

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 MONTANA

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 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	17,486	8,786	7,526	1,166	6	2	171,512	82,953	74,785	13,688	66	20
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	6	0	6	0	0	0	72	0	72	0	0	0
15-20	29	0	24	0	5	0	327	0	267	0	60	0
21-44	3,189	3	2,626	559	1	0	33,391	36	26,857	6,492	6	0
45-64	4,531	6	4,021	502	0	2	45,088	72	39,036	5,960	0	20
65-74	3,525	2,742	712	71	0	0	33,807	25,798	7,179	830	0	0
75-84	3,173	3,028	115	30	0	0	30,262	28,734	1,170	358	0	0
85 and older	3,033	3,007	22	4	0	0	28,565	28,313	204	48	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	11,144	6,480	4,096	564	2	2	110,726	62,669	41,441	6,572	24	20
Male	6,342	2,306	3,430	602	4	0	60,786	20,284	33,344	7,116	42	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	15,605	7,986	6,535	1,076	6	2	152,220	74,994	64,498	12,642	66	20
African American	63	19	41	3	0	0	609	176	397	36	0	0
Other/unknown	1,818	781	950	87	0	0	18,683	7,783	9,890	1,010	0	0
Use of Nursing Facilities^c												
Entire year	3,185	2,875	310	0	0	0	32,298	28,897	3,401	0	0	0
Part year	1,519	1,282	216	21	0	0	13,384	11,071	2,066	247	0	0
None	12,782	4,629	7,000	1,145	6	2	125,830	42,985	69,318	13,441	66	20
Maintenance Assistance Status												
Cash	6,139	1,871	4,255	13	0	0	66,849	20,674	46,054	121	0	0
Medically needy	8,219	5,785	2,434	0	0	0	70,719	50,816	19,903	0	0	0
Poverty-related	19	0	0	17	0	2	138	0	0	118	0	20
Other/unknown	3,109	1,130	837	1,136	6	0	33,806	11,463	8,828	13,449	66	0
Dual Medicare Status^d												
Full dual, all year	17,486	8,786	7,526	1,166	6	2	171,512	82,953	74,785	13,688	66	20
Full dual, part year	0	0	0	0	0	0		0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	17,486	8,786	7,526	1,166	6	2	171,512	82,953	74,785	13,688	66	20
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 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	87.2 %	48.5	\$3,003	\$62	\$14,036	21.4 %	17,486
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	61.2	12,521	205	20,298	61.7	6
15-20	62.1	15.6	1,391	89	10,255	13.6	29
21-44	84.9	34.4	3,475	101	10,065	34.5	3,189
45-64	88.1	52.1	3,844	74	11,991	32.1	4,531
65-74	82.8	48.3	2,555	53	10,774	23.7	3,525
75-84	87.5	53.7	2,549	47	16,379	15.6	3,173
85 and older	93.4	52.9	2,243	42	22,629	9.9	3,033
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	88.3	52.3	2,471	47	17,107	14.4	8,786
Disabled	85.2	45.6	3,669	81	11,353	32.3	7,526
Adults	92.4	39.2	2,714	69	8,160	33.3	1,166
Children	50.0	24.0	2,537	106	23,980	10.6	6
Unknown	100.0	9.5	1,373	145	15,287	9.0	2
Gender							
Female	90.1	54.4	3,103	57	14,645	21.2	11,144
Male	82.2	38.1	2,828	74	12,965	21.8	6,342
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.3	50.5	3,094	61	14,397	21.5	15,605
African American	90.5	38.0	3,088	81	13,910	22.2	63
Other/unknown	69.4	31.7	2,216	70	10,942	20.3	1,818
Use of Nursing Facilities^f							
Entire year	95.7	68.7	3,356	49	32,855	10.2	3,185
Part year	94.3	55.0	2,748	50	20,364	13.5	1,519
None	84.3	42.7	2,946	69	8,595	34.3	12,782
Maintenance Assistance Status							
Cash	82.1	39.2	2,696	69	6,636	40.6	6,139
Medically needy	90.0	55.7	3,189	57	18,689	17.1	8,219
Poverty related	94.7	20.2	1,192	59	4,911	24.3	19
Other/unknown	89.9	48.0	3,128	65	16,402	19.1	3,109

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 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	4.9	\$306	21.4 %	12.8 %	14.4 %	9.1 %	27.1 %	26.7 %	10.0 %	\$1,431	17,486	171,512
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	5.1	1,043	61.7	0.0	0.0	16.7	33.3	50.0	0.0	1,692	6	72
15-20	1.4	123	13.6	37.9	20.7	17.2	20.7	3.4	0.0	909	29	327
21-44	3.3	332	34.5	15.1	27.6	12.5	24.2	15.7	4.9	961	3,189	33,391
45-64	5.2	386	32.1	11.9	14.0	8.7	27.4	25.9	12.2	1,205	4,531	45,088
65-74	5.0	266	23.7	17.2	12.3	8.2	24.7	27.1	10.6	1,123	3,525	33,807
75-84	5.6	267	15.6	12.5	9.1	8.0	27.2	31.1	12.0	1,717	3,173	30,262
85 and older	5.6	238	9.9	6.6	8.9	8.1	32.3	34.7	9.3	2,403	3,033	28,565
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.5	262	14.4	11.7	9.9	8.1	28.0	31.3	11.0	1,812	8,786	82,953
Disabled	4.6	369	32.3	14.8	18.1	9.3	25.0	22.9	9.9	1,143	7,526	74,785
Adults	3.3	231	33.3	7.6	24.3	14.6	33.7	17.3	2.5	695	1,166	13,688
Children	2.2	231	10.6	50.0	0.0	0.0	50.0	0.0	0.0	2,180	6	66
Unknown	1.0	137	9.0	0.0	50.0	50.0	0.0	0.0	0.0	1,529	2	20
Gender												
Female	5.5	312	21.2	9.9	11.9	8.4	27.9	30.0	11.9	1,474	11,144	110,726
Male	4.0	295	21.8	17.8	18.7	10.2	25.7	21.0	6.6	1,353	6,342	60,786
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.2	317	21.5	10.7	13.6	9.0	28.0	28.2	10.5	1,476	15,605	152,220
African American	3.9	320	22.2	9.5	20.6	15.9	30.2	15.9	7.9	1,439	63	609
Other/unknown	3.1	216	20.3	30.6	20.6	9.2	19.1	14.7	5.7	1,065	1,818	18,683
use of nursing Facilities^f												
Entire year	6.8	331	10.2	4.3	5.7	6.3	28.7	38.7	16.3	3,240	3,185	32,298
Part year	6.2	312	13.5	5.7	8.1	7.2	29.2	36.3	13.6	2,311	1,519	13,384
None	4.3	299	34.3	15.7	17.3	10.0	26.4	22.6	8.0	873	12,782	125,830
Maintenance Assistance Status												
Cash	3.6	248	40.6	17.9	21.8	10.7	25.2	18.5	5.9	609	6,139	66,849
Medically needy	6.5	371	17.1	10.0	7.6	7.0	27.4	34.0	14.1	2,172	8,219	70,719
Poverty related	2.8	164	24.3	5.3	52.6	10.5	15.8	10.5	5.3	676	19	138
Other/unknown	4.4	288	19.1	10.1	17.5	11.3	30.0	23.9	7.2	1,508	3,109	33,806

