

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 NORTH DAKOTA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH DAKOTA, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) ^g		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	75,069	(A)	15,046	(E)	60,023	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	72,859	(B)	12,919	(F)	59,940	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	72,236	(C)	12,918	(G)	59,318	(K)
4. Beneficiaries who were all-year nursing facility residents ^f	3,782	(D)	3,651	(H)	131	(L)

Source: Data for this table are from the MAX 2004 file for North Dakota, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for North Dakota in 2004 was \$65,928,318, of which \$669,343 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NORTH DAKOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	72,236	8,175	9,542	16,855	37,664	0	616,137	80,534	99,157	120,847	315,599	0
Age												
5 and younger	16,211	0	184	1	16,026	0	133,585	0	1,892	9	131,684	0
6-14	15,667	0	490	3	15,174	0	138,247	0	5,144	16	133,087	0
15-20	7,916	0	422	1,296	6,198	0	63,598	0	4,364	9,613	49,621	0
21-44	18,278	0	3,739	14,273	266	0	142,873	0	39,259	102,407	1,207	0
45-64	5,926	0	4,648	1,278	0	0	56,699	0	47,932	8,767	0	0
65-74	2,112	2,049	59	4	0	0	21,394	20,793	566	35	0	0
75-84	2,749	2,749	0	0	0	0	27,244	27,244	0	0	0	0
85 and older	3,377	3,377	0	0	0	0	32,497	32,497	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	42,770	5,807	4,939	13,409	18,615	0	365,476	58,241	51,769	100,395	155,071	0
Male	29,464	2,368	4,603	3,446	19,047	0	250,648	22,293	47,388	20,452	160,515	0
Unknown	2	0	0	0	2	0	13	0	0	0	13	0
Race												
White	50,067	7,629	7,758	11,218	23,462	0	427,122	74,831	81,165	78,397	192,729	0
African American	1,429	23	98	352	956	0	11,330	225	908	2,429	7,768	0
Other/unknown	20,740	523	1,686	5,285	13,246	0	177,685	5,478	17,084	40,021	115,102	0
Use of Nursing Facilities^c												
Entire year	3,782	3,451	331	0	0	0	37,259	33,800	3,459	0	0	0
Part year	1,341	1,077	252	9	3	0	12,514	9,875	2,511	92	36	0
None	67,113	3,647	8,959	16,846	37,661	0	566,364	36,859	93,187	120,755	315,563	0
Maintenance Assistance Status												
Cash	31,217	1,885	6,360	8,518	14,454	0	274,342	21,088	68,917	60,486	123,851	0
Medically needy	12,440	6,043	2,731	1,558	2,108	0	107,203	56,986	25,694	8,049	16,474	0
Poverty-related	12,208	244	193	1,120	10,651	0	91,279	2,432	1,889	5,999	80,959	0
Other/unknown	16,371	3	258	5,659	10,451	0	143,313	28	2,657	46,313	94,315	0
Dual Medicare Status^d												
Full dual, all year	12,155	7,453	4,627	72	3	0	122,920	73,133	49,192	570	25	0
Full dual, part year	763	440	321	2	0	0	7,889	4,565	3,311	13	0	0
Non-dual, all year	59,318	282	4,594	16,781	37,661	0	485,328	2,836	46,654	120,264	315,574	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	71,506	8,175	9,540	16,576	37,215	0	613,539	80,534	99,152	119,902	313,951	0
FFS part year, with Rx claims	398	0	2	189	207	0	1,572	0	5	704	863	0
FFS part year, no Rx claims	332	0	0	90	242	0	1,026	0	0	241	785	0

Source: Data for this table are from the MAX 2004 file for North Dakota, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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; MC = managed care; Rx = pharmacy benefit.

