10,831	30	0.5	569	50.8	6,064	80	0.8
45-64	1,143	49.6	12,268	58	0.6	2,055	89.2	21,737	32	0.6	896	38.9	9,599	71	0.8
65-74	194	44.9	2,155	47	0.5	307	71.1	3,404	23	0.5	73	16.9	805	0.5	25
75-84	31	37.8	312	38	0.5	52	63.4	538	17	0.5	9	11.0	85	0.6	19
85 and older	8	33.3	75	32	0.4	12	50.0	127	5	0.2	0	0.0	0	0.0	0
Other Eligibles	2,955	41.7	30,494	51	0.7	4,571	64.5	46,010	29	0.6	1,223	17.3	12,883	55	0.9
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	2	50.0	24	0.4	21
21-44	64	24.8	745	49	0.6	101	39.1	1,136	8	0.3	113	43.8	1,315	1.1	126
45-64	55	25.5	644	60	0.8	41	19.0	462	3	0.2	90	41.7	1,068	1.1	79
65-74	785	42.4	8,266	52	0.6	1,297	70.0	13,399	28	0.6	360	19.4	3,812	0.9	50
75-84	998	43.9	10,301	51	0.7	1,486	65.4	15,032	33	0.6	379	16.7	3,882	0.8	44
85 and older	1,053	42.4	10,538	49	0.7	1,646	66.2	15,981	28	0.6	279	11.2	2,782	0.8	34
Male	1,978	31.7	20,277	51	0.6	3,184	51.0	31,788	31	0.5	1,596	25.5	16,688	83	0.9
Disabled	1,003	29.7	10,497	53	0.6	1,908	56.5	19,700	36	0.6	997	29.5	10,385	86	0.9
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	2	100.0	24	7	0.4	1	50.0	12	1	0.1	0	0.0	0	0	0.0
15-20	7	28.0	82	24	0.3	7	28.0	80	1	0.1	5	20.0	60	1.0	121
21-44	368	24.7	3,936	48	0.5	763	51.3	7,990	31	0.5	462	31.1	4,843	0.8	89
45-64	529	33.8	5,374	56	0.6	971	62.0	9,812	43	0.6	491	31.4	5,035	0.9	84
65-74	88	33.7	974	57	0.6	143	54.8	1,550	32	0.6	35	13.4	399	0.9	82
75-84	9	25.0	107	24	0.6	23	63.9	256	16	0.4	4	11.1	48	0.3	38
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	975	34.0	9,780	50	0.7	1,276	44.5	12,088	22	0.5	599	20.9	6,303	78	1.0
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	25.0	12	1	0.1	1	25.0	12	0.3	7
21-44	56	21.8	672	61	0.8	45	17.5	532	7	0.2	108	42.0	1,289	1.2	128
45-64	90	35.0	1,068	66	0.8	62	24.1	721	3	0.2	122	47.5	1,436	1.1	101
65-74	295	33.9	3,022	48	0.6	418	48.0	4,110	25	0.5	162	18.6	1,606	0.9	61
75-84	306	34.9	2,931	46	0.7	447	50.9	4,089	24	0.6	130	14.8	1,233	0.8	46
85 and older	228	37.9	2,087	47	0.7	303	50.4	2,624	21	0.5	76	12.6	727	0.8	41
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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DIABETIC					ANTI-HYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	6,640	38.4 %	69,392	\$34	0.5	4,591	26.5 %	46,924	\$44	0.8	3,083	17.8 %	32,207	\$53	0.7
Female	4,661	42.1	49,302	34	0.5	3,216	29.1	33,439	43	0.8	2,162	19.5	22,957	53	0.7
Disabled	1,876	47.2	20,377	32	0.5	1,064	26.7	11,296	50	0.8	856	21.5	9,154	49	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	2	13.3	24	7	0.1	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	430	38.4	4,868	24	0.4	127	11.3	1,376	49	0.8	99	8.8	1,078	43	0.6
45-64	1,195	51.8	12,705	35	0.5	743	32.2	7,792	52	0.8	596	25.9	6,315	51	0.7
65-74	209	48.4	2,340	33	0.5	160	37.0	1,758	44	0.7	146	33.8	1,602	47	0.6
75-84	35	42.7	380	37	0.6	28	34.1	300	30	0.7	14	17.1	147	59	0.7
85 and older	5	20.8	60	4	0.1	6	25.0	70	37	0.8	1	4.2	12	10	0.2
Other Eligibles	2,785	39.3	28,925	35	0.5	2,152	30.4	22,143	40	0.8	1,306	18.4	13,803	56	0.7
