

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 NORTH DAKOTA

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	13,625	8,468	5,071	83	3	0	134,829	81,238	53,024	538	29	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	4	0	3	0	1	0	39	0	27	0	12	0
15-20	22	0	20	0	2	0	235	0	218	0	17	0
21-44	2,258	0	2,208	50	0	0	23,753	0	23,387	366	0	0
45-64	2,798	0	2,767	31	0	0	28,886	0	28,727	159	0	0
65-74	2,171	2,096	73	2	0	0	21,126	20,448	665	13	0	0
75-84	2,868	2,868	0	0	0	0	28,016	28,016	0	0	0	0
85 and older	3,504	3,504	0	0	0	0	32,774	32,774	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	8,599	5,991	2,560	48	0	0	86,260	58,674	27,241	345	0	0
Male	5,026	2,477	2,511	35	3	0	48,569	22,564	25,783	193	29	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	12,660	7,996	4,587	75	2	0	124,991	76,465	48,040	469	17	0
African American	39	10	29	0	0	0	335	111	224	0	0	0
Other/unknown	926	462	455	8	1	0	9,503	4,662	4,760	69	12	0
Use of Nursing Facilities^c												
Entire year	3,823	3,572	251	0	0	0	36,831	34,231	2,600	0	0	0
Part year	1,191	1,056	135	0	0	0	11,023	9,631	1,392	0	0	0
None	8,611	3,840	4,685	83	3	0	86,975	37,376	49,032	538	29	0
Maintenance Assistance Status												
Cash	4,131	1,779	2,326	26	0	0	46,426	20,013	26,219	194	0	0
Medically needy	8,746	6,259	2,451	35	1	0	81,722	57,358	24,192	167	5	0
Poverty-related	730	430	294	5	1	0	6,535	3,867	2,613	43	12	0
Other/unknown	18	0	0	17	1	0	146	0	0	134	12	0
Dual Medicare Status^d												
Full dual, all year	12,912	8,034	4,793	82	3	0	128,168	77,214	50,393	532	29	0
Full dual, part year	713	434	278	1	0	0	6,661	4,024	2,631	6	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	13,625	8,468	5,071	83	3	0	134,829	81,238	53,024	538	29	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for North Dakota, 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, NORTH DAKOTA, 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
						\$53	12.5 %	
All	84.2 %	46.6	\$2,468	\$53	\$19,803			13,625
Age								
5 and younger	0.0	0.0	0	0	0		0.0	0
6-14	100.0	47.5	964	20	14,567		6.6	4
15-20	90.9	18.3	1,399	77	14,955		9.4	22
21-44	78.7	29.5	2,498	85	17,900		14.0	2,258
45-64	79.8	44.9	3,064	68	21,618		14.2	2,798
65-74	76.7	44.7	2,233	50	13,697		16.3	2,171
75-84	86.8	54.3	2,452	45	18,700		13.1	2,868
85 and older	93.9	53.9	2,139	40	24,305		8.8	3,504
Unknown	0.0	0.0	0	0	0		0.0	0
Basis of Eligibility^e								
Aged	87.2	51.7	2,266	44	19,749		11.5	8,468
Disabled	79.6	38.4	2,825	74	20,169		14.0	5,071
Adults	63.9	19.9	1,324	67	3,484		38.0	83
Children	100.0	13.7	519	38	7,479		6.9	3
Unknown	0.0	0.0	0	0	0		0.0	0
Gender								
Female	88.1	51.3	2,552	50	19,527		13.1	8,599
Male	77.7	38.4	2,325	61	20,276		11.5	5,026
Unknown	0.0	0.0	0	0	0		0.0	0
Race								
White	85.5	47.9	2,530	53	20,366		12.4	12,660
African American	66.7	26.7	1,453	54	6,628		21.9	39
Other/unknown	68.4	29.7	1,668	56	12,670		13.2	926
Use of Nursing Facilities^f								
Entire year	97.9	66.0	3,000	46	35,452		8.5	3,823
Part year	96.5	57.8	2,642	46	22,053		12.0	1,191
None	76.5	36.4	2,208	61	12,545		17.6	8,611
Maintenance Assistance Status								
Cash	88.1	45.7	2,701	59	11,542		23.4	4,131
Medically needy	87.1	50.6	2,546	50	25,315		10.1	8,746
Poverty related	27.5	4.0	235	59	911		25.8	730
Other/unknown	88.9	26.6	1,637	62	3,820		42.9	18

Source: Data for this table are from the MAX 2003 file for North Dakota, 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	Number of Rx, Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Percentage of All Medicaid FFS ^c	15.8 %	13.0 %	More than 0, but 1 or Less	8.6 %	More than 2, but 5 or Less	26.5 %	27.7 %		
All	4.7	\$249	12.5 %	15.8 %	13.0 %	8.6 %	26.5 %	27.7 %	8.3 %	\$2,001	13,625	134,829
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	4.9	99	6.6	0.0	25.0	0.0	25.0	50.0	0.0	1,494	4	39
15-20	1.7	131	9.4	9.1	45.5	13.6	27.3	4.5	0.0	1,400	22	235
21-44	2.8	238	14.0	21.3	26.3	13.1	23.6	13.8	2.0	1,702	2,258	23,753
45-64	4.3	297	14.2	20.2	14.1	8.6	26.2	24.1	6.8	2,094	2,798	28,886
65-74	4.6	230	16.3	23.3	13.5	8.2	22.4	23.1	9.6	1,408	2,171	21,126
75-84	5.6	251	13.1	13.2	8.9	6.7	27.1	31.9	12.3	1,914	2,868	28,016
85 and older	5.8	229	8.8	6.1	6.5	7.7	30.9	39.2	9.7	2,599	3,504	32,774
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	5.4	236	11.5	12.8	9.0	7.5	27.5	32.8	10.5	2,059	8,468	81,238
Disabled	3.7	270	14.0	20.4	19.5	10.6	25.0	19.5	4.9	1,929	5,071	53,024
Adults	3.1	204	38.0	36.1	21.7	10.8	16.9	12.0	2.4	538	83	538
Children	1.4	54	6.9	0.0	66.7	0.0	33.3	0.0	0.0	774	3	29
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.1	254	13.1	11.9	11.4	8.6	27.6	31.2	9.3	1,947	8,599	86,260
Male	4.0	241	11.5	22.3	15.7	8.7	24.8	21.8	6.7	2,098	5,026	48,569
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.8	256	12.4	14.5	12.2	8.8	27.1	28.6	8.7	2,063	12,660	124,991
African American	3.1	169	21.9	33.3	28.2	5.1	15.4	15.4	2.6	772	39	335
Other/unknown	2.9	163	13.2	31.6	23.1	7.1	18.6	15.4	4.1	1,235	926	9,503
use of nursing Facilities^f												
Entire year	6.8	311	8.5	2.1	4.7	6.2	28.0	42.2	16.8	3,680	3,823	36,831
Part year	6.2	286	12.0	3.5	7.6	7.1	29.4	39.2	13.2	2,383	1,191	11,023
None	3.6	219	17.6	23.5	17.5	10.0	25.5	19.7	3.9	1,242	8,611	86,975
Maintenance Assistance Status												
Cash	4.1	240	23.4	11.9	18.6	10.6	29.2	24.2	5.6	1,027	4,131	46,426
Medically needy	5.4	273	10.1	12.9	9.8	8.2	27.2	31.6	10.3	2,709	8,746	81,722
Poverty related	0.4	26	25.8	72.5	19.5	3.6	2.6	1.8	0.1	102	730	6,535
Other/unknown	3.3	202	42.9	11.1	27.8	11.1	27.8	16.7	5.6	471	18	146