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.9	\$306	\$62	1.7	\$210	\$122	0.3	\$21	\$59	2.9	\$75	\$26
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	5.1	1,043	205	2.0	891	449	0.5	70	136	2.6	82	32
15-20	1.4	123	89	0.7	102	147	0.1	2	32	0.6	19	31
21-44	3.3	332	101	1.2	249	200	0.2	23	104	1.8	60	33
45-64	5.2	386	74	1.9	267	142	0.3	28	86	3.0	90	30
65-74	5.0	266	53	1.8	174	99	0.3	17	52	2.9	75	25
75-84	5.6	267	47	1.9	177	91	0.4	15	38	3.3	74	23
85 and older	5.6	238	42	1.7	150	86	0.5	16	32	3.3	72	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.5	262	47	1.9	171	92	0.4	16	39	3.2	74	23
Disabled	4.6	369	81	1.7	262	158	0.3	26	91	2.6	81	31
Adults	3.3	231	69	1.2	161	130	0.3	17	67	1.8	53	29
Children	2.2	231	106	1.2	193	160	0.1	3	52	0.9	34	38
Unknown	1.0	137	145	0.7	125	192	0.0	0	0	0.3	13	42
Gender												
Female	5.5	312	57	1.9	212	112	0.4	21	53	3.2	79	25
Male	4.0	295	74	1.4	206	149	0.3	21	75	2.3	68	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.2	317	61	1.8	217	120	0.4	22	59	3.0	79	26
African American	3.9	320	81	1.5	246	159	0.2	14	59	2.1	60	28
Other/unknown	3.1	216	70	1.0	155	148	0.2	13	72	1.9	48	26
Use of Nursing Facilities^e												
Entire year	6.8	331	49	2.2	213	98	0.6	23	39	4.0	94	24
Part year	6.2	312	50	2.1	206	99	0.5	21	41	3.6	84	23
None	4.3	299	69	1.6	210	134	0.3	20	75	2.5	69	28
Maintenance Assistance Status												
Cash	3.6	248	69	1.3	174	134	0.2	16	74	2.1	58	28
Medically needy	6.5	371	57	2.2	250	114	0.5	26	53	3.8	95	25
Poverty related	2.8	164	59	0.9	113	124	0.2	17	108	1.7	34	20
Other/unknown	4.4	288	65	1.6	198	127	0.3	20	61	2.5	69	28