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	43	16.7	499	28	0.4	16	6.2	192	35	0.8	10	3.9	118	46	0.6
45-64	44	20.4	517	31	0.4	32	14.8	384	60	0.9	26	12.0	304	61	0.8
65-74	939	50.7	9,843	40	0.6	720	38.9	7,553	46	0.8	546	29.5	5,767	54	0.7
75-84	975	42.9	10,093	36	0.6	837	36.8	8,643	39	0.8	522	23.0	5,536	59	0.7
85 and older	784	31.5	7,973	29	0.5	547	22.0	5,371	32	0.8	202	8.1	2,078	53	0.7
Male	1,979	31.7	20,090	34	0.5	1,375	22.0	13,485	46	0.8	921	14.7	9,250	54	0.7
Disabled	859	25.4	9,094	32	0.5	672	19.9	6,888	51	0.8	524	15.5	5,359	52	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	2	8.0	22	13	0.2	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	273	18.4	3,002	22	0.4	160	10.8	1,676	55	0.8	154	10.4	1,672	46	0.6
45-64	463	29.6	4,683	38	0.6	425	27.1	4,263	51	0.8	300	19.2	2,949	54	0.7
65-74	111	42.5	1,288	38	0.6	72	27.6	772	46	0.8	65	24.9	699	55	0.8
75-84	10	27.8	99	18	0.5	15	41.7	177	34	0.8	4	11.1	37	71	0.7
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	100.0	2	31	0.5
Other Eligibles	1,120	39.0	10,996	35	0.6	703	24.5	6,597	41	0.9	397	13.8	3,891	58	0.8
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	19	7.4	227	12	0.2	13	5.1	156	62	0.8	16	6.2	192	55	0.8
45-64	42	16.3	504	52	0.7	28	10.9	336	59	0.9	42	16.3	504	62	0.9
65-74	390	44.8	3,772	39	0.6	265	30.5	2,616	41	0.8	177	20.3	1,769	54	0.7
75-84	433	49.3	4,222	33	0.6	255	29.0	2,259	42	0.9	137	15.6	1,219	58	0.8
85 and older	236	39.3	2,271	33	0.5	142	23.6	1,230	32	0.8	25	4.2	207	75	1.1
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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERTENSIVE							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	3,914	22.6 %	42,040	0.5	\$38	5,774	33.3 %	58,606	0.8	\$26	17,314	168,158
Female	2,793	25.2	30,255	0.5	43	4,037	36.5	41,467	0.8	27	11,067	109,176
Disabled	1,244	31.3	13,640	0.5	50	1,057	26.6	11,203	0.7	25	3,978	40,330
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	1	12
15-20	1	6.7	12	0.2	2	1	6.7	9	0.3	12	15	144
21-44	344	30.7	3,779	0.4	37	118	10.5	1,267	0.6	18	1,119	11,596
45-64	756	32.8	8,254	0.5	58	725	31.5	7,574	0.7	25	2,305	22,896
65-74	127	29.4	1,425	0.5	43	169	39.1	1,867	0.7	28	432	4,566
75-84	13	15.9	143	0.5	30	36	43.9	390	0.5	13	82	864
85 and older	3	12.5	27	0.5	37	8	33.3	96	0.7	35	24	252
Other Eligibles	1,549	21.9	16,615	0.5	37	2,980	42.0	30,264	0.8	28	7,089	68,846
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	25.0	12	0.7	15	0	0.0	0	0.0	0	4	48
21-44	40	15.5	470	0.4	9	23	8.9	271	0.8	24	258	2,936
45-64	53	24.5	633	0.5	23	38	17.6	456	0.9	25	216	2,539
65-74	442	23.9	4,863	0.5	42	810	43.7	8,345	0.8	27	1,853	17,892
75-84	529	23.3	5,583	0.6	39	1,092	48.0	11,164	0.8	28	2,273	22,020
85 and older	484	19.5	5,054	0.6	33	1,017	40.9	10,028	0.8	27	2,485	23,411
Male	1,121	17.9	11,785	0.4	27	1,737	27.8	17,139	0.7	25	6,247	58,982
Disabled	649	19.2	6,889	0.4	28	751	22.2	7,681	0.7	23	3,378	32,359
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	50.0	12	0.3	3	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	25	254
