

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	78,592	244	10,606	8,013	59,729	0	701,689	1,637	108,610	57,945	533,497	0	701,689	1,637	108,610	57,945	533,497	0	
Age																			
5 and younger	26,013	0	535	1	25,477	0	229,996	0	5,354	1	224,641	0	229,996	0	5,354	1	224,641	0	
6-14	24,758	0	1,128	2	23,628	0	231,295	0	12,161	3	219,131	0	231,295	0	12,161	3	219,131	0	
15-20	12,470	1	993	998	10,478	0	105,049	1	10,369	5,503	89,176	0	105,049	1	10,369	5,503	89,176	0	
21-44	10,289	7	3,253	6,883	146	0	85,162	44	33,361	51,208	549	0	85,162	44	33,361	51,208	549	0	
45-64	4,810	10	4,671	129	0	0	48,481	72	47,179	1,230	0	0	48,481	72	47,179	1,230	0	0	
65-74	86	62	24	0	0	0	611	442	169	0	0	0	611	442	169	0	0	0	
75-84	77	75	2	0	0	0	511	494	17	0	0	0	511	494	17	0	0	0	
85 and older	89	89	0	0	0	0	584	584	0	0	0	0	584	584	0	0	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gender																			
Female	42,788	170	5,441	7,381	29,796	0	376,082	1,235	56,501	51,942	266,404	0	376,082	1,235	56,501	51,942	266,404	0	
Male	35,802	74	5,165	632	29,931	0	325,605	402	52,109	6,003	267,091	0	325,605	402	52,109	6,003	267,091	0	
Unknown	2	0	0	0	2	2	0	0	0	0	2	0	0	0	0	0	2	0	
Race																			
White	55,539	226	8,437	6,038	40,838	0	483,768	1,511	85,349	41,982	354,926	0	483,768	1,511	85,349	41,982	354,926	0	
African American	761	0	75	37	649	0	6,600	0	749	255	5,596	0	6,600	0	749	255	5,596	0	
Other/unknown	22,292	18	2,094	1,938	18,242	0	211,321	126	22,512	15,708	172,975	0	211,321	126	22,512	15,708	172,975	0	
Use of Nursing Facilities^c																			
Entire year	192	46	146	0	0	0	1,963	452	1,511	0	0	0	1,963	452	1,511	0	0	0	
Part year	226	18	197	6	5	0	2,252	137	1,983	72	60	0	2,252	137	1,983	72	60	0	
None	78,174	180	10,263	8,007	59,724	0	697,474	1,048	105,116	57,873	533,437	0	697,474	1,048	105,116	57,873	533,437	0	
Maintenance Assistance Status																			
Cash	32,494	40	9,548	2,270	20,636	0	311,507	337	100,060	20,420	190,690	0	311,507	337	100,060	20,420	190,690	0	
Medically needy	702	157	476	9	60	0	4,667	1,022	3,260	13	372	0	4,667	1,022	3,260	13	372	0	
Poverty-related	28,411	10	0	3,730	24,671	0	234,721	48	0	20,208	214,465	0	234,721	48	0	20,208	214,465	0	
Other/unknown	16,985	37	582	2,004	14,362	0	150,794	230	5,290	17,304	127,970	0	150,794	230	5,290	17,304	127,970	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	78,592	244	10,606	8,013	59,729	0	701,689	1,637	108,610	57,945	533,497	0	701,689	1,637	108,610	57,945	533,497	0	
FFS part year, with Rx claims	0	0	0	0	0	0	0	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	0	0	0	0	0	0	

Table ND2

Nondual 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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL 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	59.8 %	7.5	\$459	\$61	\$3,539	13.0 %	78,592
Age							
5 and younger	60.8	2.9	97	34	1,981	4.9	26,013
6-14	51.7	3.9	253	65	2,360	10.7	24,758
15-20	56.8	5.6	358	64	3,774	9.5	12,470
21-44	71.7	13.8	971	70	6,102	15.9	10,289
45-64	78.6	40.8	2,595	64	11,602	22.4	4,810
65-74	58.1	24.1	1,019	42	6,986	14.6	86
75-84	57.1	27.8	1,218	44	9,123	13.3	77
85 and older	58.4	31.3	1,267	41	13,659	9.3	89
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	58.2	28.4	1,207	43	10,380	11.6	244
Disabled	76.8	30.0	2,215	74	11,845	18.7	10,606
Adults	69.1	7.4	343	46	3,818	9.0	8,013
Children	55.6	3.4	159	47	1,999	8.0	59,729
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	61.8	8.4	466	55	3,513	13.3	42,788
Male	57.4	6.3	450	71	3,571	12.6	35,802
Unknown	0.0	0.0	0	0	0	0.0	2
Race							
White	66.3	8.8	549	62	3,615	15.2	55,539
African American	61.8	5.5	310	56	2,207	14.0	761
Other/unknown	43.6	4.1	239	58	3,394	7.0	22,292
Use of Nursing Facilities^f							
Entire year	93.2	73.6	4,156	57	41,029	10.1	192
Part year	95.6	60.8	3,285	54	39,613	8.3	226
None	59.6	7.1	441	62	3,343	13.2	78,174
Maintenance Assistance Status							
Cash	59.9	11.1	737	67	4,506	16.3	32,494
Medically needy	71.5	30.8	1,924	63	14,607	13.2	702
Poverty related	57.3	3.1	124	40	1,459	8.5	28,411
Other/unknown	63.5	6.9	426	61	4,710	9.0	16,985