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Montana, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total 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			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$26	\$18	\$2	\$6	\$70	\$138	\$96	\$27	34,317	\$2,419,013	8,817	50.4 %	94,227
Biologicals	0.1	0.0	0.0	0.1	28	5	4	19	222	128	872	224	252	55,973	184	1.1	2,009
Antineoplastic Agents	0.6	0.1	0.0	0.5	89	61	0	27	149	547	131	57	3,015	449,848	503	2.9	5,080
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	50	36	3	12	42	77	21	19	97,558	4,097,215	7,905	45.2	81,981
Cardiovascular Agents	1.9	0.6	0.1	1.2	61	37	3	21	33	65	24	18	188,409	6,151,591	9,893	56.6	100,880
Respiratory Agents	0.9	0.5	0.0	0.3	57	50	0	7	67	95	49	23	50,878	3,421,958	5,672	32.4	59,722
Gastrointestinal Agents	0.7	0.1	0.0	0.5	49	23	2	25	70	164	42	47	47,170	3,309,220	6,303	36.0	67,361
Genitourinary Agents	0.6	0.5	0.0	0.2	42	36	1	5	66	80	56	28	19,337	1,268,337	2,811	16.1	29,892
CNS Drugs	1.5	0.6	0.1	0.8	134	101	8	26	92	165	95	33	148,756	13,688,887	9,873	56.5	102,012
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.3	74	55	4	15	100	151	76	45	2,879	286,693	363	2.1	3,890
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.7	0.0	0.0	166	163	0	3	221	226	89	95	8,379	1,851,234	1,072	6.1	11,141
Analgesics and Anesthetics	1.0	0.3	0.0	0.7	66	43	3	20	64	157	189	26	96,088	6,111,276	9,110	52.1	93,170
Neuromuscular Agents	1.1	0.3	0.2	0.6	83	42	21	20	77	150	104	33	63,067	4,828,923	5,495	31.4	58,161
Nutritional Products	0.7	0.0	0.0	0.7	14	0	1	13	19	23	18	19	27,920	540,088	3,698	21.1	37,781
Hematological Agents	0.9	0.2	0.3	0.5	68	55	7	6	74	288	24	14	27,273	2,017,737	2,927	16.7	29,802
Topical Products	0.4	0.2	0.0	0.2	18	12	1	5	45	74	49	22	26,077	1,169,272	5,997	34.3	64,963
Miscellaneous Products	0.6	0.3	0.1	0.3	151	101	21	29	253	381	270	114	3,003	758,658	473	2.7	5,021
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	23	0	0	0	3,664	84,780	878	5.0	9,378
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.	848,042	52,510,703	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,652,718	4,985	28.5 %	53,362	0.8	\$205	\$162
ANTIDEPRESSANTS	4,342,238	9,714	55.6	101,878	0.7	59	43
ANALGESICS - Narcotic	3,895,763	11,487	65.7	118,670	0.6	58	33
ANTICONVULSANT	3,823,921	4,593	26.3	49,127	0.9	92	78
ANTIASTHMATIC	2,684,043	6,573	37.6	69,295	0.5	71	39
ULCER DRUGS	2,661,507	6,456	36.9	68,840	0.7	59	39
ANTIDIABETIC	2,321,568	4,855	27.8	50,578	0.8	56	46
ANTIHYPERLIPIDEMIC	2,123,764	3,583	20.5	37,924	0.7	78	56
ANALGESICS - ANTI-INFLAMMATORY	1,881,741	4,233	24.2	45,591	0.5	89	41
NEUROLOGICAL	1,867,917	1,400	8.0	14,574	0.6	214	128
Total	34,255,180	57,879		609,839	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	406,362	\$34,255,180	4,985	28.5 %	53,362	0.8	\$162	9,714	55.6 %	101,878	0.7	\$43
Female	280,933	22,542,378	2,954	26.5	31,615	0.8	144	6,996	62.8	73,702	0.7	43
Disabled	116,673	11,260,475	1,448	35.4	15,675	0.8	170	3,207	78.3	34,057	0.7	45
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	1,418	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	103	8,232	4	28.6	30	1.0	167	6	42.9	63	0.5	20
21-44	29,250	3,179,701	553	47.3	5,929	0.8	174	924	79.0	9,955	0.6	42
45-64	75,551	7,254,781	825	34.6	8,994	0.8	170	2,042	85.7	21,495	0.7	48
65-74	10,517	740,537	59	13.8	662	0.7	142	215	50.2	2,354	0.6	37
75-84	1,088	66,765	4	4.9	38	0.7	56	16	19.8	153	0.5	20
85 and older	141	9,041	3	15.8	22	0.7	46	4	21.1	37	0.5	26
Other Eligibles	164,260	11,281,903	1,506	21.4	15,940	0.8	118	3,789	53.8	39,645	0.8	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	20	1,988	2	100.0	24	0.2	21	2	100.0	24	0.3	20
21-44	5,054	486,094	88	31.2	1,023	0.7	142	135	47.9	1,537	0.8	53
45-64	5,750	501,899	80	33.3	960	0.9	170	111	46.3	1,317	1.0	51
65-74	47,531	3,453,831	334	17.6	3,612	0.7	138	989	52.2	10,469	0.7	40
75-84	56,042	3,713,385	486	22.0	5,137	0.8	107	1,195	54.0	12,550	0.8	41
85 and older	49,863	3,124,706	516	21.3	5,184	0.8	101	1,357	56.1	13,748	0.8	40
Male	125,429	11,712,802	2,031	32.0	21,747	0.8	189	2,718	42.9	28,176	0.7	42
Disabled	69,306	7,517,378	1,340	39.1	14,394	0.8	216	1,553	45.3	16,344	0.7	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	17	814	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	56	7,627	1	10.0	12	1.0	415	2	20.0	24	0.5	59
21-44	26,160	3,267,914	759	52.1	8,240	0.8	206	627	43.1	6,698	0.6	42
45-64	37,310	3,824,871	541	33.0	5,727	0.9	232	820	50.0	8,556	0.7	41
65-74	5,181	348,035	30	10.6	307	1.2	182	92	32.4	949	0.8	40
75-84	571	67,705	9	26.5	108	0.8	246	11	32.4	111	0.6	39
85 and older	11	412	0	0.0	0	0.0	0	1	33.3	6	0.3	10
Other Eligibles	56,123	4,195,424	691	23.7	7,353	0.8	136	1,165	40.0	11,832	0.8	43
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	81	11,551	1	33.3	12	1.8	198	1	33.3	12	1.0	79
21-44	4,610	550,745	91	32.4	1,092	0.9	190	90	32.0	1,066	0.8	58
45-64	6,457	630,716	113	41.9	1,355	0.9	178	106	39.3	1,271	0.9	56
65-74	18,033	1,339,569	170	18.5	1,824	0.8	146	321	34.9	3,288	0.7	39
75-84	15,912	989,410	178	21.0	1,793	0.8	95	349	41.2	3,353	0.8	38
85 and older	11,030	673,433	138	23.4	1,277	0.7	88	298	50.4	2,842	0.8	43
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 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	11,487	65.7 %	118,670	0.6	\$33	4,593	26.3 %	49,127	0.9	\$78	6,573	37.6 %	69,295	0.5	\$39
Female	8,119	72.9	84,817	0.6	33	2,941	26.4	31,566	0.8	71	4,602	41.3	49,153	0.5	39
Disabled	3,618	88.3	38,725	0.6	34	1,646	40.2	17,640	0.8	80	1,917	46.8	20,659	0.5	36
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	1	50.0	12	0.3	3	1	50.0	12	0.5	59	0	0.0	0	0.0	0
6-14	9	64.3	108	0.1	2	0	0.0	0	0.0	0	6	42.9	72	0.2	17
15-20	1,041	89.0	11,338	0.5	36	573	49.0	6,187	0.8	93	446	38.1	4,904	0.4	26
21-44	2,195	92.1	23,212	0.6	35	971	40.8	10,377	0.8	76	1,218	51.1	12,958	0.5	39
45-64	316	73.8	3,444	0.5	22	93	21.7	996	0.6	39	216	50.5	2,389	0.5	40
65-74	51	63.0	563	0.5	33	8	9.9	68	0.6	17	31	38.3	336	0.4	26
75-84	5	26.3	48	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	4,501	63.9	46,092	0.6	31	1,295	18.4	13,926	0.8	60	2,685	38.1	28,494	0.6	41
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	12	0.8	85	0	0.0	0	0.0	0