21-44	261	17.6	2,832	0.3	20	193	13.0	2,045	0.6	21	1,487	14,924
45-64	337	21.5	3,484	0.5	32	450	28.7	4,418	0.7	24	1,566	14,193
65-74	43	16.5	480	0.4	19	96	36.8	1,082	0.7	26	261	2,584
75-84	8	22.2	93	0.5	140	11	30.6	124	0.9	27	36	378
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
Other Eligibles	472	16.5	4,896	0.5	26	986	34.4	9,458	0.8	26	2,869	26,623
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
15-20	1	25.0	4	0.3	2	1	25.0	12	1.1	51	4	40
21-44	34	13.2	403	0.3	4	22	8.6	264	0.8	25	257	3,061
45-64	48	18.7	564	0.3	17	57	22.2	684	0.9	31	257	3,024
65-74	150	17.2	1,514	0.5	32	328	37.7	3,244	0.8	26	870	7,866
75-84	153	17.4	1,547	0.5	30	342	39.0	3,107	0.8	25	878	7,552
85 and older	86	14.3	864	0.5	27	236	39.3	2,147	0.8	24	601	5,066
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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				Benefit Months	Year Nursing Facility Residents
All	\$310	6.8	3,274		32,489
Age					
0-64	443	7.7	253		2,717
65-74	410	7.9	377		3,871
75-84	328	7.1	1,011		10,021
85 and older	252	6.1	1,633		15,880
Unknown	0	0.0	0		0
Gender					
Female	310	6.9	2,353		23,733
Male	312	6.4	921		8,756
Unknown	0	0.0	0		0
Race					
White	312	6.8	3,117		30,873
African American	345	8.3	6		72
Other/unknown	276	6.2	151		1,544
Basis of Eligibility^c					
Aged	296	6.7	2,969		29,180
Disabled	437	7.6	304		3,297
Adults	29	3.2	1		12
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,565 beneficiaries who were in nursing facilities for part of their enrollment and their 13,545 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 = Centers for Medicare & 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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$15	\$10	\$0	\$4	\$41	\$66	\$37	\$21	\$336,726	2,177	66.5 %	23,051
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	28	38	0	26	2,835	96	2.9	1,034
Antineoplastic Agents	0.7	0.2	0.0	0.5	97	66	2	30	136	323	60	62	128,342	133	4.1	1,318
Endocrine/Metabolic Drugs	1.4	0.6	0.1	0.7	46	32	2	12	33	56	16	18	788,821	1,700	51.9	17,232
Cardiovascular Agents	2.1	0.5	0.1	1.5	52	24	2	26	25	53	14	17	1,223,946	2,345	71.6	23,612
Respiratory Agents	0.9	0.5	0.0	0.4	47	35	0	12	54	75	44	30	611,828	1,245	38.0	13,140
Gastrointestinal Agents	1.0	0.3	0.0	0.6	51	31	0	20	52	92	65	31	905,498	1,714	52.4	17,694
Genitourinary Agents	0.8	0.6	0.0	0.2	49	44	0	5	64	75	57	27	401,175	782	23.9	8,228
CNS Drugs	1.5	0.9	0.0	0.6	110	92	1	16	72	102	63	27	2,556,725	2,266	69.2	23,333
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.1	0.8	23	5	3	15	25	152	32	19	9,014	36	1.1	385
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	119	118	0	0	138	139	0	46	380,680	308	9.4	3,209
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	59	44	1	14	49	115	28	17	1,059,115	1,796	54.9	18,065
Neuromuscular Agents	1.2	0.4	0.1	0.6	66	37	5	24	56	92	39	37	703,438	1,017	31.1	10,653
Nutritional Products	0.8	0.0	0.0	0.8	17	0	1	15	20	18	21	20	195,342	1,162	35.5	11,738
Hematological Agents	1.2	0.2	0.6	0.4	51	36	9	5	42	171	16	13	422,424	811	24.8	8,269