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for North Dakota, 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, NORTH DAKOTA, 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	4.7	\$249	\$53	2.0	\$194	\$96	0.2	\$10	\$40	2.4	\$46	\$19
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.9	99	20	2.7	74	27	0.4	6	13	1.7	19	11
15-20	1.7	131	77	0.9	115	123	0.1	2	20	0.7	14	20
21-44	2.8	238	85	1.4	193	141	0.2	13	80	1.3	32	25
45-64	4.3	297	68	2.0	233	115	0.2	16	70	2.1	48	23
65-74	4.6	230	50	2.0	177	89	0.2	6	32	2.4	46	19
75-84	5.6	251	45	2.3	193	82	0.3	6	24	2.9	51	17
85 and older	5.8	229	40	2.2	171	76	0.3	6	19	3.2	52	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.4	236	44	2.2	180	81	0.3	6	23	2.9	50	17
Disabled	3.7	270	74	1.7	214	124	0.2	15	74	1.7	41	24
Adults	3.1	204	67	1.4	169	121	0.1	2	22	1.6	33	21
Children	1.4	54	38	0.5	32	67	0.0	0	0	0.9	21	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.1	254	50	2.2	197	90	0.3	9	33	2.7	48	18
Male	4.0	241	61	1.7	188	109	0.2	11	57	2.1	42	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.8	256	53	2.1	199	95	0.3	10	39	2.5	47	19
African American	3.1	169	54	1.2	135	115	0.1	1	25	1.9	33	18
Other/unknown	2.9	163	56	1.2	125	105	0.1	5	52	1.6	33	20
Use of Nursing Facilities^e												
Entire year	6.8	311	46	2.8	238	85	0.4	9	24	3.7	65	18
Part year	6.2	286	46	2.6	220	85	0.3	8	25	3.4	58	17
None	3.6	219	61	1.6	171	106	0.2	10	57	1.8	37	20
Maintenance Assistance Status												
Cash	4.1	240	59	1.8	188	105	0.2	11	57	2.1	42	20
Medically needy	5.4	273	50	2.3	211	92	0.3	10	33	2.8	52	18
Poverty related	0.4	26	59	0.2	21	103	0.0	1	47	0.2	4	19
Other/unknown	3.3	202	62	1.3	157	119	0.2	4	20	1.8	42	24

Source: Data for this table are from the MAX 2003 file for North Dakota, 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 North Dakota, 1.5 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, NORTH DAKOTA, 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	0.3	0.1	0.0	0.2	\$18	\$14	\$0	\$4	\$56	\$95	\$116	\$22	24,292	\$1,361,141	6,982	51.2 %	75,409
Biologics	0.1	0.1	0.0	0.0	1	1	0	0	12	11	0	24	161	2,011	161	1.2	1,899
Antineoplastic Agents	0.6	0.2	0.0	0.3	116	97	3	16	189	415	86	46	2,339	441,327	376	2.8	3,797
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	41	31	3	7	37	64	17	16	66,470	2,453,357	5,679	41.7	59,735
Cardiovascular Agents	2.0	0.6	0.1	1.3	52	34	1	17	27	57	13	14	162,546	4,326,032	8,032	59.0	83,032
Respiratory Agents	0.7	0.5	0.0	0.3	41	35	1	5	56	75	56	21	32,345	1,815,154	4,122	30.3	44,214
Gastrointestinal Agents	0.8	0.4	0.0	0.5	53	40	1	12	63	113	84	26	42,696	2,708,732	4,911	36.0	51,420
Genitourinary Agents	0.6	0.5	0.0	0.1	43	40	0	2	67	76	38	22	14,883	989,994	2,151	15.8	23,183
CNS Drugs	1.5	0.8	0.1	0.6	125	103	7	14	83	125	140	23	115,011	9,585,081	7,328	53.8	76,844
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.3	49	36	3	9	72	120	67	29	1,421	102,743	187	1.4	2,097
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	97	96	0	1	136	140	0	21	4,876	660,959	653	4.8	6,823
Analgesics and Anesthetics	0.8	0.4	0.0	0.4	51	42	1	8	63	110	68	19	48,992	3,103,507	5,820	42.7	60,754
Neuromuscular Agents	1.1	0.5	0.1	0.5	87	67	5	16	77	123	48	32	44,318	3,423,422	3,638	26.7	39,281
Nutritional Products	0.8	0.0	0.0	0.7	15	1	1	13	19	132	18	18	22,156	431,903	2,871	21.1	29,477
Hematological Agents	0.9	0.2	0.1	0.6	41	32	2	7	45	151	17	13	24,223	1,099,925	2,607	19.1	26,924
Topical Products	0.5	0.2	0.0	0.2	17	12	1	5	38	59	41	19	25,804	971,537	5,111	37.5	55,576
Miscellaneous Products	0.3	0.1	0.0	0.2	38	26	2	10	116	176	176	59	893	103,252	269	2.0	2,704
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	45	0	0	0	983	44,098	319	2.3	3,531
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.	634,409	33,624,175	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Dakota, 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 North Dakota, 1.5 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, NORTH DAKOTA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$5,909,510	3,747	27.5 %	40,332	0.9	\$169
ANTIDEPRESSANTS	3,175,556	7,241	53.1	76,375	0.8	55
ANTICONVULSANT	2,850,327	3,193	23.4	34,799	0.9	89
ULCER DRUGS	2,224,405	4,766	35.0	50,327	0.6	71
ANALGESICS - Narcotic	1,592,166	5,865	43.0	61,428	0.5	57
ANTIDIABETIC	1,456,212	3,573	26.2	37,674	0.8	48
ANALGESICS - ANTI-INFLAMMATORY	1,309,607	3,246	23.8	35,243	0.5	81
ANTHYPERLIPIDEMIC	1,285,107	2,360	17.3	25,650	0.7	71
ANTIASTHMATIC	1,208,583	3,829	28.1	40,135	0.5	63
ANTIHYPERTENSIVE	1,023,769	4,716	34.6	49,698	0.8	27
Total	22,035,242	42,536		451,661	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Dakota, 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
All	305,962	\$22,035,242	3,747	27.5 %	40,332	0.9	\$147	7,241	53.1 %	76,375	0.8	\$42				
Female	204,091	13,927,065	2,190	25.5	23,666	0.8	129	5,078	59.1	53,935	0.8	41				
Disabled	61,723	5,320,726	835	32.6	9,514	0.9	165	1,673	65.4	18,858	0.7	41				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	18	243	0	0.0	0	0.0	0	2	100.0	6	0.7	10				
15-20	48	2,429	1	9.1	12	0.3	64	4	36.4	38	0.2	10				
21-44	19,318	1,914,922	342	33.6	3,847	0.8	170	648	63.7	7,312	0.6	42				
45-64	40,952	3,319,847	482	32.6	5,557	0.9	161	991	67.0	11,186	0.7	42				
65-74	1,387	83,285	10	19.6	98	1.1	185	28	54.9	316	0.7	34				
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	142,368	8,606,339	1,355	22.4	14,152	0.8	106	3,405	56.4	35,077	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	389	22,317	7	21.2	79	0.3	40	16	48.5	164	0.6	34				
45-64	296	25,818	1	6.7	12	1.6	298	11	73.3	108	0.9	46				
65-74	31,929	2,112,016	232	18.0	2,557	0.9	134	615	47.8	6,688	0.7	37				
75-84	49,091	3,046,278	443	23.3	4,740	0.8	112	1,090	57.3	11,258	0.8	42				
85 and older	60,663	3,399,910	672	24.0	6,764	0.8	91	1,673	59.7	16,859	0.8	43				
Male	101,871	8,108,177	1,557	31.0	16,666	0.9	171	2,163	43.0	22,440	0.8	42				
Disabled	47,908	4,878,764	922	36.7	10,499	1.0	206	930	37.0	10,451	0.7	42				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	47	951	1	100.0	12	1.5	35	1	100.0	12	1.1	26				
15-20	148	11,228	2	22.2	24	0.6	131	6	66.7	68	0.6	21				
21-44	18,778	2,131,355	443	37.2	5,037	1.0	211	451	37.9	5,086	0.7	40				
45-64	28,605	2,708,438	472	36.6	5,378	1.0	203	468	36.3	5,237	0.8	45				
65-74	330	26,792	4	18.2	48	1.2	180	4	18.2	48	1.0	76				
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	53,963	3,229,413	635	25.2	6,167	0.8	110	1,233	49.0	11,989	0.8	42				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	21	941	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	166	11,932	5	29.4	58	0.5	123	6	35.3	37	0.8	44				
45-64	52	3,228	2	12.5	13	0.3	50	2	12.5	2	1.0	47				
65-74	16,331	1,050,735	162	20.0	1,707	0.8	147	323	39.8	3,370	0.8	40				
75-84	22,584	1,331,679	254	26.3	2,546	0.8	99	503	52.1	4,940	0.8	41				
85 and older	14,809	830,898	212	30.2	1,843	0.8	92	399	56.9	3,640	0.8	44				
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 North Dakota, 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.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.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, NORTH DAKOTA, 2003