15-20	119	42.2	1,294	0.2	6	126	44.7	1,455	1.0	124	46	16.3	535	0.4	24
21-44	60	25.0	709	0.3	5	100	41.7	1,187	1.1	98	47	19.6	560	0.6	56
45-64	1,319	69.7	13,695	0.6	33	402	21.2	4,314	0.8	55	970	51.2	10,251	0.6	44
65-74	1,469	66.4	15,159	0.6	33	382	17.3	4,027	0.8	43	881	39.8	9,409	0.6	42
75-84	1,534	63.4	15,235	0.6	32	284	11.7	2,931	0.9	43	741	30.6	7,739	0.5	35
85 and older															
Male	3,368	53.1	33,853	0.5	34	1,652	26.0	17,561	0.9	90	1,971	31.1	20,142	0.6	39
Disabled	2,043	59.6	21,027	0.5	37	1,028	30.0	10,828	0.9	91	941	27.4	9,932	0.5	35
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.1	2
6-14	1	10.0	12	0.2	1	1	10.0	12	1.0	22	2	20.0	19	0.4	38
15-20	806	55.4	8,521	0.5	28	472	32.4	5,026	0.8	93	312	21.4	3,349	0.4	27
21-44	1,078	65.8	10,910	0.6	45	515	31.4	5,374	0.9	92	493	30.1	5,189	0.5	38
45-64	143	50.4	1,436	0.6	33	36	12.7	383	1.0	50	124	43.7	1,271	0.7	48
65-74	14	41.2	139	0.3	13	4	11.8	33	1.0	104	7	20.6	74	0.6	44
75-84	1	33.3	9	0.6	5	0	0.0	0	0.0	0	2	66.7	18	0.2	17
85 and older	1,325	45.5	12,826	0.5	28	624	21.4	6,733	1.0	88	1,030	35.4	10,210	0.6	42
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	133.3	48	0.8	150	1	33.3	12	0.7	74
15-20	44	15.7	518	0.2	60	109	38.8	1,298	1.2	142	14	5.0	163	0.3	18
21-44	68	25.2	791	0.2	3	134	49.6	1,607	1.1	112	42	15.6	504	0.6	44
45-64	485	52.7	4,745	0.6	36	176	19.1	1,841	1.0	71	391	42.5	3,783	0.6	45
65-74	416	49.1	3,904	0.6	25	121	14.3	1,208	0.8	53	336	39.7	3,317	0.6	40
75-84	312	52.8	2,868	0.5	21	80	13.5	731	0.9	38	246	41.6	2,431	0.6	41
85 and older															
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 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	6,456	36.9 %	68,840	0.7	\$39	4,855	27.8 %	50,578	0.8	\$46	3,583	20.5 %	37,924	0.7	\$56
Female	4,519	40.6	48,425	0.7	39	3,347	30.0	35,271	0.8	45	2,468	22.1	26,356	0.7	56
Disabled	1,759	42.9	19,235	0.6	42	1,147	28.0	12,403	0.8	51	992	24.2	10,771	0.7	52
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	100.0	24	0.2	4	0	0.0	0	0.0	0	1	50.0	12	0.8	50
15-20	0	0.0	0	0.0	0	2	14.3	6	0.7	82	0	0.0	0	0.0	0
21-44	392	33.5	4,334	0.5	37	162	13.8	1,770	0.7	46	124	10.6	1,372	0.6	44
45-64	1,128	47.4	12,225	0.6	45	759	31.9	8,148	0.8	54	693	29.1	7,447	0.7	55
65-74	205	47.9	2,314	0.6	37	193	45.1	2,143	0.8	48	155	36.2	1,715	0.6	47
75-84	27	33.3	285	0.4	20	26	32.1	284	0.6	38	18	22.2	213	0.6	48
85 and older	5	26.3	53	0.6	49	5	26.3	52	0.7	35	1	5.3	12	0.1	5
Other Eligibles	2,760	39.2	29,190	0.7	37	2,200	31.2	22,868	0.8	41	1,476	20.9	15,585	0.8	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	64	22.7	747	0.7	40	23	8.2	274	0.8	47	12	4.3	144	0.8	72
45-64	70	29.2	820	0.8	49	36	15.0	432	0.9	60	32	13.3	384	0.8	60
65-74	753	39.8	7,997	0.6	36	745	39.4	7,891	0.8	46	599	31.6	6,339	0.7	58
75-84	892	40.3	9,620	0.7	36	833	37.7	8,620	0.9	40	578	26.1	6,161	0.8	60
85 and older	981	40.5	10,006	0.7	37	563	23.3	5,651	0.8	34	255	10.5	2,557	0.8	58
Male	1,937	30.5	20,415	0.7	39	1,508	23.8	15,307	0.8	48	1,115	17.6	11,568	0.7	55
Disabled	965	28.1	10,307	0.6	41	760	22.2	7,881	0.8	54	629	18.3	6,577	0.7	52
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	50.0	24	0.7	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	20.0	24	0.4	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	361	24.8	4,004	0.5	36	180	12.4	1,923	0.8	57	177	12.2	1,978	0.6	49
45-64	498	30.4	5,202	0.7	47	480	29.3	4,912	0.8	55	376	22.9	3,802	0.7	54
65-74	94	33.1	970	0.7	38	82	28.9	845	0.8	45	73	25.7	762	0.7	54
75-84	8	23.5	83	0.6	38	18	52.9	201	0.8	30	3	8.8	35	1.0	73
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	972	33.4	10,108	0.7	36	748	25.7	7,426	0.8	42	486	16.7	4,991	0.8	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.2	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	66	23.5	787	0.9	44	17	6.0	204	0.8	54	23	8.2	276	0.7	56
45-64	94	34.8	1,114	0.8	42	28	10.4	329	0.7	54	49	18.1	581	0.9	66
65-74	292	31.7	3,028	0.6	36	326	35.4	3,313	0.8	43	218	23.7	2,234	0.7	57
75-84	280	33.1	2,771	0.7	34	250	29.5	2,357	0.9	43	163	19.2	1,597	0.8	62
85 and older	239	40.4	2,396	0.7	35	127	21.5	1,223	0.8	34	33	5.6	303	0.8	54
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 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	4,233	24.2 %	45,591	0.5	\$41	1,400	8.0 %	14,574	0.6	\$128	17,486	171,512
Female	3,056	27.4	33,169	0.5	46	1,004	9.0	10,534	0.6	142	11,144	110,726
Disabled	1,397	34.1	15,362	0.4	50	301	7.3	3,293	0.4	254	4,096	41,441
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	4	28.6	48	0.1	1	0	0.0	0	0.0	0	14	157
15-20	374	32.0	4,171	0.3	35	81	6.9	893	0.3	196	1,170	11,972
21-44	865	36.3	9,436	0.5	59	199	8.4	2,158	0.5	294	2,382	23,747
45-64	136	31.8	1,499	0.4	38	18	4.2	216	0.5	114	428	4,541
65-74	15	18.5	175	0.5	34	1	1.2	9	0.4	52	81	820
75-84	3	15.8	33	0.5	32	2	10.5	17	0.6	87	19	180
85 and older	1,659	23.5	17,807	0.5	42	703	10.0	7,241	0.7	91	7,048	69,285
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	75	26.6	859	0.3	7	4	1.4	44	0.3	19	282	3,231
21-44	60	25.0	716	0.5	17	18	7.5	213	0.5	88	240	2,855
45-64	491	25.9	5,264	0.5	52	108	5.7	1,178	0.6	95	1,893	18,269
65-74	556	25.1	5,968	0.5	42	273	12.3	2,857	0.8	94	2,211	21,643
75-84	477	19.7	5,000	0.6	41	300	12.4	2,949	0.7	88	2,420	23,263
85 and older	1,177	18.6	12,422	0.4	30	396	6.2	4,040	0.5	93	6,342	60,786
Male	687	20.0	7,283	0.4	32	152	4.4	1,603	0.4	111	3,430	33,344
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	110
15-20	277	19.0	2,977	0.3	22	65	4.5	692	0.3	112	1,456	14,885
21-44	360	22.0	3,766	0.5	38	79	4.8	834	0.4	118	1,639	15,289
45-64	44	15.5	477	0.3	18	5	1.8	41	0.3	40	284	2,638
65-74	6	17.6	63	0.4	244	3	8.8	36	0.6	35	34	350
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	24
85 and older	490	16.8	5,139	0.5	27	244	8.4	2,437	0.7	80	2,912	27,442
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	22	7.8	264	0.3	4	4	1.4	48	0.4	36	281	3,303
21-44	44	16.3	528	0.5	19	5	1.9	50	0.2	25	270	3,197
45-64	166	18.0	1,718	0.5	29	54	5.9	566	0.6	84	920	8,359
65-74	165	19.5	1,705	0.5	29	87	10.3	845	0.6	70	847	7,449
75-84	93	15.7	924	0.5	28	94	15.9	928	0.7	93	591	5,098
85 and older	0	0.0	0	0.0	0	0	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