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a 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	Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
All	0.8	\$51	13.0 %	40.2 %	47.2 %	5.1 %	4.9 %	2.0 %	0.7 %	\$396	78,592	701,689
Age												
5 and younger	0.3	11	4.9	39.2	57.9	2.1	0.7	0.0	0.0	224	26,013	229,996
6-14	0.4	27	10.7	48.3	44.5	4.1	2.9	0.3	0.0	253	24,758	231,295
15-20	0.7	43	9.5	43.2	44.7	6.4	5.0	0.6	0.1	448	12,470	105,049
21-44	1.7	117	15.9	28.3	44.2	10.8	10.9	4.7	1.1	737	10,289	85,162
45-64	4.0	257	22.4	21.4	18.7	9.8	23.9	18.3	7.9	1,151	4,810	48,481
65-74	3.4	143	14.6	41.9	14.0	5.8	16.3	18.6	3.5	983	86	611
75-84	4.2	184	13.3	42.9	7.8	3.9	20.8	20.8	3.9	1,375	77	511
85 and older	4.8	193	9.3	41.6	4.5	6.7	22.5	19.1	5.6	2,082	89	584
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	4.2	180	11.6	41.8	7.4	5.7	20.5	20.1	4.5	1,547	244	1,637
Disabled	2.9	216	18.7	23.2	28.4	11.1	20.3	12.3	4.7	1,157	10,606	108,610
Adults	1.0	48	9.0	30.9	51.0	9.9	6.7	1.4	0.1	528	8,013	57,945
Children	0.4	18	8.0	44.4	50.2	3.3	1.9	0.2	0.0	224	59,729	533,497
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.0	53	13.3	38.2	47.9	5.5	5.1	2.4	0.9	400	42,788	376,082
Male	0.7	49	12.6	42.6	46.4	4.6	4.7	1.4	0.3	393	35,802	325,605
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	2
Race												
White	1.0	63	15.2	33.7	51.1	6.0	5.9	2.4	0.9	415	55,539	483,768
African American	0.6	36	14.0	38.2	51.8	4.5	4.6	0.8	0.1	255	761	6,600
Other/unknown	0.4	25	7.0	56.4	37.2	2.8	2.5	0.9	0.2	358	22,292	211,321
Use of Nursing Facilities^f												
Entire year	7.2	407	10.1	6.8	2.6	4.2	28.1	42.2	16.1	4,013	192	1,963
Part year	6.1	330	8.3	4.4	12.4	9.3	24.8	32.7	16.4	3,975	226	2,252
None	0.8	50	13.2	40.4	47.4	5.0	4.8	1.8	0.6	375	78,174	697,474
Maintenance Assistance Status												
Cash	1.2	77	16.3	40.1	42.0	5.8	7.2	3.6	1.3	470	32,494	311,507
Medically needy	4.6	289	13.2	28.5	13.1	8.1	24.6	19.1	6.6	2,197	702	4,667
Poverty related	0.4	15	8.5	42.7	51.8	3.8	1.6	0.1	0.0	177	28,411	234,721
Other/unknown	0.8	48	9.0	36.5	51.0	5.6	5.2	1.4	0.4	531	16,985	150,794

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary	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	0.8	\$51	\$61	0.4	\$40	\$111	0.0	\$1	\$58	0.5	\$10	\$23
Age												
5 and younger	0.3	11	34	0.1	8	64	0.0	0	43	0.2	3	14
6-14	0.4	27	65	0.2	23	100	0.0	1	64	0.2	4	21
15-20	0.7	43	64	0.3	34	108	0.0	1	56	0.3	7	22
21-44	1.7	117	70	0.6	92	143	0.1	3	52	1.0	23	23
45-64	4.0	257	64	1.6	189	115	0.1	8	68	2.3	60	27
65-74	3.4	143	42	1.4	107	75	0.1	2	17	1.8	35	19
75-84	4.2	184	44	1.6	136	85	0.3	6	26	2.3	41	18
85 and older	4.8	193	41	1.5	135	90	0.4	8	18	2.8	50	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.2	180	43	1.6	131	84	0.3	6	21	2.4	43	18
Disabled	2.9	216	74	1.2	168	135	0.1	6	67	1.6	42	27
Adults	1.0	48	46	0.4	35	97	0.0	1	33	0.6	12	18
Children	0.4	18	47	0.2	14	79	0.0	0	52	0.2	3	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.0	53	55	0.4	40	102	0.0	1	54	0.5	12	22
Male	0.7	49	71	0.3	40	124	0.0	1	64	0.4	8	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.0	63	62	0.4	49	111	0.0	2	59	0.5	12	23
African American	0.6	36	56	0.3	29	98	0.0	1	53	0.3	6	19
Other/unknown	0.4	25	58	0.2	19	114	0.0	1	49	0.3	5	21
Use of Nursing Facilities^e												
Entire year	7.2	407	57	2.6	283	108	0.3	10	29	4.2	113	27
Part year	6.1	330	54	2.2	228	102	0.3	9	29	3.5	93	26
None	0.8	50	62	0.3	38	111	0.0	1	60	0.4	10	22
Maintenance Assistance Status												
Cash	1.2	77	67	0.5	59	122	0.0	2	64	0.6	15	24
Medically needy	4.6	289	63	1.8	223	123	0.2	6	32	2.6	60	23
Poverty related	0.4	15	40	0.2	11	72	0.0	0	46	0.2	3	16
Other/unknown	0.8	48	61	0.4	38	104	0.0	1	53	0.4	9	22