Topical Products	0.5	0.2	0.0	0.3	18	13	1	5	37	59	39	19	319,084	1,618	49.4	17,581
Miscellaneous Products	0.1	0.1	0.0	0.1	9	5	0	4	59	54	0	66	15,842	172	5.3	1,834
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	29	0	0	0	16,662	138	4.2	1,421
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.	10,077,497	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,565 beneficiaries who were in nursing facilities for part of their enrollment and their 13,545 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 2003. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Montana, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Nursing Facility Residents	As a Percentage of All-Year Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,336,679	1,121	34.2 %	11,711	0.8	\$143	\$114	
ANTIDEPRESSANTS	1,085,431	2,099	64.1	21,943	0.9	56	49	
ANALGESICS - Narcotic	812,011	2,073	63.3	20,785	0.8	50	39	
ULCER DRUGS	760,345	1,536	46.9	15,798	0.8	64	48	
ANTIASTHMATIC	474,967	1,361	41.6	14,257	0.6	60	33	
ANTICONVULSANT	428,941	719	22.0	7,595	1.0	55	56	
ANTIIDIABETIC	426,457	1,045	31.9	10,678	0.9	43	40	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	381,698	316	9.7	3,292	0.8	137	116	
ANTHYPERTENSIVE	362,313	1,244	38.0	12,646	0.9	32	29	
MISC. ENDOCRINE	270,498	562	17.2	5,703	0.7	64	47	
Total	6,339,340	12,076		124,408	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,565 beneficiaries who were in nursing facilities for part of their enrollment and their 13,545 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
All	101,209	\$6,339,340	1,121	34.2 %	11,711	0.8	\$114	2,099	64.1 %	21,943	0.9	\$50
Female	74,541	4,636,504	763	32.4	8,064	0.8	113	1,580	67.1	16,652	0.9	50
Disabled	6,904	541,565	63	38.4	667	1.0	200	127	77.4	1,423	0.9	57
64 or younger	5,827	474,258	53	38.7	567	1.0	208	108	78.8	1,209	0.9	61
65-74	949	60,167	10	47.6	100	1.2	153	16	76.2	178	1.0	45
75-84	115	6,549	0	0.0	0	0.0	0	2	50.0	24	0.5	8
85 and older	13	591	0	0.0	0	0.0	0	1	50.0	12	0.1	3
Other Eligibles	67,637	4,094,939	700	32.0	7,397	0.8	105	1,453	66.4	15,229	0.9	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,584	575,214	88	46.6	962	0.9	142	154	81.5	1,656	1.0	56
75-84	24,373	1,520,767	239	34.8	2,552	0.8	115	490	71.3	5,146	0.9	52
85 and older	34,680	1,998,958	373	28.4	3,883	0.7	89	809	61.6	8,427	0.9	46
Male	26,668	1,702,836	358	38.9	3,647	0.8	117	519	56.4	5,291	0.9	48
Disabled	5,298	411,913	68	48.6	756	0.9	171	79	56.4	897	1.0	62
64 or younger	4,365	325,328	55	47.8	600	0.8	163	65	56.5	729	1.0	63
65-74	798	80,624	10	47.6	120	1.0	251	13	61.9	156	0.8	62
75-84	135	5,961	3	75.0	36	0.9	44	1	25.0	12	0.8	29
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	21,370	1,290,923	290	37.1	2,891	0.8	103	440	56.3	4,394	0.9	45
64 or younger	12	99	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,340	360,852	82	56.2	874	0.8	130	85	58.2	905	0.9	51
75-84	8,878	524,957	109	34.5	1,095	0.8	96	183	57.9	1,820	0.9	45
85 and older	7,140	405,015	99	31.1	922	0.7	87	172	54.1	1,669	0.8	42