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$331	6.8	3,185	32,298
Age				
0-64	496	7.6	253	2,774
65-74	449	8.1	398	4,177
75-84	343	7.1	963	9,647
85 and older	263	6.1	1,571	15,700
Unknown	0	0.0	0	0
Gender				
Female	328	6.9	2,284	23,467
Male	338	6.5	901	8,831
Unknown	0	0.0	0	0
Race				
White	330	6.8	3,010	30,577
African American	370	5.5	6	72
Other/unknown	348	7.2	169	1,649
Basis of Eligibility^c				
Aged	313	6.7	2,875	28,897
Disabled	484	7.6	310	3,401
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,519 beneficiaries who were in nursing facilities for part of their enrollment and their 13,384 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$8	\$1	\$5	\$42	\$69	\$62	\$23	7,204	\$300,184	1,930	60.6 %	21,001
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	26	14	33	31	173	4,542	129	4.1	1,419
Antineoplastic Agents	0.6	0.1	0.0	0.5	77	37	0	40	119	365	141	73	792	94,317	126	4.0	1,227
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.7	53	38	3	13	39	74	18	18	23,820	924,324	1,639	51.5	17,312
Cardiovascular Agents	2.1	0.4	0.1	1.5	53	25	3	26	25	58	20	17	49,604	1,259,482	2,271	71.3	23,564
Respiratory Agents	0.9	0.5	0.0	0.4	55	44	0	10	61	93	54	24	9,758	596,862	1,020	32.0	10,946
Gastrointestinal Agents	0.9	0.1	0.1	0.7	42	11	2	29	49	130	28	41	14,079	688,697	1,508	47.3	16,298
Genitourinary Agents	0.8	0.5	0.0	0.2	50	42	2	6	65	78	52	30	6,480	424,121	792	24.9	8,547
CNS Drugs	1.5	0.8	0.1	0.7	118	88	8	22	76	116	72	33	36,466	2,779,702	2,244	70.5	23,584
Stimulants/Anti-obesity/Anorexia	0.9	0.1	0.1	0.7	32	14	2	15	34	110	30	21	378	12,759	37	1.2	401
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	150	150	0	0	153	154	61	45	4,248	651,754	413	13.0	4,342
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	63	47	1	15	53	123	109	19	21,441	1,141,867	1,751	55.0	18,125
Neuromuscular Agents	1.3	0.3	0.3	0.7	79	27	23	29	60	98	74	39	12,939	771,939	894	28.1	9,766
Nutritional Products	0.9	0.0	0.1	0.8	18	0	1	17	20	22	18	20	10,188	204,566	1,098	34.5	11,527
Hematological Agents	1.3	0.2	0.5	0.5	51	35	9	7	40	160	18	12	10,851	436,074	814	25.6	8,570
Topical Products	0.5	0.2	0.0	0.3	19	13	1	6	39	65	41	21	8,541	334,953	1,573	49.4	17,333
Miscellaneous Products	0.2	0.1	0.0	0.1	17	8	2	7	72	86	127	54	479	34,676	190	6.0	2,080
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	18	0	0	0	1,522	26,823	305	9.6	3,319
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.	218,963	10,687,642	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,519 beneficiaries who were in nursing facilities for part of their enrollment and their 13,384 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 2004. 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 D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,524,842	1,080	33.9 %	11,674	0.9	\$154	\$131
ANTIDEPRESSANTS	1,125,986	2,178	68.4	23,097	0.9	56	49
ANALGESICS - Narcotic	875,780	2,059	64.6	21,337	0.8	54	41
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	652,313	509	16.0	5,401	0.8	153	121
ULCER DRUGS	579,677	1,404	44.1	15,134	0.8	48	38
ANTIASTHMATIC	511,537	1,128	35.4	12,221	0.6	65	42
ANTICONVULSANT	499,444	727	22.8	7,976	1.1	60	63
ANTIDIABETIC	483,083	1,050	33.0	11,288	1.0	45	43
ANTIHYPERTENSIVE	368,082	1,243	39.0	13,022	0.9	31	28
MISC. ENDOCRINE	363,407	553	17.4	6,013	0.8	80	60
Total	6,984,151	11,931		127,163	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,519 beneficiaries who were in nursing facilities for part of their enrollment and their 13,384 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of 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	106,025	\$6,984,151	1,080	33.9 %	11,674	0.9	\$131	2,178	68.4 %	23,097	0.9	\$49
Female	77,424	5,048,211	758	33.2	8,250	0.8	125	1,623	71.1	17,355	0.9	48
Disabled	6,920	658,490	82	53.6	960	1.0	179	121	79.1	1,348	0.9	64
64 or younge ^r	5,753	554,555	66	51.2	771	1.0	179	101	78.3	1,129	0.9	67
65-74	1,164	103,766	16	69.6	189	0.8	178	19	82.6	218	0.9	49
75-84	3	169	0	0.0	0	0.0	0	1	100.0	1	1.0	9
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	70,504	4,389,721	676	31.7	7,290	0.8	117	1,502	70.5	16,007	0.9	47
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,523	647,295	93	46.7	987	0.8	139	174	87.4	1,876	0.9	50
75-84	25,731	1,658,825	259	38.7	2,869	0.9	126	507	75.8	5,448	0.9	51
85 and older	35,250	2,083,601	324	25.7	3,434	0.8	104	821	65.0	8,683	0.8	44
Male	28,601	1,935,940	322	35.7	3,424	0.9	145	555	61.6	5,742	0.9	50
Disabled	6,118	503,047	70	44.6	804	1.0	216	100	63.7	1,117	0.9	53
64 or younge ^r	4,618	399,040	51	41.1	583	0.9	204	74	59.7	828	0.9	53
65-74	1,263	70,220	14	50.0	161	1.3	182	23	82.1	253	1.1	53
75-84	237	33,787	5	100.0	60	1.3	428	3	60.0	36	0.8	48
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	22,483	1,432,893	252	33.9	2,620	0.8	124	455	61.2	4,625	0.9	49
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,193	475,228	68	45.9	772	1.0	187	100	67.6	1,107	0.9	56
75-84	8,203	484,935	97	33.7	1,030	0.8	100	179	62.2	1,742	0.9	45
85 and older	8,087	472,730	87	28.2	818	0.8	94	176	57.1	1,776	0.9	48
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 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,519 beneficiaries who were in nursing facilities for part of their enrollment and their 13,384 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,059	64.6 %	21,337	0.8	\$41	509	16.0 %	5,401	0.8	\$121	1,404	44.1 %	15,134	0.8	\$38
Female	1,569	68.7	16,401	0.8	44	369	16.2	3,915	0.8	123	1,016	44.5	11,013	0.8	39
Disabled	102	66.7	1,119	0.7	39	22	14.4	249	1.0	496	87	56.9	1,002	0.8	51
64 or younger	90	69.8	981	0.7	42	17	13.2	189	1.0	555	68	52.7	795	0.8	52
65-74	12	52.2	138	1.0	18	5	21.7	60	0.8	308	18	78.3	206	0.7	45
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	1	1.0	126
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,467	68.8	15,282	0.8	44	347	16.3	3,666	0.8	97	929	43.6	10,011	0.8	37
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	179	89.9	1,804	0.9	69	28	14.1	311	0.7	81	103	51.8	1,129	0.9	39
75-84	454	67.9	4,824	0.9	48	139	20.8	1,494	0.8	105	296	44.2	3,304	0.8	36
85 and older	834	66.0	8,654	0.7	36	180	14.3	1,861	0.8	94	530	42.0	5,578	0.8	38
Male	490	54.4	4,936	0.7	33	140	15.5	1,486	0.8	116	388	43.1	4,121	0.8	38
Disabled	96	61.1	1,073	0.6	25	12	7.6	144	0.8	333	67	42.7	760	0.9	50
64 or younger	75	60.5	852	0.7	29	11	8.9	132	0.8	362	49	39.5	560	0.9	50
65-74	20	71.4	218	0.5	9	0	0.0	0	0.0	0	16	57.1	176	1.0	41
75-84	1	20.0	3	0.7	14	1	20.0	12	1.1	14	2	40.0	24	1.0	108
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	394	53.0	3,863	0.7	35	128	17.2	1,342	0.8	93	321	43.1	3,361	0.8	35
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	85	57.4	909	0.7	36	28	18.9	300	0.8	91	74	50.0	811	0.7	37
75-84	152	52.8	1,424	0.8	43	44	15.3	445	0.7	81	106	36.8	1,084	0.8	35
85 and older	157	51.0	1,530	0.6	27	56	18.2	597	0.8	102	141	45.8	1,466	0.8	34
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,519 beneficiaries who were in nursing facilities for part of their enrollment and their 13,384 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTICONVULSANT					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	1,128	35.4 %	12,221	0.6	\$42	727	22.8 %	7,976	1.1	\$63	1,050	33.0 %	11,288	1.0	\$43
Female	769	33.7	8,458	0.6	40	467	20.4	5,120	1.0	56	759	33.2	8,147	0.9	42
Disabled	59	38.6	683	0.7	49	89	58.2	1,007	1.2	82	55	35.9	633	1.1	56
64 or younger	49	38.0	567	0.7	48	77	59.7	880	1.2	86	41	31.8	468	1.1	55
65-74	10	43.5	116	0.5	54	11	47.8	126	1.0	53	14	60.9	165	1.0	58
75-84	0	0.0	0	0.0	0	1	100.0	1	1.0	34	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	33.3	7,775	0.6	39	378	17.7	4,113	1.0	50	704	33.0	7,514	0.9	40
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	81	40.7	852	0.8	59	78	39.2	874	1.1	50	118	59.3	1,342	0.9	49
75-84	240	35.9	2,660	0.7	42	141	21.1	1,530	0.9	50	270	40.4	2,962	1.0	42
85 and older	389	30.8	4,263	0.5	33	159	12.6	1,709	0.9	49	316	25.0	3,210	0.9	35
Male	359	39.8	3,763	0.7	47	260	28.9	2,856	1.1	75	291	32.3	3,141	1.0	46
Disabled	43	27.4	499	0.7	37	90	57.3	1,039	1.3	91	50	31.8	558	1.0	50
64 or younger	38	30.6	439	0.7	39	76	61.3	887	1.3	96	34	27.4	396	1.0	54
65-74	5	17.9	60	0.7	23	12	42.9	137	1.2	61	11	39.3	102	0.9	44
75-84	0	0.0	0	0.0	0	2	40.0	15	1.1	73	5	100.0	60	0.9	33
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	316	42.5	3,264	0.7	48	170	22.8	1,817	1.1	65	241	32.4	2,583	1.0	45
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	72	48.6	751	0.8	63	72	48.6	792	1.2	87	55	37.2	630	1.1	51
75-84	115	39.9	1,199	0.7	40	52	18.1	539	1.0	60	108	37.5	1,136	0.9	45
85 and older	129	41.9	1,314	0.6	47	46	14.9	486	0.9	36	78	25.3	817	1.0	41
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 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,519 beneficiaries who were in nursing facilities for part of their enrollment and their 13,384 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC. ENDOCRINE					Benefit Months Among All-Year	
	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	Nursing Facility Residents
All	1,243	39.0 %	13,022	0.9	\$28	553	17.4 %	6,013	0.8	\$60	3,185	32,298
Female	907	39.7	9,574	0.9	28	498	21.8	5,454	0.8	60	2,284	23,467
Disabled	32	20.9	384	0.9	33	24	15.7	279	0.8	71	153	1,699
64 or younger	25	19.4	300	1.0	34	19	14.7	219	0.8	71	129	1,432
65-74	7	30.4	84	0.8	28	5	21.7	60	1.0	70	23	266
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	875	41.1	9,190	0.9	28	474	22.2	5,175	0.7	60	2,131	21,768
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	92	46.2	963	0.9	29	44	22.1	483	0.7	73	199	2,050
75-84	285	42.6	3,008	1.0	29	162	24.2	1,755	0.8	64	669	6,913
85 and older	498	39.4	5,219	0.9	28	268	21.2	2,937	0.7	55	1,263	12,805
Male	336	37.3	3,448	0.9	28	55	6.1	559	0.8	64	901	8,831
Disabled	48	30.6	542	0.9	26	4	2.5	48	0.6	44	157	1,702
64 or younger	33	26.6	369	0.8	26	4	3.2	48	0.6	44	124	1,342
65-74	13	46.4	149	1.2	28	0	0.0	0	0.0	0	28	309
75-84	2	40.0	24	1.0	21	0	0.0	0	0.0	0	5	51
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	288	38.7	2,906	0.9	28	51	6.9	511	0.8	65	744	7,129
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	64	43.2	702	0.9	31	9	6.1	99	0.8	101	148	1,552
75-84	105	36.5	1,045	0.9	27	19	6.6	176	0.8	54	288	2,682
85 and older	119	38.6	1,159	0.9	28	23	7.5	236	0.9	59	308	2,895
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 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,519 beneficiaries who were in nursing facilities for part of their enrollment and their 13,384 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
MONTANA, 2004