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 ND.5 includes the beneficiaries represented by Cell K 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	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 All Benes	As a Percentage	Number of Benefit Months			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$7	\$0	\$3	\$41	\$68	\$67	\$20	74,024	\$3,041,125	31,004	39.4 %	317,774
Biologicals	0.2	0.2	0.0	0.0	193	129	60	4	943	700	6,757	335	299	281,903	157	0.2	1,457
Antineoplastic Agents	0.5	0.3	0.0	0.2	189	176	2	12	381	657	110	56	1,110	423,321	218	0.3	2,236
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	30	24	1	5	55	91	26	22	47,220	2,585,744	8,455	10.8	85,903
Cardiovascular Agents	1.0	0.4	0.0	0.6	39	27	1	11	38	70	22	18	49,016	1,843,939	4,457	5.7	47,702
Respiratory Agents	0.4	0.2	0.0	0.2	19	15	0	4	48	74	37	19	72,255	3,488,398	18,150	23.1	188,531
Gastrointestinal Agents	0.5	0.2	0.0	0.3	43	32	1	10	88	136	232	41	27,353	2,411,546	5,287	6.7	55,871
Genitourinary Agents	0.3	0.2	0.0	0.1	15	13	0	2	52	64	34	22	6,752	349,878	2,388	3.0	23,849
CNS Drugs	0.9	0.5	0.0	0.4	86	72	1	12	91	142	115	29	102,674	9,339,717	10,456	13.3	109,052
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	54	45	2	6	75	86	61	42	26,735	2,005,049	3,547	4.5	37,263
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	89	80	0	10	352	475	0	112	802	282,640	291	0.4	3,162
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	25	15	1	8	47	166	121	19	71,168	3,327,025	13,387	17.0	135,529
Neuromuscular Agents	0.8	0.3	0.0	0.4	59	47	2	10	78	135	49	27	46,950	3,644,414	5,682	7.2	61,449
Nutritional Products	0.3	0.0	0.0	0.2	3	0	0	3	13	20	14	12	18,898	243,114	7,016	8.9	70,664
Hematological Agents	0.5	0.1	0.1	0.3	145	137	3	5	264	1,071	25	16	5,479	1,446,076	992	1.3	9,993
Topical Products	0.2	0.1	0.0	0.1	6	4	0	2	33	60	60	17	32,218	1,057,970	15,782	20.1	164,023
Miscellaneous Products	0.5	0.2	0.1	0.3	80	47	12	20	148	312	235	60	1,243	184,045	225	0.3	2,315
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	31	0	0	0	2,604	79,585	1,827	2.3	19,271
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.	586,800	36,035,489	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.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.medispan.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$5,645,695	4,287	5.5 %	47,198	0.6	\$190
ANTIDEPRESSANTS	3,258,060	9,989	12.7	105,493	0.5	61
ANTICONVULSANT	3,105,717	4,112	5.2	45,150	0.7	96
ANALGESICS - Narcotic	2,230,488	15,355	19.5	157,454	0.3	43
ANTIASTHMATIC	2,191,112	12,089	15.4	126,656	0.3	60
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,005,049	4,511	5.7	48,166	0.6	75
ULCER DRUGS	1,737,934	4,865	6.2	52,095	0.4	83
MISC. ENDOCRINE	1,103,430	684	0.9	7,579	0.5	281
MISC. HEMATOLOGICAL	1,014,612	182	0.2	1,918	0.5	1,121
ANTI-DIABETIC	855,145	1,888	2.4	20,299	0.7	61
Total	23,147,242	57,962		612,008	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 ND.7 includes the beneficiaries represented by Cell K 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
All	271,226	\$23,147,242	4,287	5.5 %	47,198	0.6	\$120	9,989	12.7 %	105,493	0.5	\$31					
Female	157,424	11,571,289	2,178	5.1	23,951	0.6	104	6,705	15.7	70,224	0.5	31					
Disabled	102,319	8,161,436	1,421	26.1	15,993	0.6	124	3,237	59.5	36,109	0.6	38					
5 and younger	690	52,972	0	0.0	0	0.0	0	3	1.3	36	0.7	35					
6-14	2,677	272,310	40	10.6	475	0.7	107	83	21.9	925	0.5	26					
15-20	2,777	301,185	72	19.8	809	0.5	95	113	31.1	1,255	0.5	38					
21-44	31,944	2,689,055	609	34.4	6,882	0.6	118	1,170	66.2	13,026	0.6	37					
45-64	64,072	4,835,242	697	25.9	7,797	0.7	133	1,865	69.4	20,845	0.6	38					
65-74	159	10,672	3	25.0	30	0.9	94	3	25.0	22	1.0	80					
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	55,105	3,409,853	757	2.0	7,958	0.4	65	3,468	9.3	34,115	0.4	23					
5 and younger	4,081	233,262	14	0.1	143	0.5	62	33	0.3	359	0.3	10					
6-14	15,431	1,145,638	231	2.0	2,554	0.4	62	719	6.2	7,728	0.4	23					
15-20	14,377	926,992	280	4.2	2,913	0.4	62	1,276	19.1	12,760	0.4	24					
21-44	18,448	916,684	196	3.0	1,944	0.4	68	1,360	21.2	12,443	0.4	22					
45-64	1,056	77,773	18	23.1	216	0.7	109	38	48.7	374	0.7	43					
65-74	543	32,951	2	4.5	24	0.5	4	11	25.0	123	0.7	41					
75-84	534	33,392	6	13.0	68	0.7	72	11	23.9	112	0.8	48					
85 and older	635	43,161	10	15.4	96	0.7	95	20	30.8	216	0.7	35					
Male	113,802	11,575,953	2,109	5.9	23,247	0.7	136	3,284	9.2	35,269	0.5	32					