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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,565 beneficiaries who were in nursing facilities for part of their enrollment and their 13,545 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTI-ASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,073	63.3 %	20,785	0.8	\$39	1,536	46.9 %	15,798	0.8	\$48	1,361	41.6 %	14,257	0.6	\$33
Female	1,584	67.3	16,063	0.8	42	1,139	48.4	11,848	0.7	47	914	38.8	9,579	0.6	33
Disabled	108	65.9	1,126	1.0	47	87	53.0	950	0.8	61	73	44.5	781	0.7	42
64 or younger	85	62.0	886	1.1	51	72	52.6	770	0.8	63	61	44.5	637	0.7	41
65-74	16	76.2	178	0.9	31	12	57.1	144	0.7	41	8	38.1	96	1.2	62
75-84	4	100.0	34	0.5	51	2	50.0	24	1.0	118	3	75.0	36	0.1	3
85 and older	3	150.0	28	0.3	10	1	50.0	12	0.2	21	1	50.0	12	0.1	3
Other Eligibles	1,476	67.4	14,937	0.8	41	1,052	48.1	10,898	0.7	46	841	38.4	8,798	0.5	33
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	137	72.5	1,398	1.0	64	121	64.0	1,312	0.7	43	91	48.1	971	0.8	53
75-84	435	63.3	4,490	0.9	49	336	48.9	3,526	0.7	46	326	47.5	3,425	0.5	34
85 and older	904	68.8	9,049	0.7	34	595	45.3	6,060	0.7	46	424	32.3	4,402	0.5	27
Male	489	53.1	4,722	0.7	31	397	43.1	3,950	0.8	51	447	48.5	4,678	0.6	34
Disabled	67	47.9	759	0.7	29	64	45.7	714	0.8	63	53	37.9	617	0.7	41
64 or younger	56	48.7	627	0.8	32	53	46.1	582	0.8	60	44	38.3	509	0.7	41
65-74	9	42.9	108	0.7	17	8	38.1	96	1.0	93	7	33.3	84	0.6	52
75-84	2	50.0	24	0.1	1	3	75.0	36	0.6	20	2	50.0	24	0.3	8
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	422	54.0	3,963	0.7	31	333	42.6	3,236	0.8	49	394	50.4	4,061	0.5	32
64 or younger	1	100.0	12	1.0	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	79	54.1	812	0.8	34	73	50.0	777	0.8	52	77	52.7	777	0.6	35
75-84	177	56.0	1,624	0.8	34	139	44.0	1,333	0.8	51	191	60.4	1,967	0.5	31
85 and older	165	51.9	1,515	0.6	25	121	38.1	1,126	0.8	45	126	39.6	1,317	0.5	34
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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,565 beneficiaries who were in nursing facilities for part of their enrollment and their 13,545 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTI-DIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	719	22.0 %	7,595	1.0	\$57	1,045	31.9 %	10,678	0.9	\$40	316	9.7 %	3,292	0.8	\$116
Female	467	19.8	4,974	1.0	53	738	31.4	7,709	0.9	39	229	9.7	2,404	0.8	114
Disabled	102	62.2	1,115	1.2	77	52	31.7	561	1.0	56	11	6.7	125	0.7	343
64 or younger	99	72.3	1,079	1.2	79	39	28.5	415	1.0	54	9	6.6	101	0.8	369
65-74	2	9.5	24	0.6	9	11	52.4	122	1.1	71	2	9.5	24	0.4	233
75-84	1	25.0	12	1.0	34	2	50.0	24	0.9	26	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	365	16.7	3,859	1.0	47	686	31.3	7,148	0.9	38	218	10.0	2,279	0.8	101
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	33.9	727	1.2	48	104	55.0	1,105	0.9	44	18	9.5	198	0.9	98
75-84	154	22.4	1,628	0.9	52	277	40.3	2,953	0.9	40	81	11.8	823	0.8	102
85 and older	147	11.2	1,504	0.9	40	305	23.2	3,090	0.9	33	119	9.1	1,258	0.9	101