Beneficiary Characteristics	ANTICONVULSANT				ULCER DRUGS				ANALGESICS - Narcotic				
	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	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	3,193	23.4 %	34,799	0.9	4,766	35.0 %	50,327	0.6	5,865	43.0 %	61,428	0.5	\$26
Female	1,965	22.9	21,447	0.9	3,269	38.0	34,712	0.6	4,230	49.2	44,705	0.5	26
Disabled	970	37.9	11,013	0.9	827	32.3	9,309	0.6	1,341	52.4	15,182	0.4	22
5 and younger	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	1	50.0	3	0.3	0	0.0	0	0.0	0
15-20	2	18.2	24	0.2	5	45.5	32	0.4	7	63.6	75	0.1	2
21-44	394	38.7	4,483	0.9	259	25.5	2,949	0.5	518	50.9	5,888	0.3	19
45-64	558	37.7	6,324	0.9	542	36.6	6,116	0.6	784	53.0	8,873	0.4	25
65-74	16	31.4	182	0.9	20	39.2	209	0.7	32	62.7	346	0.5	25
75-84	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
Other Eligibles	995	16.5	10,434	0.8	2,442	40.4	25,403	0.6	2,889	47.8	29,523	0.5	28
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	7	21.2	64	0.5	15.2	45	50	0.4	19	57.6	200	0.4	10
45-64	1	6.7	12	2.2	132	33.3	58	0.5	8	53.3	75	0.7	75
65-74	269	20.9	2,930	0.9	490	38.1	5,386	0.6	656	51.0	7,142	0.5	27
75-84	363	19.1	3,898	0.9	784	41.2	8,266	0.6	904	47.5	9,480	0.5	29
85 and older	355	12.7	3,530	0.8	1,158	41.3	11,643	0.7	1,302	46.5	12,626	0.5	28
Male	1,228	24.4	13,352	1.0	1,497	29.8	15,615	0.6	1,635	32.5	16,723	0.4	25
Disabled	769	30.6	8,658	1.0	576	22.9	6,499	0.6	680	27.1	7,458	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
6-14	0	0.0	0	0.0	2	200.0	24	0.4	0	0.0	0	0.0	0
15-20	4	44.4	47	0.9	1	11.1	10	0.2	3	33.3	32	0.3	4
21-44	358	30.1	4,044	1.0	206	17.3	2,355	0.5	316	26.5	3,460	0.4	22
45-64	399	31.0	4,500	1.1	362	28.1	4,051	0.6	357	27.7	3,927	0.4	36
65-74	8	36.4	67	1.1	5	22.7	59	0.5	4	18.2	39	0.1	1
75-84	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
Other Eligibles	459	18.3	4,694	0.9	921	36.6	9,116	0.6	955	38.0	9,265	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
6-14	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	12	0.1	1
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	3	17.6	31	0.4	6	35.3	40	0.6	17	100.0	165	0.3	4
45-64	1	6.3	12	1.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	167	20.6	1,736	1.0	231	28.4	2,465	0.6	248	30.5	2,541	0.4	21
75-84	184	19.0	1,879	0.9	389	40.3	3,940	0.6	383	39.6	3,787	0.4	21
85 and older	104	14.8	1,036	0.8	295	42.1	2,671	0.7	306	43.7	2,760	0.6	27
Unknown	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 North Dakota, 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 Mo(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, NORTH DAKOTA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				ANTHYPERLIPIDEMIC			
	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	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month
All	3,573	26.2%	37,674	0.8	3,246	23.8%	35,243	0.5	2,360	17.3%	25,650	0.7
Female	2,361	27.5	24,925	0.8	2,337	27.2	25,469	0.5	1,520	17.7	16,553	0.7
Disabled	490	19.1	5,461	0.8	795	31.1	9,090	0.4	433	16.9	4,903	0.7
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	3	27.3	36	0.2	0	0.0	0	0.0
21-44	111	10.9	1,269	0.7	291	28.6	3,286	0.3	67	6.6	783	0.7
45-64	363	24.5	4,034	0.8	490	33.1	5,637	0.4	355	24.0	3,998	0.7
65-74	16	31.4	158	0.7	11	21.6	131	0.5	11	21.6	122	0.6
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	1,871	31.0	19,464	0.8	1,542	25.5	16,379	0.5	1,087	18.0	11,650	0.7
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	5	15.2	42	1.1	6	18.2	68	0.3	4	12.1	35	0.4
45-64	5	33.3	30	0.4	3	20.0	26	0.7	2	13.3	13	0.7
65-74	490	38.1	5,405	0.8	357	27.8	3,960	0.4	383	29.8	4,267	0.7
75-84	695	36.5	7,343	0.8	472	24.8	5,091	0.5	471	24.8	5,051	0.7
85 and older	676	24.1	6,644	0.8	704	25.1	7,234	0.6	227	8.1	2,284	0.7
Male	1,212	24.1	12,749	0.8	909	18.1	9,774	0.4	840	16.7	9,097	0.7
Disabled	432	17.2	4,807	0.8	391	15.6	4,369	0.4	402	16.0	4,619	0.7
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	1	11.1	12	0.8	3	33.3	36	0.6	1	11.1	11	0.3
21-44	127	10.7	1,435	0.7	169	14.2	1,897	0.3	119	10.0	1,398	0.7
45-64	298	23.1	3,300	0.8	216	16.8	2,400	0.4	281	21.8	3,198	0.7
65-74	6	27.3	60	0.8	3	13.6	36	0.4	1	4.5	12	1.0
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	780	31.0	7,942	0.8	518	20.6	5,405	0.5	438	17.4	4,478	0.7
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	1	100.0	12	1.0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
21-44	1	5.9	7	1.1	2	11.8	22	0.1	0	0.0	0	0.0
45-64	3	18.8	15	0.7	2	12.5	24	0.6	2	12.5	10	0.5
65-74	268	33.0	2,836	0.9	137	16.9	1,515	0.5	184	22.7	1,966	0.7
75-84	329	34.1	3,439	0.8	215	22.3	2,247	0.5	193	20.0	1,913	0.7
85 and older	179	25.5	1,645	0.8	162	23.1	1,597	0.5	58	8.3	577	0.9
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 2003 file for North Dakota, 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of 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	3,829	28.1 %	40,135	0.5	4,716	34.6 %	49,698	0.8	13,625	134,829
Female	2,580	30.0	27,514	0.5	3,213	37.4	33,791	0.8	8,599	86,260
Disabled	725	28.3	8,235	0.4	527	20.6	5,847	0.7	2,560	27,241
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	4	200.0	12	1.1	2	15
15-20	1	9.1	12	0.1	1	9.1	3	0.7	11	116
21-44	217	21.3	2,468	0.3	91	8.9	1,033	0.7	1,017	10,978
45-64	489	33.1	5,541	0.5	405	27.4	4,526	0.7	1,479	15,670
65-74	18	35.3	214	0.5	26	51.0	273	0.7	51	462
75-84	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
Other Eligibles	1,855	30.7	19,279	0.5	2,686	44.5	27,944	0.8	6,039	59,019
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0
21-44	12	36.4	125	0.2	8	24.2	64	0.5	33	256
45-64	0	0.0	0	0.0	5	33.3	44	0.7	15	89
65-74	437	34.0	4,869	0.6	542	42.1	5,978	0.7	1,286	12,789
75-84	674	35.4	7,121	0.5	880	46.3	9,434	0.8	1,902	19,151
85 and older	732	26.1	7,164	0.4	1,251	44.6	12,424	0.8	2,803	26,734
Male	1,249	24.9	12,621	0.5	1,503	29.9	15,907	0.7	5,026	48,569
Disabled	370	14.7	4,072	0.5	482	19.2	5,433	0.7	2,511	25,783
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	1	100.0	12	0.5	4	12
15-20	0	0.0	0	0.0	1	11.1	12	0.1	9	102
21-44	143	12.0	1,608	0.4	151	12.7	1,709	0.6	1,191	12,409
45-64	217	16.8	2,382	0.5	326	25.3	3,664	0.7	1,288	13,057
65-74	10	45.5	82	0.4	3	13.6	36	0.5	22	203
75-84	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
Other Eligibles	879	35.0	8,549	0.5	1,021	40.6	10,474	0.8	2,515	22,786
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	1	100.0	12	0.7	8	12
15-20	0	0.0	0	0.0	0	0.0	0	0.0	2	17
21-44	0	0.0	0	0.0	3	17.6	29	0.5	17	110
45-64	0	0.0	0	0.0	1	6.3	5	0.8	16	70
65-74	237	29.2	2,373	0.5	308	37.9	3,339	0.7	812	7,672
75-84	391	40.5	3,859	0.5	434	44.9	4,441	0.8	966	8,865
85 and older	251	35.8	2,317	0.6	274	39.1	2,648	0.8	701	6,040
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for North Dakota, 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit		Benefit Months Among All-Year Nursing Facility Residents
		Month	Facility Residents	
All	\$311	6.8	3,823	36,831
Age				
0-64	438	7.4	236	2,458
65-74	416	8.0	339	3,421
75-84	351	7.4	1,078	10,559
85 and older	258	6.3	2,170	20,393
Unknown	0	0.0	0	0
Gender				
Female	297	6.8	2,688	26,063
Male	346	7.0	1,135	10,768
Unknown	0	0.0	0	0
Race				
White	310	6.8	3,737	35,943
African American	0	0	0	0
Other/unknown	357	7.1	86	888
Basis of Eligibility^c				
Aged	302	6.8	3,572	34,231
Disabled	436	7.5	251	2,600
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 2003 file for North Dakota, 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 1,191 beneficiaries who were in nursing facilities for part of their enrollment and their 11,023 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, NORTH DAKOTA, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$12	\$0	\$3	\$47	\$74	\$75	\$20	9,110	\$427,995	2,600	68.0 %	26,808
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	23	18	0	24	21	473	21	0.5	237
Antineoplastic Agents	0.7	0.3	0.1	0.4	132	103	6	22	184	381	112	58	932	171,682	140	3.7	1,305
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	42	32	4	6	34	61	15	13	23,162	780,530	1,893	49.5	18,602
Cardiovascular Agents	2.2	0.5	0.1	1.6	47	25	1	20	21	50	11	13	65,845	1,398,459	3,036	79.4	29,719
Respiratory Agents	0.7	0.4	0.0	0.3	41	33	1	7	55	80	45	23	10,088	558,639	1,341	35.1	13,611
Gastrointestinal Agents	1.0	0.4	0.0	0.7	52	37	0	15	50	99	80	22	18,853	950,889	1,845	48.3	18,327
Genitourinary Agents	0.8	0.6	0.0	0.1	51	48	0	3	67	75	39	27	6,896	463,132	863	22.6	9,015
CNS Drugs	1.6	1.0	0.0	0.6	115	100	2	12	70	99	79	20	44,861	3,160,660	2,757	72.1	27,574
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	32	20	0	12	35	116	22	16	351	12,141	34	0.9	381
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	102	102	0	0	129	129	0	12	2,818	362,338	343	9.0	3,544
Analgesics and Anesthetics	1.0	0.5	0.0	0.4	61	54	1	7	63	99	27	17	18,205	1,152,851	1,946	50.9	18,908
Neuromuscular Agents	1.3	0.5	0.1	0.6	76	48	4	24	61	94	39	38	15,013	917,520	1,158	30.3	12,006
Nutritional Products	0.9	0.0	0.0	0.8	15	0	0	14	17	20	13	17	11,426	193,203	1,337	35.0	13,232
Hematological Agents	1.1	0.2	0.2	0.7	41	30	3	8	38	138	16	12	12,493	471,664	1,145	30.0	11,438
Topical Products	0.5	0.2	0.0	0.3	20	14	1	5	36	56	45	19	11,602	419,801	2,047	53.5	21,423
Miscellaneous Products	0.3	0.1	0.0	0.2	14	8	0	6	51	84	0	34	313	15,904	117	3.1	1,105
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	46	0	0	0	236	10,885	83	2.2	888
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.	252,225	11,468,766	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Dakota, 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 1,191 beneficiaries who were in nursing facilities for part of their enrollment and their 11,023 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.medispan.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 North Dakota, 1.5 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, NORTH DAKOTA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,637,758	1,383	36.2 %	14,169	0.8	\$139	\$116