Disabled	60,720	7,370,541	1,245	24.1	13,912	0.7	155	1,612	31.2	17,610	0.5	34					
5 and younger	959	171,703	5	1.7	60	0.4	64	6	2.0	63	0.7	9					
6-14	7,924	1,206,277	238	31.8	2,671	0.7	115	236	31.5	2,616	0.6	32					
15-20	6,020	689,382	198	31.4	2,289	0.6	119	205	32.5	2,291	0.5	35					
21-44	17,204	2,721,627	455	30.6	5,053	0.8	190	479	32.3	5,277	0.5	36					
45-64	28,564	2,579,518	349	17.6	3,839	0.7	158	683	34.4	7,343	0.6	33					
65-74	33	1,052	0	0.0	0	0.0	0	3	25.0	20	0.6	19					
75-84	16	982	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	53,082	4,205,412	864	2.8	9,335	0.6	107	1,672	5.5	17,659	0.5	29					
5 and younger	7,099	409,426	30	0.2	343	0.4	73	38	0.3	392	0.3	11					
6-14	27,895	2,174,915	500	4.2	5,440	0.6	92	914	7.6	9,864	0.5	24					
15-20	11,720	960,545	233	4.9	2,409	0.6	108	586	12.2	5,944	0.5	34					
21-44	4,986	563,411	80	13.2	955	0.8	197	104	17.1	1,169	0.7	48					
45-64	860	68,236	8	13.1	78	1.0	175	17	27.9	184	0.6	64					
65-74	84	1,553	1	5.6	8	0.5	15	0	0.0	0	0.0	0					
75-84	237	17,256	11	37.9	96	0.8	106	7	24.1	57	0.7	22					
85 and older	201	10,070	1	4.2	6	1.7	242	6	25.0	49	1.1	61					
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 ND.7A includes the beneficiaries represented by Cell K 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	4,112	5.2 %	45,150	0.7	\$69	15,355	19.5 %	157,454	0.3	\$14	12,089	15.4 %	126,656	0.3	\$17
Female	2,313	5.4	25,238	0.7	69	10,826	25.3	109,429	0.3	12	6,375	14.9	66,597	0.3	18
Disabled	1,603	29.5	17,812	0.7	66	4,115	75.6	46,191	0.5	24	2,281	41.9	25,561	0.4	27
5 and younger	34	14.6	376	0.7	60	26	11.2	296	0.1	1	84	36.1	960	0.2	15
6-14	73	19.3	840	0.8	96	53	14.0	619	0.1	2	69	18.2	765	0.4	26
15-20	66	18.2	717	0.8	90	109	30.0	1,232	0.2	4	73	20.1	796	0.3	22
21-44	619	35.0	6,814	0.7	70	1,602	90.6	18,036	0.5	19	652	36.9	7,352	0.3	19
45-64	809	30.1	9,043	0.7	59	2,323	86.5	25,992	0.6	29	1,398	52.0	15,663	0.5	32
65-74	2	16.7	22	0.7	35	2	16.7	16	1.1	74	5	41.7	25	0.7	42
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	710	1.9	7,426	0.7	74	6,711	18.0	63,238	0.2	3	4,094	11.0	41,036	0.2	12
5 and younger	50	0.4	504	0.4	51	362	2.9	3,985	0.1	1	1,433	11.6	14,714	0.2	10
6-14	179	1.5	1,943	0.7	74	818	7.0	8,802	0.1	1	1,175	10.1	12,233	0.3	15
15-20	187	2.8	1,920	0.6	75	1,919	28.7	18,422	0.2	2	800	12.0	7,833	0.2	13
21-44	261	4.1	2,720	0.7	80	3,506	54.5	31,016	0.2	3	635	9.9	5,754	0.3	11
45-64	15	19.2	155	1.0	83	50	64.1	494	0.4	12	18	23.1	175	0.4	23
65-74	8	18.2	87	1.4	69	10	22.7	111	0.2	4	13	29.5	138	0.6	46
75-84	6	13.0	67	0.9	65	22	47.8	201	0.4	15	11	23.9	81	0.6	32
85 and older	4	6.2	30	0.4	12	24	36.9	207	0.8	72	9	13.8	108	0.1	4
Male	1,799	5.0	19,912	0.7	69	4,529	12.7	48,025	0.3	20	5,714	16.0	60,059	0.3	17
Disabled	1,109	21.5	12,189	0.7	64	2,309	44.7	24,987	0.5	37	1,328	25.7	14,751	0.4	27
5 and younger	38	12.6	412	0.6	72	52	17.2	604	0.1	1	145	48.0	1,651	0.2	15
6-14	145	19.4	1,636	0.7	87	91	12.1	1,057	0.2	3	159	21.2	1,779	0.3	16
15-20	151	24.0	1,705	0.7	70	147	23.3	1,637	0.2	8	124	19.7	1,435	0.3	21
21-44	378	25.5	4,130	0.7	62	728	49.0	7,848	0.5	27	262	17.6	2,871	0.4	22
45-64	397	20.0	4,306	0.7	54	1,286	64.8	13,782	0.6	50	635	32.0	6,982	0.6	37
65-74	0	0.0	0	0.0	0	4	33.3	48	0.2	1	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	50.0	11	0.2	5	3	150.0	33	0.3	20
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	690	2.3	7,723	0.8	77	2,220	7.2	23,038	0.1	2	4,386	14.3	45,308	0.2	13
5 and younger	82	0.6	949	0.5	52	518	4.0	5,704	0.1	1	2,293	17.5	23,796	0.2	10
6-14	282	2.4	3,134	0.6	58	734	6.1	7,807	0.1	2	1,575	13.1	16,221	0.3	16
15-20	153	3.2	1,614	0.7	67	761	15.9	7,525	0.1	2	457	9.5	4,695	0.3	15
21-44	141	23.2	1,682	1.2	141	173	28.5	1,697	0.3	7	46	7.6	472	0.3	18
45-64	24	39.3	255	0.9	64	20	32.8	193	0.6	39	4	6.6	29	0.1	4
65-74	0	0.0	0	0.0	0	5	27.8	52	0.4	5	0	0.0	0	0.0	0
75-84	5	17.2	53	0.7	34	7	24.1	36	0.3	6	4	13.8	35	1.4	80
85 and older	3	12.5	36	0.5	16	2	8.3	24	0.6	7	7	29.2	60	0.8	57
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 ND.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}
NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS				ULCER DRUGS				MISC. ENDOCRINE					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month		
All	4,511	5.7 %	48,166	0.6	4,865	6.2 %	52,095	0.4	\$42	684	0.9 %	7,579	0.5	\$146
Female	1,356	3.2	14,599	0.5	3,264	7.6	34,909	0.4	40	415	1.0	4,632	0.5	82
Disabled	280	5.1	3,145	0.6	1,901	34.9	21,510	0.5	45	309	5.7	3,548	0.5	61