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NORTH DAKOTA, 2004

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	62.8 %	16.1	\$903	\$56	\$7,061	12.8 %	72,236
Age							
5 and younger	54.9	3.2	126	39	1,781	7.1	16,211
6-14	50.6	4.7	283	60	1,940	14.6	15,667
15-20	56.7	6.7	387	58	3,826	10.1	7,916
21-44	65.7	13.1	875	67	6,414	13.6	18,278
45-64	78.0	41.7	2,832	68	18,104	15.6	5,926
65-74	81.8	53.6	2,850	53	17,754	16.1	2,112
75-84	90.0	63.1	2,978	47	22,141	13.4	2,749
85 and older	95.8	62.2	2,591	42	28,916	9.0	3,377
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.3	60.3	2,781	46	23,835	11.7	8,175
Disabled	81.2	39.8	2,983	75	21,823	13.7	9,542
Adults	62.0	8.2	381	47	2,333	16.3	16,855
Children	52.6	4.0	203	51	1,796	11.3	37,664
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	66.4	18.3	966	53	7,106	13.6	42,770
Male	57.6	12.8	813	64	6,996	11.6	29,464
Unknown	50.0	5.0	192	38	4,873	3.9	2
Race							
White	67.6	20.1	1,135	57	8,696	13.1	50,067
African American	60.7	6.2	304	49	2,156	14.1	1,429
Other/unknown	51.6	7.1	385	54	3,453	11.1	20,740
Use of Nursing Facilities^f							
Entire year	98.1	76.1	3,674	48	41,875	8.8	3,782
Part year	96.9	65.2	3,306	51	28,613	11.6	1,341
None	60.2	11.7	699	60	4,669	15.0	67,113
Maintenance Assistance Status							
Cash	62.2	15.2	934	62	5,482	17.0	31,217
Medically needy	76.8	42.9	2,278	53	22,688	10.0	12,440
Poverty related	49.6	3.3	156	47	1,028	15.2	12,208
Other/unknown	63.3	7.0	358	51	2,697	13.3	16,371

Source: Data for this table are from the MAX 2004 file for North Dakota, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 3 includes beneficiaries represented by Cell C 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 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NORTH DAKOTA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	1.9	\$106	12.8 %	37.2 %	36.3 %	6.7 %	9.8 %	7.4 %	2.6 %	\$828	72,236	616,137
Age												
5 and younger	0.4	15	7.1	45.1	50.0	3.2	1.5	0.2	0.0	216	16,211	133,585
6-14	0.5	32	14.6	49.4	40.8	4.7	4.4	0.6	0.0	220	15,667	138,247
15-20	0.8	48	10.1	43.3	41.1	7.2	7.0	1.3	0.2	476	7,916	63,598
21-44	1.7	112	13.6	34.3	37.7	10.6	11.4	5.0	1.2	821	18,278	142,873
45-64	4.4	296	15.6	22.0	16.1	9.8	23.7	20.7	7.8	1,892	5,926	56,699
65-74	5.3	281	16.1	18.2	11.7	7.3	23.0	26.7	13.1	1,753	2,112	21,394
75-84	6.4	300	13.4	10.0	7.7	5.7	24.4	35.4	16.8	2,234	2,749	27,244
85 and older	6.5	269	9.0	4.2	6.1	6.1	27.5	42.0	14.1	3,005	3,377	32,497
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	6.1	282	11.7	9.7	8.1	6.3	25.3	36.0	14.7	2,420	8,175	80,534
Disabled	3.8	287	13.7	18.8	19.9	11.3	24.5	19.1	6.4	2,100	9,542	99,157
Adults	1.1	53	16.3	38.0	40.9	9.9	8.4	2.4	0.5	325	16,855	120,847
Children	0.5	24	11.3	47.4	44.6	4.3	3.2	0.4	0.0	214	37,664	315,599
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.1	113	13.6	33.6	36.8	7.3	10.5	8.6	3.2	832	42,770	365,476
Male	1.5	96	11.6	42.4	35.7	5.9	8.7	5.5	1.8	822	29,464	250,648
Unknown	0.8	30	3.9	50.0	50.0	0.0	0.0	0.0	0.0	750	2	13
Race												
White	2.4	133	13.1	32.4	35.0	7.5	11.9	9.7	3.5	1,019	50,067	427,122
African American	0.8	38	14.1	39.3	48.4	4.5	5.5	2.0	0.3	272	1,429	11,330
Other/unknown	0.8	45	11.1	48.4	38.6	5.1	5.0	2.2	0.7	403	20,740	177,685
Use of Nursing Facilities^f												
Entire year	7.7	373	8.8	1.9	3.5	4.5	23.6	43.5	23.0	4,251	3,782	37,259
Part year	7.0	354	11.6	3.1	6.6	6.2	25.7	41.2	17.2	3,066	1,341	12,514
None	1.4	83	15.0	39.8	38.8	6.9	8.7	4.7	1.2	553	67,113	566,364
Maintenance Assistance Status												
Cash	1.7	106	17.0	37.8	36.5	7.3	10.2	6.4	1.9	624	31,217	274,342
Medically needy	5.0	264	10.0	23.2	15.2	6.9	19.7	24.8	10.3	2,633	12,440	107,203
Poverty related	0.4	21	15.2	50.4	42.4	4.0	2.8	0.3	0.1	137	12,208	91,279
Other/unknown	0.8	41	13.3	36.7	47.6	7.5	6.6	1.3	0.2	308	16,371	143,313