ANTIDEPRESSANTS	1,396,407	2,830	74.0	28,677	0.9	55	49
ULCER DRUGS	794,444	1,743	45.6	17,528	0.7	61	45
ANALGESICS - Narcotic	664,264	1,806	47.2	17,421	0.6	63	38
ANTICONVULSANT	621,621	954	25.0	9,960	1.0	63	62
ANTIDIABETIC	493,606	1,234	32.3	12,383	0.9	42	40
ANALGESICS - ANTI-INFLAMMATORY	461,838	933	24.4	9,655	0.6	76	48
ANTIASTHMATIC	412,845	1,334	34.9	13,300	0.5	61	31
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	362,973	348	9.1	3,600	0.8	128	101
ANTHYPERTENSIVE	360,540	1,604	42.0	16,030	0.9	25	22
Total	7,206,296	14,169		142,723	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Dakota, 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 1,191 beneficiaries who were in nursing facilities for part of their enrollment and their 11,023 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); 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, NORTH DAKOTA, 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	112,193	\$7,206,296	1,383	36.2 %	14,169	0.8	\$116	2,830	74.0 %	28,677	0.9	\$49
Female	76,441	4,862,537	907	33.7	9,377	0.8	110	1,992	74.1	20,270	0.9	49
Disabled	4,594	297,899	38	32.5	427	1.0	118	110	94.0	1,249	1.0	48
64 or younger	4,188	279,522	33	30.8	388	0.9	116	99	92.5	1,117	1.0	50
65-74	406	18,377	5	50.0	39	1.2	138	11	110.0	132	0.9	26
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	71,847	4,564,638	869	33.8	8,950	0.8	110	1,882	73.2	19,021	0.9	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,766	458,628	68	39.8	735	0.9	132	145	84.8	1,537	0.9	53
75-84	23,112	1,579,731	284	41.9	3,005	0.9	126	555	82.0	5,596	0.9	52
85 and older	41,969	2,526,279	517	30.0	5,210	0.8	97	1,182	68.6	11,888	0.9	48
Male	35,752	2,343,759	476	41.9	4,792	0.8	127	838	73.8	8,407	0.9	47
Disabled	4,731	392,418	65	48.5	692	0.9	189	89	66.4	978	0.9	59
64 or younger	4,553	375,662	64	49.6	680	0.9	184	87	67.4	954	0.9	57
65-74	178	16,756	1	20.0	12	2.1	489	2	40.0	24	1.6	136
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	31,021	1,951,341	411	41.1	4,100	0.8	116	749	74.8	7,429	0.9	46
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,385	444,348	86	56.2	919	0.9	155	146	95.4	1,548	0.9	46
75-84	13,413	841,869	167	41.6	1,744	0.8	107	299	74.6	3,022	0.9	46
85 and older	11,223	665,124	158	35.3	1,437	0.8	102	304	68.0	2,859	0.9	45
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 North Dakota, 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 1,191 beneficiaries who were in nursing facilities for part of their enrollment and their 1,023 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTICONVULSANT				
	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	1,743	45.6 %	17,528	0.7	\$45	1,806	47.2 %	17,421	0.6	\$38	954	25.0 %	9,960	1.0	\$62
Female	1,192	44.3	12,003	0.7	45	1,286	47.8	12,394	0.6	41	590	21.9	6,128	1.0	59
Disabled	60	51.3	673	0.8	50	62	53.0	648	0.8	52	70	59.8	785	1.2	86
64 or younger	53	49.5	607	0.8	51	55	51.4	582	0.7	56	64	59.8	713	1.2	90
65-74	7	70.0	66	1.0	43	7	70.0	66	0.8	23	6	60.0	72	0.9	45
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	1,132	44.0	11,330	0.7	44	1,224	47.6	11,746	0.6	40	520	20.2	5,343	0.9	55
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	90	52.6	913	0.7	40	112	65.5	1,120	0.7	51	82	48.0	827	1.1	89
75-84	337	49.8	3,402	0.7	47	335	49.5	3,309	0.7	46	201	29.7	2,152	1.0	56
85 and older	705	40.9	7,015	0.7	44	777	45.1	7,317	0.6	36	237	13.8	2,364	0.9	42
Male	551	48.5	5,525	0.7	47	520	45.8	5,027	0.5	31	364	32.1	3,832	1.0	68
Disabled	55	41.0	589	0.8	54	44	32.8	453	0.6	41	89	66.4	937	1.2	88
64 or younger	52	40.3	553	0.9	55	43	33.3	450	0.6	42	84	65.1	906	1.2	86
65-74	3	60.0	36	0.6	36	1	20.0	3	0.3	5	5	100.0	31	1.6	146
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	496	49.6	4,936	0.7	46	476	47.6	4,574	0.5	30	275	27.5	2,895	1.0	62
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	74	48.4	806	0.7	42	73	47.7	738	0.5	35	82	53.6	870	1.1	76
75-84	218	54.4	2,246	0.7	46	196	48.9	1,974	0.5	25	111	27.7	1,195	1.0	65
85 and older	204	45.6	1,884	0.8	48	207	46.3	1,862	0.6	33	82	18.3	830	0.9	42
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 North Dakota, 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 1,191 beneficiaries who were in nursing facilities for part of their enrollment and their 11,023 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				ANTI-ASTHMATIC			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
All	1,234	32.3 %	12,383	\$40	933	24.4 %	9,655	\$48	1,334	34.9 %	13,300	\$31
Female	799	29.7	7,916	39	669	24.9	6,935	50	835	31.1	8,307	29
Disabled	26	22.2	279	50	28	23.9	323	42	25	21.4	278	37
64 or younger	25	23.4	267	52	26	24.3	299	42	24	22.4	266	38
65-74	1	10.0	12	7	2	20.0	24	36	1	10.0	12	11
75-84	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
Other Eligibles	773	30.1	7,637	39	641	24.9	6,612	50	810	31.5	8,029	28
64 or younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
65-74	83	48.5	853	42	51	29.8	545	48	53	31.0	549	33
75-84	283	41.8	2,825	39	176	26.0	1,843	56	292	43.1	2,875	35
85 and older	407	23.6	3,959	37	414	24.0	4,224	48	465	27.0	4,605	23
Male	435	38.3	4,467	42	264	23.3	2,720	42	499	44.0	4,993	35
Disabled	45	33.6	478	53	19	14.2	199	44	54	40.3	534	40
64 or younger	43	33.3	465	52	19	14.7	199	44	46	35.7	476	44
65-74	2	40.0	13	84	0	0.0	0	0	8	160.0	58	12
75-84	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
Other Eligibles	390	39.0	3,989	40	245	24.5	2,521	42	445	44.5	4,459	35
64 or younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
65-74	87	56.9	897	51	33	21.6	361	47	61	39.9	608	30
75-84	171	42.6	1,832	38	110	27.4	1,164	39	207	51.6	2,160	37
85 and older	132	29.5	1,260	35	102	22.8	996	44	177	39.6	1,691	33
Unknown	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 North Dakota, 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 1,191 beneficiaries who were in nursing facilities for part of their enrollment and their 11,023 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE					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	348	9.1 %	3,600	0.8	\$101	1,604	42.0 %	16,030	0.9	\$23	3,823	36,831
Female	246	9.2	2,596	0.8	104	1,102	41.0	10,933	0.9	24	2,688	26,063
Disabled	10	8.5	120	0.3	69	29	24.8	325	0.9	20	117	1,272
64 or younger	9	8.4	108	0.3	71	27	25.2	301	0.9	22	107	1,170
65-74	1	10.0	12	0.6	55	2	20.0	24	0.9	7	10	102
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	236	9.2	2,476	0.8	106	1,073	41.7	10,608	0.9	24	2,571	24,791
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	12	7.0	108	0.9	117	73	42.7	767	0.9	26	171	1,717
75-84	85	12.6	897	0.8	105	282	41.7	2,855	0.9	24	677	6,659
85 and older	139	8.1	1,471	0.8	105	718	41.7	6,986	0.9	24	1,723	16,415
Male	102	9.0	1,004	0.7	93	502	44.2	5,097	0.9	19	1,135	10,768
Disabled	7	5.2	63	0.5	105	41	30.6	456	0.9	21	134	1,328
64 or younger	7	5.4	63	0.5	105	41	31.8	456	0.9	21	129	1,288
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	40
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	95	9.5	941	0.8	92	461	46.1	4,641	0.9	19	1,001	9,440
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	10	6.5	108	0.8	93	75	49.0	811	0.9	18	153	1,562
75-84	49	12.2	517	0.8	97	196	48.9	2,038	0.9	19	401	3,900
85 and older	36	8.1	316	0.7	86	190	42.5	1,792	0.8	18	447	3,978
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 North Dakota, 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 1,191 beneficiaries who were in nursing facilities for part of their enrollment and their 11,023 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}
 NORTH DAKOTA, 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 \$		Total Number of Beneficiaries
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	2.7 %	
All	6,253	45.9 %	4.0	54,270	\$66	\$900,366	\$17	2.7 %	13,625		
Age											
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0		
6-14	3	75.0	4.0	16	32	126	8	3.3	4		
15-20	12	54.5	1.7	37	20	444	12	1.4	22		
21-44	801	35.5	2.4	5,474	68	153,128	28	2.7	2,258		
45-64	1,198	42.8	3.9	10,882	71	199,914	18	2.3	2,798		
65-74	915	42.1	3.8	8,346	60	129,415	16	2.7	2,171		
75-84	1,448	50.5	4.7	13,355	65	187,537	14	2.7	2,868		
85 and older	1,876	53.5	4.6	16,160	66	229,822	14	3.1	3,504		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Basis of Eligibility^c											
Aged	4,205	49.7	4.4	37,483	64	541,524	14	2.8	8,468		
Disabled	2,024	39.9	3.3	16,687	71	357,571	21	2.5	5,071		
Adults	22	26.5	1.2	98	15	1,264	13	1.1	83		
Children	2	66.7	0.7	2	9	27	14	1.7	3		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Gender											
Female	4,377	50.9	4.6	39,372	77	662,155	17	3.0	8,599		
Male	1,876	37.3	3.0	14,898	47	238,231	16	2.0	5,026		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Race											
White	5,881	46.5	4.1	51,311	68	857,976	17	2.7	12,660		
African American	13	33.3	3.1	119	42	1,639	14	2.9	39		
Other/unknown	359	38.8	3.1	2,840	44	40,771	14	2.6	926		
Use of Nursing Facilities^d											
Entire year	2,109	55.2	5.1	19,454	78	299,626	15	2.6	3,823		
Part year	776	65.2	5.0	5,994	75	89,881	15	2.9	1,191		
None	3,368	39.1	3.3	28,822	59	510,879	18	2.7	8,611		
Maintenance Assistance Status											
Cash	1,960	47.4	4.2	17,456	80	332,530	19	3.0	4,131		
Medically needy	4,212	48.2	4.2	36,532	64	562,323	15	2.5	8,746		
Poverty related	76	10.4	0.4	259	7	5,298	20	3.1	730		
Other/unknown	5	27.8	1.3	23	13	235	10	0.8	18		