5 and younger	2	0.9	20	0.7	34	14.6	378	0.3	50	4	1.7	48	0.5	105
6-14	78	20.6	872	0.6	44	6.3	281	0.3	44	13	3.4	149	0.6	265
15-20	52	14.3	582	0.6	24	6.6	275	0.4	22	12	3.3	129	0.5	369
21-44	70	4.0	788	0.5	628	35.5	7,175	0.4	36	37	2.1	443	0.5	46
45-64	78	2.9	883	0.6	1,185	44.1	13,346	0.5	50	241	9.0	2,763	0.5	37
65-74	0	0.0	0	0.0	6	50.0	55	0.8	0	2	16.7	16	0.6	41
75-84	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
Other Eligibles	1,076	2.9	11,454	0.5	1,363	3.6	13,399	0.2	38	106	0.3	1,084	0.5	152
5 and younger	57	0.5	559	0.3	170	1.4	1,551	0.2	22	11	0.1	127	0.4	137
6-14	776	6.7	8,440	0.5	222	1.9	2,465	0.2	39	52	0.4	533	0.4	179
15-20	187	2.8	1,918	0.5	372	5.6	3,814	0.2	40	10	0.1	102	0.7	349
21-44	56	0.9	537	0.4	537	8.4	4,919	0.3	32	10	0.2	117	0.7	50
45-64	0	0.0	0	0.0	28	35.9	307	0.6	0	6	7.7	50	0.8	58
65-74	0	0.0	0	0.0	16	36.4	165	0.6	0	3	6.8	27	0.6	39
75-84	0	0.0	0	0.0	6	13.0	66	0.8	0	5	10.9	49	0.9	59
85 and older	0	0.0	0	0.0	12	18.5	112	0.7	0	9	13.8	79	0.6	41
Male	3,155	8.8	33,567	0.6	1,601	4.5	17,186	0.4	43	269	0.8	2,947	0.5	246
Disabled	547	10.6	6,160	0.6	945	18.3	10,394	0.5	48	89	1.7	985	0.6	573
5 and younger	12	4.0	142	0.3	40	13.2	411	0.3	32	4	1.3	39	0.7	350
6-14	341	45.5	3,815	0.6	51	6.8	577	0.3	46	37	4.9	415	0.6	313
15-20	125	19.8	1,455	0.7	56	8.9	650	0.4	53	11	1.7	121	0.5	77
21-44	42	2.8	459	0.5	258	17.4	2,844	0.5	41	16	1.1	170	1.0	2,376
45-64	27	1.4	289	0.6	538	27.1	5,896	0.5	61	21	1.1	240	0.5	32
65-74	0	0.0	0	0.0	2	16.7	16	0.7	0	0	0.0	0	0.0	0
75-84	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
Other Eligibles	2,608	8.5	27,407	0.6	656	2.1	6,792	0.3	41	180	0.6	1,962	0.4	81
5 and younger	173	1.3	1,853	0.4	236	1.8	2,291	0.2	27	4	0.0	43	0.2	28
6-14	1,967	16.4	20,717	0.6	173	1.4	1,885	0.2	42	143	1.2	1,535	0.4	61
15-20	450	9.4	4,640	0.6	144	3.0	1,492	0.2	46	21	0.4	252	0.6	215
21-44	18	3.0	197	0.7	74	12.2	816	0.6	65	10	1.6	111	0.5	82
45-64	0	0.0	0	0.0	16	26.2	192	0.7	0	1	1.6	12	1.0	68
65-74	0	0.0	0	0.0	2	11.1	24	1.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	5	17.2	44	0.3	0	1	3.4	9	0.9	56
85 and older	0	0.0	0	0.0	6	25.0	48	0.7	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL				ANTI-DIABETIC							
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Number of Beneficiaries	Number of Benefit Months		
All	182	0.2 %	1,918	0.5	\$529	1,888	2.4 %	20,299	0.7	\$42	78,592	701,689
Female	107	0.3	1,135	0.5	46	1,260	2.9	13,656	0.7	42	42,788	376,082
Disabled	99	1.8	1,065	0.5	46	1,003	18.4	11,220	0.7	44	5,441	56,501
5 and younger	0	0.0	0	0.0	0	1	0.4	12	0.1	6	233	2,327
6-14	0	0.0	0	0.0	0	17	4.5	188	0.8	52	379	4,085
15-20	1	0.3	8	0.5	10	10	2.8	90	1.0	56	363	3,703
21-44	10	0.6	102	0.3	48	228	12.9	2,562	0.7	44	1,768	18,557
45-64	88	3.3	955	0.5	46	745	27.7	8,363	0.7	44	2,686	27,743
65-74	0	0.0	0	0.0	0	2	16.7	5	0.8	48	12	86
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	8	0.0	70	0.5	46	257	0.7	2,436	0.6	32	37,347	319,581
5 and younger	1	0.0	12	0.7	11	3	0.0	31	1.4	55	12,366	108,749
6-14	1	0.0	11	0.1	1	43	0.4	445	0.8	43	11,643	108,504
15-20	0	0.0	0	0.0	0	28	0.4	230	0.6	30	6,676	54,231
21-44	1	0.0	12	0.1	9	143	2.2	1,334	0.5	25	6,429	46,234
45-64	1	1.3	1	1.0	112	2	2.6	13	0.6	59	78	718
65-74	0	0.0	0	0.0	0	15	34.1	144	0.7	54	44	347
75-84	3	6.5	23	0.9	106	10	21.7	119	0.8	31	46	323
85 and older	1	1.5	11	0.4	41	13	20.0	120	0.7	27	65	475
Male	75	0.2	783	0.4	1,229	628	1.8	6,643	0.7	43	35,802	325,605
Disabled	70	1.4	737	0.5	1,299	515	10.0	5,480	0.7	43	5,165	52,109
5 and younger	2	0.7	24	0.7	3,691	1	0.3	3	1.0	59	302	3,027
6-14	3	0.4	36	0.4	8,837	6	0.8	70	0.5	24	749	8,076
15-20	2	0.3	24	0.4	2,733	8	1.3	96	0.6	59	630	6,666
21-44	10	0.7	109	0.4	4,062	87	5.9	958	0.8	47	1,485	14,804
45-64	52	2.6	540	0.5	78	410	20.7	4,320	0.7	42	1,985	19,436
65-74	1	8.3	4	0.8	75	0	0.0	0	0.0	0	12	83
75-84	0	0.0	0	0.0	0	3	150.0	33	0.2	9	2	17
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	5	0.0	46	0.4	100	113	0.4	1,163	0.7	44	30,637	273,496
5 and younger	1	0.0	6	0.2	467	9	0.1	100	0.3	17	13,110	115,891
6-14	0	0.0	0	0.0	0	36	0.3	366	0.7	44	11,987	110,630
15-20	1	0.0	12	0.3	23	34	0.7	328	0.7	58	4,801	40,449
21-44	0	0.0	0	0.0	0	12	2.0	126	0.8	37	607	5,567
45-64	3	4.9	28	0.5	54	13	21.3	156	0.9	51	61	584
65-74	0	0.0	0	0.0	0	4	22.2	48	0.7	13	18	95
75-84	0	0.0	0	0.0	0	2	6.9	6	0.7	40	29	171
85 and older	0	0.0	0	0.0	0	3	12.5	33	0.8	24	24	109
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	2