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	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	9,671	55.3 %	5.9	102,750	\$112	\$1,966,631	\$19	3.7 %	17,486
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	6	100.0	4.8	29	212	1,270	44	1.7	6
15-20	9	31.0	1.6	47	47	1,358	29	3.4	29
21-44	1,552	48.7	4.6	14,710	88	281,552	19	2.5	3,189
45-64	2,635	58.2	7.0	31,583	136	618,459	20	3.6	4,531
65-74	1,888	53.6	5.7	20,057	114	402,645	20	4.5	3,525
75-84	1,791	56.4	5.8	18,461	110	348,279	19	4.3	3,173
85 and older	1,790	59.0	5.9	17,863	103	313,068	18	4.6	3,033
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,957	56.4	5.8	51,022	108	951,571	19	4.4	8,786
Disabled	4,040	53.7	5.6	42,468	117	882,399	21	3.2	7,526
Adults	672	57.6	7.9	9,244	113	132,150	14	4.2	1,166
Children	2	33.3	2.7	16	85	511	32	3.4	6
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
Gender									
Female	6,705	60.2	6.6	73,683	127	1,420,010	19	4.1	11,144
Male	2,966	46.8	4.6	29,067	86	546,621	19	3.0	6,342
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	8,868	56.8	6.1	95,562	118	1,845,880	19	3.8	15,605
African American	30	47.6	3.6	229	57	3,582	16	1.8	63
Other/unknown	773	42.5	3.8	6,959	64	117,169	17	2.9	1,818
Use of Nursing Facilities^d									
Entire year	1,972	61.9	7.2	22,922	144	457,828	20	4.3	3,185
Part year	1,037	68.3	6.4	9,678	120	182,780	19	4.4	1,519
None	6,662	52.1	5.5	70,150	104	1,326,023	19	3.5	12,782
Maintenance Assistance Status									
Cash	3,010	49.0	4.6	28,195	95	583,405	21	3.5	6,139
Medically needy	4,896	59.6	6.4	52,401	123	1,013,302	19	3.9	8,219
Poverty related	10	52.6	2.4	46	53	1,011	22	4.5	19
Other/unknown	1,755	56.4	7.1	22,108	119	368,913	17	3.8	3,109