Source: Data for this table are from the MAX 2003 file for North Dakota, 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}
 NORTH DAKOTA, 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	0.4	\$7	\$17	\$0	\$2	134,829
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.4	3	8	0	0	39
15-20	0.2	2	12	0	0	235
21-44	0.2	6	28	0	2	23,753
45-64	0.4	7	18	0	3	28,886
65-74	0.4	6	16	0	2	21,126
75-84	0.5	7	14	0	2	28,016
85 and older	0.5	7	14	0	1	32,774
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	7	14	0	2	81,238
Disabled	0.3	7	21	0	2	53,024
Adults	0.2	2	13	0	1	538
Children	0.1	1	14	0	0	29
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	8	17	0	2	86,260
Male	0.3	5	16	0	2	48,569
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	17	0	2	124,991
African American	0.4	5	14	0	1	335
Other/unknown	0.3	4	14	0	1	9,503
Use of Nursing Facilities^d						
Entire year	0.5	8	15	0	2	36,831
Part year	0.5	8	15	0	2	11,023
None	0.3	6	18	0	2	86,975
Maintenance Assistance Status						
Cash	0.4	7	19	0	2	46,426
Medically needy	0.4	7	15	0	2	81,722
Poverty related	0.0	1	20	0	0	6,535
Other/unknown	0.2	2	10	0	1	146