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$407	7.2	192	1,963	1,963
Age					
0-64	455	7.6	145	1,501	46
65-74	312	7.5	4	128	288
75-84	284	5.2	29	0	0
85 and older	226	6.0	0	0	0
Unknown	0	0.0	0	0	0
Gender					
Female	443	8.0	118	1,233	730
Male	345	5.8	74	0	0
Unknown	0	0.0	0	0	0
Race					
White	417	7.3	152	1,537	24
African American	471	6.9	2	402	452
Other/unknown	364	6.9	38	0	0
Basis of Eligibility^c					
Aged	242	5.8	46	1,511	0
Disabled	456	7.6	146	0	0
Adults	0	0.0	0	0	0
Children	0	0.0	0	0	0
Unknown	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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 226 beneficiaries who were in nursing facilities for part of their enrollment and their 2,252 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e} NONDUAL 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 Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	
																Patented Brand-Name
Anti-infective Agents	0.5	0.2	0.0	0.2	\$30	\$22	\$1	\$7	\$65	\$105	\$77	\$28	554	107	55.7 %	1,199
Biologicals	0.1	0.0	0.0	0.1	2	0	0	1	19	15	0	22	8	8	4.2	91
Antineoplastic Agents	1.2	0.8	0.1	0.3	400	372	8	21	332	460	141	60	88	7	3.6	73
Endocrine/Metabolic Drugs	1.3	0.8	0.1	0.5	62	47	1	14	48	62	21	28	1,230	84	43.8	944
Cardiovascular Agents	1.9	0.5	0.1	1.3	51	30	1	21	27	61	10	15	2,258	107	55.7	1,179
Respiratory Agents	0.8	0.4	0.0	0.4	42	31	0	11	52	74	38	29	757	83	43.2	931
Gastrointestinal Agents	1.2	0.4	0.0	0.8	64	41	0	23	53	108	0	28	1,185	93	48.4	990
Genitourinary Agents	0.9	0.6	0.0	0.3	53	45	2	7	62	77	62	27	431	43	22.4	499
CNS Drugs	2.0	1.0	0.0	1.0	180	148	1	32	90	146	50	32	2,871	133	69.3	1,434
Stimulants/Anti-obesity/Anorexia	1.8	0.0	0.0	1.8	25	0	0	25	14	0	0	14	23	2	1.0	13
Miscellaneous Psychological/Neurological Agents	0.2	0.1	0.0	0.1	111	104	0	7	532	780	0	90	25	11	5.7	120
Analgesics and Anesthetics	1.0	0.2	0.0	0.8	39	21	0	18	39	94	22	24	1,069	103	53.6	1,061
Neuromuscular Agents	1.6	0.5	0.2	0.9	102	53	8	41	63	115	36	43	1,786	98	51.0	1,097
Nutritional Products	0.9	0.0	0.0	0.9	16	0	0	15	17	15	14	17	752	73	38.0	816
Hematological Agents	1.2	0.2	0.4	0.6	64	44	7	13	55	206	18	23	429	36	18.8	367
Topical Products	0.5	0.1	0.0	0.4	16	8	1	7	29	52	46	19	605	101	52.6	1,123
Miscellaneous Products	0.2	0.1	0.0	0.1	7	2	0	4	37	28	0	47	22	14	7.3	125
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	23	0	0	0	90	0	0	0	32	11	5.7	126
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.	14,125	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 226 beneficiaries who were in nursing facilities for part of their enrollment and their 2,252 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.medspan.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 ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 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	\$173,356	102	53.1 %	1,078	0.9	\$188	\$161	
ANTICONVULSANT	67,822	92	47.9	1,046	1.1	59	65	
ANTIDEPRESSANTS	65,973	122	63.5	1,361	0.9	55	48	
ULCER DRUGS	54,055	84	43.8	916	0.8	71	59	
ANTIIDIABETIC	40,215	68	35.4	763	0.9	58	53	
ANALGESICS - Narcotic	32,547	105	54.7	1,077	0.7	42	30	
MUSCULOSKELETAL THERAPY AGENTS	31,004	33	17.2	385	1.1	73	81	
ANTINEOPLASTICS	29,213	8	4.2	85	1.0	332	344	
ANTIASTHMATIC	26,227	65	33.9	727	0.6	62	36	
URINARY ANTISPASMODICS	17,140	19	9.9	228	1.0	76	75	
Total	537,552	698		7,666	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 226 beneficiaries who were in nursing facilities for part of their enrollment and their 2,252 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 ND.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} NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	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	6,659	\$537,552	102	53.1 %	1,078	0.9	\$161	92	47.9 %	1,046	1.1	\$65			
Female	4,467	344,136	68	57.6	711	0.8	137	57	48.3	650	1.2	67			
Disabled	3,798	305,222	56	65.9	589	0.8	148	49	57.6	570	1.1	68			
64 or younger	3,755	301,188	56	66.7	589	0.8	148	48	57.1	560	1.1	68			
65-74	43	4,034	0	0.0	0	0.0	0	1	100.0	10	1.4	74			
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	669	38,914	12	36.4	122	0.7	86	8	24.2	80	1.3	65			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	62	1,774	1	50.0	12	0.1	1	2	100.0	24	2.0	37			
75-84	213	16,610	5	62.5	56	0.9	87	4	50.0	43	1.3	99			
85 and older	394	20,530	6	26.1	54	0.7	103	2	8.7	13	0.2	7			
Male	2,192	193,416	34	45.9	367	0.9	207	35	47.3	396	1.0	61			
Disabled	1,948	178,468	28	45.9	328	0.9	211	31	50.8	348	1.1	66			
64 or younger	1,948	178,468	28	45.9	328	0.9	211	31	50.8	348	1.1	66			
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
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	244	14,948	6	46.2	39	1.1	174	4	30.8	48	0.6	24			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	27	478	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	73	6,763	5	83.3	33	1.0	161	1	16.7	12	1.0	48			
85 and older	144	7,707	1	16.7	6	1.7	242	3	50.0	36	0.5	16			
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 226 beneficiaries who were in nursing facilities for part of their enrollment and their 2,252 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.medispans.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 ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIDIABETIC				
	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	122	63.5 %	1,361	0.9	\$49	84	43.8 %	916	0.8	\$59	68	35.4 %	763	0.9	\$53
Female	83	70.3	959	0.9	48	43	36.4	488	0.8	51	49	41.5	566	0.9	53
Disabled	70	82.4	806	0.9	48	36	42.4	419	0.7	51	42	49.4	493	0.9	55
64 or younger	69	82.1	796	0.9	47	35	41.7	409	0.7	49	42	50.0	493	0.9	55
65-74	1	100.0	10	1.0	124	1	100.0	10	1.0	99	0	0.0	0	0.0	0
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	13	39.4	153	0.9	49	7	21.2	69	1.0	56	7	21.2	73	1.0	42
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	1	50.0	12	1.0	69	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	2	25.0	24	0.8	47	2	25.0	19	1.1	89	2	25.0	24	1.0	37
85 and older	10	43.5	117	0.9	48	5	21.7	50	1.0	44	5	21.7	49	1.1	44
Male	39	52.7	402	0.9	50	41	55.4	428	0.9	68	19	25.7	197	0.8	52
Disabled	31	50.8	339	0.9	52	35	57.4	380	0.9	74	13	21.3	143	0.9	64
64 or younger	31	50.8	339	0.9	52	35	57.4	380	0.9	74	13	21.3	143	0.9	64
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	8	61.5	63	0.8	38	6	46.2	48	0.8	18	6	46.2	54	0.7	19
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	0	0.0	0	0.0	0	1	100.0	12	1.1	25	2	200.0	24	0.6	8
75-84	5	83.3	33	0.5	14	1	16.7	3	1.0	20	2	33.3	6	0.7	40
85 and older	3	50.0	30	1.1	64	4	66.7	33	0.7	16	2	33.3	24	0.8	25
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 226 beneficiaries who were in nursing facilities for part of their enrollment and their 2,252 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=09e0ffed-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 ND10B