Table 4

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for North Dakota, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 4 includes the beneficiaries represented by Cell C 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NORTH DAKOTA, 2004

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	1.9	\$106	\$56	0.7	\$78	\$105	0.1	\$8	\$64	1.0	\$21	\$20
Age												
5 and younger	0.4	15	39	0.1	10	71	0.0	1	47	0.2	4	17
6-14	0.5	32	60	0.3	26	92	0.0	1	62	0.2	4	20
15-20	0.8	48	58	0.4	37	97	0.0	3	60	0.4	9	21
21-44	1.7	112	67	0.6	82	127	0.1	9	80	0.9	20	22
45-64	4.4	296	68	1.7	216	125	0.3	27	87	2.3	53	23
65-74	5.3	281	53	2.0	202	99	0.3	20	59	2.9	60	20
75-84	6.4	300	47	2.4	218	91	0.4	17	45	3.6	66	18
85 and older	6.5	269	42	2.2	189	85	0.4	15	36	3.8	65	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	6.1	282	46	2.2	201	91	0.4	17	44	3.5	64	18
Disabled	3.8	287	75	1.6	214	136	0.3	25	90	2.0	48	24
Adults	1.1	53	47	0.4	37	92	0.1	4	60	0.7	13	19
Children	0.5	24	51	0.2	19	83	0.0	1	54	0.2	4	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.1	113	53	0.8	81	101	0.1	8	58	1.2	23	20
Male	1.5	96	64	0.6	72	114	0.1	7	76	0.8	17	22
Unknown	0.8	30	38	0.5	27	50	0.0	0	0	0.2	3	11
Race												
White	2.4	133	57	0.9	98	105	0.2	10	63	1.3	25	20
African American	0.8	38	49	0.3	29	97	0.0	3	56	0.4	7	16
Other/unknown	0.8	45	54	0.3	32	105	0.0	3	73	0.5	10	21
Use of Nursing Facilities^e												
Entire year	7.7	373	48	2.7	265	97	0.5	24	47	4.4	83	19
Part year	7.0	354	51	2.6	256	100	0.5	23	51	3.9	74	19
None	1.4	83	60	0.6	61	108	0.1	6	72	0.7	15	21
Maintenance Assistance Status												
Cash	1.7	106	62	0.7	78	116	0.1	8	76	0.9	20	22
Medically needy	5.0	264	53	1.9	192	102	0.3	19	56	2.7	53	20
Poverty related	0.4	21	47	0.2	16	80	0.0	1	52	0.2	4	18
Other/unknown	0.8	41	51	0.3	31	90	0.0	3	55	0.4	8	19