Male	252	27.4	2,621	1.1	62	307	33.3	2,969	1.0	42	87	9.4	888	0.9	123
Disabled	89	63.6	990	1.2	76	44	31.4	495	1.1	49	6	4.3	72	0.9	315
64 or younger	77	67.0	846	1.2	68	33	28.7	363	1.1	45	5	4.3	60	0.8	375
65-74	11	52.4	132	1.2	132	7	33.3	84	1.1	68	0	0.0	0	0.0	0
75-84	1	25.0	12	0.3	61	4	100.0	48	1.0	46	1	25.0	12	1.1	14
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	163	20.9	1,631	1.0	54	263	33.7	2,474	1.0	41	81	10.4	816	0.9	106
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	43.8	642	1.2	72	54	37.0	579	1.0	41	13	8.9	136	0.7	85
75-84	54	17.1	533	0.9	43	128	40.5	1,158	0.9	45	37	11.7	373	0.9	111
85 and older	45	14.2	456	0.8	41	81	25.5	737	1.0	35	31	9.7	307	0.9	109
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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,565 beneficiaries who were in nursing facilities for part of their enrollment and their 13,545 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				MISC. ENDOCRINE				Benefit Months Among All-Year Nursing Facility Residents			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	1,244	38.0 %	12,646	0.9	\$29	562	17.2 %	5,703	0.7	\$47	3,274	32,489
Female	885	37.6	9,103	0.9	29	511	21.7	5,214	0.7	48	2,353	23,733
Disabled	32	19.5	340	0.9	30	27	16.5	267	0.8	48	164	1,759
64 or younger	22	16.1	229	0.9	32	22	16.1	214	0.7	47	137	1,467
65-74	8	38.1	87	0.9	28	4	19.0	48	0.9	52	21	235
75-84	2	50.0	24	0.8	16	1	25.0	5	0.8	56	4	41
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
Other Eligibles	853	39.0	8,763	0.9	29	484	22.1	4,947	0.7	48	2,189	21,974
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	72	38.1	798	0.9	33	34	18.0	383	0.8	51	189	1,955
75-84	284	41.3	2,986	0.9	30	164	23.9	1,696	0.8	50	687	7,053
85 and older	497	37.9	4,979	0.9	28	286	21.8	2,868	0.7	46	1,313	12,966
Male	359	39.0	3,543	0.9	27	51	5.5	489	0.7	46	921	8,756
Disabled	41	29.3	449	0.9	21	4	2.9	48	0.6	59	140	1,538
64 or younger	34	29.6	365	0.9	22	3	2.6	36	0.6	38	115	1,238
65-74	7	33.3	84	0.7	15	1	4.8	12	0.8	121	21	252
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	318	40.7	3,094	0.9	28	47	6.0	441	0.8	45	781	7,218
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	55	37.7	611	1.0	33	6	4.1	55	1.1	66	146	1,429
75-84	126	39.9	1,197	0.9	28	19	6.0	166	0.6	35	316	2,879
85 and older	137	43.1	1,286	0.9	26	22	6.9	220	0.8	47	318	2,898
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 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,565 beneficiaries who were in nursing facilities for part of their enrollment and their 13,545 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
All	8,892	51.4 %	4.6	79,839	\$86	\$1,490,022	\$19	3.1 %	17,314	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	1	
6-14	3	75.0	5.3	21	89	355	17	0.9	4	
15-20	16	33.3	2.0	98	30	1,434	15	2.0	48	
21-44	1,404	45.0	3.7	11,579	68	213,464	18	2.2	3,121	
45-64	2,351	54.1	5.5	23,765	109	473,508	20	3.1	4,344	
65-74	1,696	49.6	4.4	15,069	83	284,691	19	3.5	3,416	
75-84	1,737	53.1	4.7	15,216	86	279,724	18	3.5	3,269	