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
MONTANA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.6	\$11	\$19	\$0	\$4	171,512
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.4	18	44	0	0	72
15-20	0.1	4	29	0	2	327
21-44	0.4	8	19	0	4	33,391
45-64	0.7	14	20	0	5	45,088
65-74	0.6	12	20	0	3	33,807
75-84	0.6	12	19	0	3	30,262
85 and older	0.6	11	18	0	2	28,565
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	11	19	0	3	82,953
Disabled	0.6	12	21	0	5	74,785
Adults	0.7	10	14	0	3	13,688
Children	0.2	8	32	0	8	66
Unknown	0.0	0	0	0	0	20
Gender						
Female	0.7	13	19	0	4	110,726
Male	0.5	9	19	0	3	60,786
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	12	19	0	4	152,220
African American	0.4	6	16	0	2	609
Other/unknown	0.4	6	17	0	2	18,683
Use of Nursing Facilities^d						
Entire year	0.7	14	20	0	3	32,298
Part year	0.7	14	19	0	4	13,384
None	0.6	11	19	0	4	125,830
Maintenance Assistance Status						
Cash	0.4	9	21	0	3	66,849
Medically needy	0.7	14	19	0	4	70,719
Poverty related	0.3	7	22	0	4	138
Other/unknown	0.7	11	17	0	3	33,806