Source: Data for this table are from the MAX 2003 file for North Dakota, 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}
NORTH DAKOTA, 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	
			Total Rx \$	Excluded Rx \$	100.0 %	100.0 %			Excluded Rx	100.0 %
All	8,755	\$103	\$900,386	\$17	100.0 %	54,270	\$17	100.0 %	54,270	100.0 %
Anorexia or weight loss/gain	0	0	0	0	0.0	0	0	0.0	0	0.0
Fertility drugs	0	0	0	0	0.0	0	0	0.0	0	0.0
Drugs for cosmetic purposes	12	17	200	19	0.0	19	11	0.0	19	0.0
Cough and cold medications	1,245	71	88,817	3,261	9.9	3,261	27	6.0	3,261	6.0
Vitamins and minerals	2,760	139	383,469	21,148	42.6	21,148	18	39.0	21,148	39.0
Non-prescription drugs	1,809	51	91,393	9,830	10.2	9,830	9	18.1	9,830	18.1
Barbiturates	149	101	15,077	1,705	1.7	1,705	9	3.1	1,705	3.1
Benzodiazepines	2,664	99	263,544	29.3	29.3	17,810	15	32.8	17,810	32.8
Other Part D Excl Rx Drugs	116	499	57,886	6.4	6.4	497	116	0.9	497	0.9