85 and older	1,685	54.2	4.5	14,091	76	236,846	17	3.7	3,111	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	4,637	52.3	4.5	40,139	82	724,881	18	3.5	8,870	
Disabled	3,669	49.9	4.5	33,026	91	672,492	20	2.8	7,356	
Adults	583	54.1	6.2	6,632	86	92,284	14	3.3	1,078	
Children	3	30.0	4.2	42	37	365	9	5.7	10	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	6,210	56.1	5.2	57,334	98	1,087,873	19	3.4	11,067	
Male	2,682	42.9	3.6	22,505	64	402,149	18	2.6	6,247	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	8,199	52.8	4.8	74,252	90	1,401,151	19	3.1	15,543	
African American	23	42.6	3.6	194	55	2,949	15	2.3	54	
Other/unknown	670	39.0	3.1	5,393	50	85,922	16	3.0	1,717	
Use of Nursing Facilities^d										
Entire year	1,863	56.9	5.5	18,013	106	347,355	19	3.4	3,274	
Part year	995	63.6	5.2	8,143	94	147,533	18	3.6	1,565	
None	6,034	48.4	4.3	53,683	80	995,134	19	3.0	12,475	
Maintenance Assistance Status										
Cash	2,717	44.9	3.6	21,735	71	431,426	20	2.9	6,056	
Medically needy	4,489	55.1	5.0	40,802	95	776,028	19	3.3	8,149	
Poverty related	3	18.8	0.8	12	13	212	18	2.5	16	
Other/unknown	1,683	54.4	5.6	17,290	91	282,356	16	3.1	3,093	

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$9	\$19	\$0	\$3	168,158
Age						
5 and younger	0.0	0	0	0	0	5
6-14	0.5	8	17	0	0	45
15-20	0.2	3	15	0	1	486
21-44	0.4	7	18	0	4	32,517
45-64	0.6	11	20	0	5	42,652
65-74	0.5	9	19	0	3	32,908
75-84	0.5	9	18	0	3	30,814
85 and older	0.5	8	17	0	2	28,731
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	9	18	0	3	82,748
Disabled	0.5	9	20	0	4	72,689
Adults	0.5	7	14	0	3	12,619
Children	0.4	4	9	0	1	102
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	10	19	0	4	109,176
Male	0.4	7	18	0	3	58,982
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	9	19	0	4	149,812
African American	0.4	6	15	0	3	500
Other/unknown	0.3	5	16	0	2	17,846
Use of Nursing Facilities^d						
Entire year	0.6	11	19	0	3	32,489
Part year	0.6	11	18	0	4	13,545
None	0.4	8	19	0	3	122,124
Maintenance Assistance Status						
Cash	0.3	7	20	0	3	65,914
Medically needy	0.6	11	19	0	4	68,663
Poverty related	0.1	3	18	0	1	83
Other/unknown	0.5	8	16	0	3	33,498

Table D12

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	13,438	\$111	\$1,490,022	100.0 %	79,839	\$19	100.0 %		
Anorexia or weight loss/gain	5	227	1,136	0.1	16	71	0.0		
Fertility drugs	0	0	0	0.0	0	0	0.0		
Drugs for cosmetic purposes	5	11	57	0.0	6	10	0.0		
Cough and cold medications	2,172	76	165,740	11.1	6,277	26	7.9		
Vitamins and minerals	3,464	144	497,247	33.4	25,203	20	31.6		
Non-prescription drugs	3,093	51	156,415	10.5	13,841	11	17.3		
Barbiturates	177	98	17,288	1.2	1,941	9	2.4		
Benzodiazepines	4,231	138	582,152	39.1	31,224	19	39.1		
Other Part D Excl Rx Drugs	291	241	69,987	4.7	1,331	53	1.7		

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MONTANA, 2003

Total Number of Dual Eligible Beneficiaries 17,314
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$47,636,156
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,751

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,127	12.3 %	\$0	0.0 %