Nondual Beneficiaries

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}
 NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					MUSCULOSKELETAL THERAPY AGENTS					ANTINEOPLASTICS				
	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	105	54.7 %	1,077	0.7	\$30	33	17.2 %	385	1.1	\$81	8	4.2 %	85	1.0	\$344
Female															
Disabled															
64 or younger	59	69.4	626	0.7	34	22	25.9	258	1.1	70	7	8.2	84	1.0	346
65-74	1	100.0	10	0.9	106	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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															
64 or younger	14	42.4	129	0.9	26	1	3.0	12	1.0	68	0	0.0	0	0.0	0
65-74	1	50.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	3	37.5	26	0.8	69	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	10	43.5	91	1.0	17	1	4.3	12	1.0	68	0	0.0	0	0.0	0
Male															
Disabled															
64 or younger	27	44.3	289	0.6	27	9	14.8	103	1.2	116	1	1.6	1	1.0	127
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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															
64 or younger	5	38.5	33	0.6	9	1	7.7	12	0.2	4	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	3	50.0	9	0.6	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	33.3	24	0.6	7	1	16.7	12	0.2	4	0	0.0	0	0.0	0
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 226 beneficiaries who were in nursing facilities for part of their enrollment and their 2,252 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 ND.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} NONDUAL BENEFICIARIES, MONTANA, 2003

Beneficiary Characteristics	ANTIASTHMATIC					URINARY ANTISPASMODICS						
	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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	65	33.9 %	727	0.6	\$36	19	9.9 %	228	1.0	\$75	192	1,963
Female	45	38.1	508	0.5	26	17	14.4	204	1.0	78	118	1,233
Disabled	33	38.8	366	0.6	35	13	15.3	156	0.9	76	85	904
64 or younger	33	39.3	366	0.6	35	13	15.5	156	0.9	76	84	894
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10
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	12	36.4	142	0.1	4	4	12.1	48	1.1	84	33	329
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	50.0	12	0.1	5	0	0.0	0	0.0	0	2	24
75-84	2	25.0	22	0.1	3	2	25.0	24	1.0	80	8	74
85 and older	9	39.1	108	0.1	4	2	8.7	24	1.2	87	23	231
Male	20	27.0	219	0.8	59	2	2.7	24	1.0	55	74	730
Disabled	18	29.5	195	0.8	53	2	3.3	24	1.0	55	61	607
64 or younger	18	29.5	195	0.8	53	2	3.3	24	1.0	55	61	607
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	2	15.4	24	1.0	100	0	0.0	0	0.0	0	13	123
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	54
85 and older	2	33.3	24	1.0	100	0	0.0	0	0.0	0	6	57
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 226 beneficiaries who were in nursing facilities for part of their enrollment and their 2,252 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, 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 Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Excluded Rx	Beneficiary			Excluded Rx	%	
All	15,544	19.8 %	0.7	55,330	\$15	\$1,142,063	\$21	3.2 %	78,592	
Age										
5 and younger	5,099	19.6	0.4	9,368	5	136,648	15	5.4	26,013	
6-14	3,685	14.9	0.3	7,298	5	130,932	18	2.1	24,758	
15-20	1,934	15.5	0.4	4,377	8	103,584	24	2.3	12,470	
21-44	2,564	24.9	1.3	13,525	26	262,753	19	2.6	10,289	
45-64	2,180	45.3	4.2	20,219	104	499,027	25	4.0	4,810	
65-74	23	26.7	1.4	124	29	2,496	20	2.8	86	
75-84	25	32.5	2.1	158	31	2,383	15	2.5	77	
85 and older	34	38.2	2.9	261	48	4,240	16	3.8	89	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	84	34.4	2.4	586	40	9,758	17	3.3	244	
Disabled	4,055	38.2	3.0	31,348	71	750,524	24	3.2	10,606	
Adults	1,449	18.1	0.6	5,104	11	87,577	17	3.2	8,013	
Children	9,956	16.7	0.3	18,292	5	294,204	16	3.1	59,729	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	9,012	21.1	0.8	35,193	18	764,837	22	3.8	42,788	
Male	6,532	18.2	0.6	20,137	11	377,226	19	2.3	35,802	
Unknown	0	0.0	0.0	0	0	0	0	0.0	2	
Race										
White	12,274	22.1	0.8	46,040	18	986,037	21	3.2	55,539	
African American	130	17.1	0.5	385	9	7,021	18	3.0	761	
Other/unknown	3,140	14.1	0.4	8,905	7	149,005	17	2.8	22,292	
Use of Nursing Facilities^d										
Entire year	124	64.6	8.8	1,686	177	33,999	20	4.3	192	
Part year	166	73.5	6.8	1,536	156	35,319	23	4.8	226	
None	15,254	19.5	0.7	52,108	14	1,072,745	21	3.1	78,174	
Maintenance Assistance Status										
Cash	7,491	23.1	1.1	34,279	24	769,932	22	3.2	32,494	
Medically needy	286	40.7	3.3	2,323	59	41,208	18	3.1	702	
Poverty related	4,649	16.4	0.3	7,763	4	102,307	13	2.9	28,411	
Other/unknown	3,118	18.4	0.6	10,965	13	228,616	21	3.2	16,985	