Source: Data for this table are from the MAX 2004 file for North Dakota, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table 5 includes the beneficiaries represented by Cell C 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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NORTH DAKOTA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	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	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$13	\$9	\$1	\$3	\$44	\$80	\$63	\$20	89,678	\$3,958,638	29,747	41.2 %	302,553
Biologicals	0.2	0.2	0.0	0.0	157	142	1	13	639	661	182	519	397	253,532	157	0.2	1,620
Antineoplastic Agents	0.7	0.1	0.0	0.6	76	47	1	28	109	359	124	50	3,535	384,200	498	0.7	5,045
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.4	35	24	3	8	40	76	25	18	118,344	4,779,655	13,437	18.6	137,037
Cardiovascular Agents	1.8	0.5	0.1	1.2	54	35	2	17	29	64	27	14	226,678	6,633,574	11,944	16.5	123,429
Respiratory Agents	0.5	0.3	0.0	0.2	28	24	0	4	55	84	35	19	80,667	4,448,315	15,251	21.1	157,363
Gastrointestinal Agents	0.6	0.2	0.0	0.4	38	24	2	12	61	131	67	29	52,299	3,177,933	8,132	11.3	84,486
Genitourinary Agents	0.5	0.4	0.0	0.1	34	28	2	4	65	79	56	31	22,940	1,497,750	4,293	5.9	44,605
CNS Drugs	1.3	0.6	0.1	0.6	111	88	8	15	84	138	106	25	214,676	18,136,991	16,120	22.3	163,706
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	62	55	1	7	77	89	74	36	28,731	2,199,394	3,432	4.8	35,276
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	153	152	1	1	185	189	107	47	9,554	1,772,197	1,130	1.6	11,553
Analgesics and Anesthetics	0.7	0.2	0.0	0.4	38	29	1	7	57	122	141	17	105,674	6,075,031	16,014	22.2	160,771
Neuromuscular Agents	1.0	0.4	0.2	0.4	87	55	18	14	85	137	104	31	83,408	7,059,186	7,725	10.7	81,368
Nutritional Products	0.6	0.0	0.0	0.6	11	1	0	10	18	32	17	17	30,812	540,589	4,736	6.6	47,578
Hematological Agents	0.9	0.2	0.1	0.6	50	40	2	8	54	188	25	13	32,529	1,747,732	3,369	4.7	34,772
Topical Products	0.3	0.1	0.0	0.2	13	8	1	4	39	67	46	21	55,813	2,150,982	16,315	22.6	169,776
Miscellaneous Products	0.4	0.1	0.0	0.2	60	38	5	17	148	266	278	71	2,527	374,944	593	0.8	6,257
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	18	0	0	0	3,823	68,332	1,268	1.8	13,518
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.	1,162,085	65,258,975	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for North Dakota, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C 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.medispn.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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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 2004.

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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NORTH DAKOTA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$10,875,430	6,526	9.0 %	70,112	0.9	\$178	\$155
ANTIDEPRESSANTS	6,269,305	16,360	22.6	167,902	0.7	55	37
ANTICONVULSANT	6,111,768	6,145	8.5	66,281	0.9	100	92
ANTIASTHMATIC	3,189,769	11,349	15.7	117,709	0.4	65	27
ANALGESICS - Narcotic	3,012,773	17,388	24.1	176,969	0.4	46	17
ANTIDIABETIC	2,542,503	5,265	7.3	55,025	0.9	54	46
ULCER DRUGS	2,486,644	7,936	11.0	82,996	0.6	51	30
ANALGESICS - ANTI-INFLAMMATORY	2,332,617	8,582	11.9	89,985	0.3	77	26
ANTIHYPERTENSIVE	2,248,769	3,744	5.2	40,793	0.7	74	55
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,186,639	4,093	5.7	42,770	0.7	76	51
Total	41,256,217	87,388		910,542	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for North Dakota, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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.