Source: Data for this table are from the MAX 2003 file for North Dakota, 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}
 NORTH DAKOTA, 2003

Total Number of Dual Eligible Beneficiaries 13,625
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$33,624,175
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,468

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,147	15.8 %	\$0	0.0 %
1-500	2,259	16.6	468,480	1.4
501-1,000	1,419	10.4	1,050,636	3.1
1,001-1,500	1,165	8.6	1,447,667	4.3
1,501-2,000	1,014	7.4	1,770,398	5.3
2,001-2,500	863	6.3	1,937,160	5.8
2,501-3,000	732	5.4	2,013,812	6.0
3,001-3,500	641	4.7	2,080,222	6.2
3,501-4,000	525	3.9	1,963,572	5.8
4,001-4,500	459	3.4	1,948,513	5.8
4,501-5,000	391	2.9	1,859,698	5.5
5,001-5,500	301	2.2	1,582,367	4.7
5,501-6,000	249	1.8	1,430,732	4.3
6,001-6,500	210	1.5	1,308,583	3.9
6,501-7,000	186	1.4	1,254,753	3.7
7,001-7,500	149	1.1	1,079,532	3.2
7,501-8,000	137	1.0	1,060,263	3.2
8,001-8,500	90	0.7	739,470	2.2
8,501-9,000	96	0.7	840,102	2.5
9,001-9,500	74	0.5	684,296	2.0
9,501-10,000	62	0.5	602,425	1.8
10,001+	456	3.3	6,501,494	19.3

Source: Data for this table are from the MAX 2003 file for North Dakota, 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.

SUPPLEMENTAL TABLE 1A
MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
NORTH DAKOTA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 4,998
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$14,138,912
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,829

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,019	20.4 %	0	0.0 %
1-500	887	17.7	165,709	1.2
501-1,000	426	8.5	313,804	2.2
1,001-1,500	344	6.9	425,921	3.0
1,501-2,000	305	6.1	534,085	3.8
2,001-2,500	243	4.9	548,101	3.9
2,501-3,000	211	4.2	582,590	4.1
3,001-3,500	182	3.6	593,039	4.2
3,501-4,000	142	2.8	530,711	3.8
4,001-4,500	134	2.7	568,713	4.0
4,501-5,000	120	2.4	571,245	4.0
5,001-5,500	109	2.2	573,443	4.1
5,501-6,000	101	2.0	581,700	4.1
6,001-6,500	92	1.8	572,839	4.1
6,501-7,000	78	1.6	527,583	3.7
7,001-7,500	63	1.3	456,136	3.2
7,501-8,000	61	1.2	474,448	3.4
8,001-8,500	40	0.8	328,464	2.3
8,501-9,000	58	1.2	506,492	3.6
9,001-9,500	40	0.8	370,123	2.6
9,501-10,000	30	0.6	291,548	2.1
10,001+	313	6.3	4,622,218	32.7

Source: Data for this table are from the MAX 2003 file for North Dakota, 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.
- 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, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 8,543
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$19,374,552
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,268

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,099	12.9%	0	0.0%
1-500	1,346	15.8	297,398	1.5
501-1,000	986	11.5	731,199	3.8
1,001-1,500	815	9.5	1,015,091	5.2
1,501-2,000	708	8.3	1,234,591	6.4
2,001-2,500	617	7.2	1,382,635	7.1
2,501-3,000	519	6.1	1,425,916	7.4
3,001-3,500	459	5.4	1,487,183	7.7
3,501-4,000	381	4.5	1,424,911	7.4
4,001-4,500	324	3.8	1,375,740	7.1
4,501-5,000	271	3.2	1,288,453	6.7
5,001-5,500	191	2.2	1,003,473	5.2
5,501-6,000	148	1.7	849,032	4.4
6,001-6,500	118	1.4	735,744	3.8
6,501-7,000	108	1.3	727,170	3.8
7,001-7,500	85	1.0	616,391	3.2
7,501-8,000	76	0.9	585,815	3.0
8,001-8,500	49	0.6	402,807	2.1
8,501-9,000	38	0.4	333,610	1.7
9,001-9,500	33	0.4	304,747	1.6
9,501-10,000	32	0.4	310,877	1.6
10,001+	140	1.6	1,841,769	9.5