Table ND11

Nondual 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 1/01/2007.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS 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	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$21	\$0	\$1	701,689
Age						
5 and younger	0.0	1	15	0	0	229,996
6-14	0.0	1	18	0	0	231,295
15-20	0.0	1	24	0	0	105,049
21-44	0.2	3	19	0	2	85,162
45-64	0.4	10	25	0	4	48,481
65-74	0.2	4	20	0	1	611
75-84	0.3	5	15	0	2	511
85 and older	0.4	7	16	0	1	584
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	6	17	0	2	1,637
Disabled	0.3	7	24	0	3	108,610
Adults	0.1	2	17	0	1	57,945
Children	0.0	1	16	0	0	533,497
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	22	0	1	376,082
Male	0.1	1	19	0	0	325,605
Unknown	0.0	0	0	0	0	2
Race						
White	0.1	2	21	0	1	483,768
African American	0.1	1	18	0	1	6,600
Other/unknown	0.0	1	17	0	0	211,321
Use of Nursing Facilities^d						
Entire year	0.9	17	20	1	9	1,963
Part year	0.7	16	23	0	5	2,252
None	0.1	2	21	0	1	697,474
Maintenance Assistance Status						
Cash	0.1	2	22	0	1	311,507
Medically needy	0.5	9	18	0	4	4,667
Poverty related	0.0	0	13	0	0	234,721
Other/unknown	0.1	2	21	0	1	150,794

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
MONTANA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
All	19,170	\$60	\$1,142,063	100.0 %	55,330	\$21	100.0 %
Anorexia or weight loss/gain	12	101	1,213	0.1	27	45	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	30	11	344	0.0	33	10	0.1
Cough and cold medications	8,831	33	288,067	25.2	15,143	19	27.4
Vitamins and minerals	3,141	48	151,682	13.3	10,006	15	18.1
Non-prescription drugs	3,707	28	102,308	9.0	8,474	12	15.3
Barbiturates	178	74	13,110	1.1	1,476	9	2.7
Benzodiazepines	2,838	156	442,023	38.7	18,729	24	33.8
Other Part D Excl Rx Drugs	433	331	143,316	12.5	1,442	99	2.6

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.
- 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.

APPENDIX TABLE A.1

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	78,758	244	10,607	8,013	0	703,622	1,637	108,675	57,960	0
Age										
5 and younger	26,053	0	535	1	25,517	230,518	0	5,365	1	225,152
6-14	24,849	0	1,128	2	23,719	232,302	0	12,196	3	220,103
15-20	12,505	1	994	998	10,512	105,453	1	10,388	5,518	89,546
21-44	10,289	7	3,253	6,883	146	85,162	44	33,361	51,208	549
45-64	4,810	10	4,671	129	0	48,481	72	47,179	1,230	0
65-74	86	62	24	0	0	611	442	169	0	0
75-84	77	75	2	0	0	511	494	17	0	0
85 and older	89	89	0	0	0	584	584	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	42,883	170	5,442	7,381	29,890	377,069	1,235	56,533	51,957	267,344
Male	35,873	74	5,165	632	30,002	326,551	402	52,142	6,003	268,004
Unknown	2	0	0	0	2	0	0	0	0	2
Race										
White	55,687	226	8,437	6,038	40,986	485,499	1,511	85,400	41,990	356,598
African American	761	0	75	37	649	6,606	0	749	255	5,602
Other/unknown	22,310	18	2,095	1,938	18,259	211,517	126	22,526	15,715	173,150
Use of Nursing Facilities^c										
Entire year	192	46	146	0	0	1,963	452	1,511	0	0
Part year	226	18	197	6	5	2,252	137	1,983	72	60
None	78,340	180	10,264	8,007	59,889	699,407	1,048	105,181	57,888	535,290
Maintenance Assistance Status										
Cash	32,533	40	9,549	2,270	20,674	311,991	337	100,124	20,420	191,110
Medically needy	702	157	476	9	60	4,667	1,022	3,260	13	372
Poverty related	28,534	10	0	3,730	24,794	236,013	48	0	20,223	215,742
Other/unknown	16,989	37	582	2,004	14,366	150,951	230	5,291	17,304	128,126
Managed Care (MC) Status										
Fee-for-service (FFS) all year	78,592	244	10,606	8,013	59,729	703,379	1,637	108,669	57,960	535,113
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.1 includes the beneficiaries represented by Cell J 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.
- 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, MONTANA, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
All	78,758	78,592	0
Fee-for-service (FFS) all year	78,592	78,592	0
FFS part year, with Rx claims	0	0	0
FFS part year, with no Rx claims	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0
MC all year, with no Rx claims	0	0	0
	703,622	701,689	1,933

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.