1-500	3,249	18.8	672,165	1.4
501-1,000	1,819	10.5	1,344,168	2.8
1,001-1,500	1,467	8.5	1,828,701	3.8
1,501-2,000	1,209	7.0	2,103,505	4.4
2,001-2,500	1,031	6.0	2,318,002	4.9
2,501-3,000	946	5.5	2,594,416	5.4
3,001-3,500	816	4.7	2,648,563	5.6
3,501-4,000	640	3.7	2,398,277	5.0
4,001-4,500	581	3.4	2,472,597	5.2
4,501-5,000	456	2.6	2,166,322	4.5
5,001-5,500	394	2.3	2,064,091	4.3
5,501-6,000	357	2.1	2,049,102	4.3
6,001-6,500	295	1.7	1,840,376	3.9
6,501-7,000	231	1.3	1,555,724	3.3
7,001-7,500	201	1.2	1,457,699	3.1
7,501-8,000	153	0.9	1,186,952	2.5
8,001-8,500	160	0.9	1,316,053	2.8
8,501-9,000	126	0.7	1,102,586	2.3
9,001-9,500	125	0.7	1,153,258	2.4
9,501-10,000	104	0.6	1,011,346	2.1
10,001+	827	4.8	12,352,253	25.9

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	17,314	8,870	7,356	1,078	0	168,158	82,748	72,689	12,619	102	0
Age											
5 and younger	1	0	0	0	0		0	0	0	5	0
6-14	4	0	3	0	1	45	0	36	0	9	0
15-20	48	0	40	0	8	486	0	398	0	88	0
21-44	3,121	6	2,606	509	0	32,517	72	26,520	5,925	0	0
45-64	4,344	10	3,871	463	0	42,652	112	37,089	5,451	0	0
65-74	3,416	2,652	693	71	0	32,908	24,917	7,150	841	0	0
75-84	3,269	3,122	118	29	0	30,814	29,232	1,242	340	0	0
85 and older	3,111	3,080	25	6	0	28,731	28,415	254	62	0	0
Unknown	0	0	0	0	0		0	0	0	0	0
Gender											
Female	11,067	6,570	3,978	515	4	109,176	62,833	40,330	5,965	48	0
Male	6,247	2,300	3,378	563	6	58,982	19,915	32,359	6,654	54	0
Unknown	0	0	0	0	0		0	0	0	0	0
Race											
White	15,543	8,107	6,435	996	5	149,812	75,029	63,058	11,672	53	0
African American	54	16	35	3	0	500	151	313	36	0	0
Other/unknown	1,717	747	886	79	5	17,846	7,568	9,318	911	49	0
Use of Nursing Facilities^c											
Entire year	3,274	2,969	304	1	0	32,489	29,180	3,297	12	0	0
Part year	1,565	1,334	215	16	0	13,545	11,285	2,080	180	0	0
None	12,475	4,567	6,837	1,061	10	122,124	42,283	67,312	12,427	102	0
Maintenance Assistance Status											
Cash	6,056	1,866	4,179	10	1	65,914	20,536	45,275	94	9	0
Medically needy	8,149	5,794	2,355	0	0	68,663	49,795	18,868	0	0	0
Poverty related	16	0	0	14	2	83	0	0	74	9	0
Other/unknown	3,093	1,210	822	1,054	7	33,498	12,417	8,546	12,451	84	0
Dual Status^d											
Full dual, all year	17,314	8,870	7,356	1,078	10	168,158	82,748	72,689	12,619	102	0
Full dual, part year	0	0	0	0	0		0	0	0	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	17,314	8,870	7,356	1,078	10	168,158	82,748	72,689	12,619	102	0
FFS part year, with Rx claims	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
MC all year, with Rx claims	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

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries	Benefit Months in Cell J of Table 1 Number of Beneficiaries
All	17,314	168,158	17,314	168,158	0
Fee-for-service (FFS) all year	17,314	168,158	17,314	168,158	0
FFS part year, with Rx claims	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Montana, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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