Source: Data for this table are from the MAX 2003 file for North Dakota, 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.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 NORTH DAKOTA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 2,171
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$4,847,520
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,233

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		505	23.3 %		
\$0	505			0	0.0 %
1-500	348		16.0	65,263	1.3
501-1,000	190		8.8	140,697	2.9
1,001-1,500	163		7.5	204,656	4.2
1,501-2,000	135		6.2	235,278	4.9
2,001-2,500	137		6.3	307,916	6.4
2,501-3,000	112		5.2	307,040	6.3
3,001-3,500	82		3.8	266,731	5.5
3,501-4,000	76		3.5	285,574	5.9
4,001-4,500	64		2.9	272,386	5.6
4,501-5,000	52		2.4	246,847	5.1
5,001-5,500	45		2.1	235,512	4.9
5,501-6,000	34		1.6	195,750	4.0
6,001-6,500	31		1.4	191,132	3.9
6,501-7,000	29		1.3	195,695	4.0
7,001-7,500	28		1.3	203,508	4.2
7,501-8,000	28		1.3	215,836	4.5
8,001-8,500	12		0.6	98,916	2.0
8,501-9,000	16		0.7	140,216	2.9
9,001-9,500	11		0.5	101,520	2.1
9,501-10,000	12		0.6	116,832	2.4
10,001+	61		2.8	820,215	16.9

Source: Data for this table are from the MAX 2003 file for North Dakota, 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.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NORTH DAKOTA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 2,868
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$7,031,030
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,452

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	380	13.2 %	0	0.0 %
1-500	419	14.6	92,739	1.3
501-1,000	297	10.4	217,687	3.1
1,001-1,500	247	8.6	306,343	4.4
1,501-2,000	240	8.4	419,282	6.0
2,001-2,500	182	6.3	409,400	5.8
2,501-3,000	165	5.8	452,073	6.4
3,001-3,500	179	6.2	578,511	8.2
3,501-4,000	141	4.9	527,247	7.5
4,001-4,500	107	3.7	451,273	6.4
4,501-5,000	92	3.2	436,868	6.2
5,001-5,500	84	2.9	442,608	6.3
5,501-6,000	61	2.1	349,277	5.0
6,001-6,500	48	1.7	300,267	4.3
6,501-7,000	46	1.6	309,956	4.4
7,001-7,500	31	1.1	225,314	3.2
7,501-8,000	30	1.0	231,036	3.3
8,001-8,500	28	1.0	229,935	3.3
8,501-9,000	14	0.5	122,798	1.7
9,001-9,500	14	0.5	129,458	1.8
9,501-10,000	12	0.4	116,213	1.7
10,001+	51	1.8	682,745	9.7

Source: Data for this table are from the MAX 2003 file for North Dakota, 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.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NORTH DAKOTA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 3,504
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$7,496,002
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,139

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	214	6.1 %	0	0.0 %
1-500	579	16.5	139,396	1.9
501-1,000	499	14.2	372,815	5.0
1,001-1,500	405	11.6	504,092	6.7
1,501-2,000	333	9.5	580,031	7.7
2,001-2,500	298	8.5	665,319	8.9
2,501-3,000	242	6.9	666,803	8.9
3,001-3,500	198	5.7	641,941	8.6
3,501-4,000	164	4.7	612,090	8.2
4,001-4,500	153	4.4	652,081	8.7
4,501-5,000	127	3.6	604,738	8.1
5,001-5,500	62	1.8	325,353	4.3
5,501-6,000	53	1.5	304,005	4.1
6,001-6,500	39	1.1	244,345	3.3
6,501-7,000	33	0.9	221,519	3.0
7,001-7,500	26	0.7	187,569	2.5
7,501-8,000	18	0.5	138,943	1.9
8,001-8,500	9	0.3	73,956	1.0
8,501-9,000	8	0.2	70,596	0.9
9,001-9,500	8	0.2	73,769	1.0
9,501-10,000	8	0.2	77,832	1.0
10,001+	28	0.8	338,809	4.5

Source: Data for this table are from the MAX 2003 file for North Dakota, 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries				Number of Benefit Months							
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	13,626	8,468	5,071	84	3	0	134,839	81,236	53,024	550	29	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	4	0	3	0	1	0	39	0	27	0	12	0
15-20	22	0	20	0	2	0	235	0	218	0	17	0
21-44	2,259	0	2,208	51	0	0	23,765	0	23,387	378	0	0
45-64	2,798	0	2,767	31	0	0	28,886	0	28,727	159	0	0
65-74	2,171	2,096	73	2	0	0	21,126	20,448	665	13	0	0
75-84	2,868	2,868	0	0	0	0	28,016	28,016	0	0	0	0
85 and older	3,504	3,504	0	0	0	0	32,772	32,772	0	0	0	0
Unknown	0	0	0	0	0	0	32,772	32,772	0	0	0	0
Gender												
Female	8,600	5,991	2,560	49	0	0	86,270	58,672	27,241	357	0	0
Male	5,026	2,477	2,511	35	3	0	48,569	22,564	25,783	193	29	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	12,661	7,996	4,587	76	2	0	125,001	76,463	48,040	481	17	0
African American	39	10	29	0	0	0	335	111	224	0	0	0
Other/unknown	926	462	455	8	1	0	9,503	4,662	4,760	69	12	0
Use of Nursing Facilities^c												
Entire year	3,823	3,572	251	0	0	0	36,829	34,229	2,600	0	0	0
Part year	1,191	1,056	135	0	0	0	11,023	9,631	1,392	0	0	0
None	8,612	3,840	4,685	84	3	0	86,987	37,376	49,032	550	29	0
Maintenance Assistance Status												
Cash	4,132	1,779	2,326	27	0	0	46,438	20,013	26,219	206	0	0
Medically needy	8,746	6,259	2,451	35	1	0	81,720	57,356	24,192	167	5	0
Poverty related	730	430	294	5	1	0	6,535	3,867	2,613	43	12	0
Other/unknown	18	0	0	17	1	0	146	0	0	134	12	0
Dual Status^d												
Full dual, all year	12,913	8,034	4,793	83	3	0	128,178	77,212	50,393	544	29	0
Full dual, part year	713	434	278	1	0	0	6,661	4,024	2,631	6	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	13,625	8,468	5,071	83	3	0	134,827	81,236	53,024	538	29	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	1	0	0	1	0	0	12	0	0	12	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for North Dakota, 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, NORTH DAKOTA, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	13,626	134,839	134,829	13,625	134,829	0	10
Fee-for-service (FFS) all year	13,625	134,827	134,829	13,625	134,829	0	-2
FFS part year, with Rx claims	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	1	12	0	0	0	0	12
MC all year, with no Rx claims	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for North Dakota, 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.