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
MONTANA, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	15,496	\$127	\$1,966,631	100.0 %	102,750	\$19	100.0 %
Anorexia or weight loss/gain	1	7	7	0.0	1	7	0.0
Fertility drugs	1	47	47	0.0	1	47	0.0
Drugs for cosmetic purposes	8	13	106	0.0	11	10	0.0
Cough and cold medications	1,710	70	119,132	6.1	4,421	27	4.3
Vitamins and minerals	3,516	148	520,292	26.5	26,385	20	25.7
Non-prescription drugs	5,323	114	604,758	30.8	35,411	17	34.5
Barbiturates	172	116	19,930	1.0	1,957	10	1.9
Benzodiazepines	4,428	137	604,492	30.7	33,077	18	32.2
Other Part D Excl Rx Drugs	337	290	97,867	5.0	1,486	66	1.4

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MONTANA, 2004

Total Number of Dual Eligible Beneficiaries	17,486
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$52,510,703
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,003

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,233	12.8 %	\$0	0.0 %
1-500	3,146	18.0	644,634	1.2
501-1,000	1,771	10.1	1,307,451	2.5
1,001-1,500	1,447	8.3	1,792,102	3.4
1,501-2,000	1,163	6.7	2,024,203	3.9
2,001-2,500	1,009	5.8	2,256,022	4.3
2,501-3,000	903	5.2	2,472,313	4.7
3,001-3,500	782	4.5	2,536,470	4.8
3,501-4,000	627	3.6	2,354,292	4.5
4,001-4,500	598	3.4	2,539,006	4.8
4,501-5,000	502	2.9	2,381,809	4.5
5,001-5,500	431	2.5	2,257,426	4.3
5,501-6,000	320	1.8	1,835,419	3.5
6,001-6,500	301	1.7	1,883,075	3.6
6,501-7,000	276	1.6	1,859,669	3.5
7,001-7,500	234	1.3	1,696,829	3.2
7,501-8,000	206	1.2	1,593,254	3.0
8,001-8,500	137	0.8	1,130,476	2.2
8,501-9,000	138	0.8	1,207,371	2.3
9,001-9,500	143	0.8	1,324,253	2.5
9,501-10,000	113	0.6	1,103,888	2.1
10,001+	1,006	5.8	16,310,741	31.1

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MONTANA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	6,677
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$25,660,736
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,843

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	938	14.0 %	0	0.0 %
1-500	1,288	19.3	246,652	1.0
501-1,000	584	8.7	424,915	1.7
1,001-1,500	449	6.7	557,275	2.2
1,501-2,000	331	5.0	576,521	2.2
2,001-2,500	316	4.7	703,787	2.7
2,501-3,000	270	4.0	737,453	2.9
3,001-3,500	241	3.6	782,292	3.0
3,501-4,000	205	3.1	771,134	3.0
4,001-4,500	183	2.7	777,539	3.0
4,501-5,000	158	2.4	749,704	2.9
5,001-5,500	167	2.5	875,909	3.4
5,501-6,000	123	1.8	706,303	2.8
6,001-6,500	128	1.9	801,954	3.1
6,501-7,000	113	1.7	762,054	3.0
7,001-7,500	91	1.4	661,064	2.6
7,501-8,000	91	1.4	705,595	2.7
8,001-8,500	71	1.1	585,321	2.3
8,501-9,000	75	1.1	656,613	2.6
9,001-9,500	79	1.2	731,077	2.8
9,501-10,000	61	0.9	595,486	2.3
10,001+	715	10.7	12,252,088	47.7

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MONTANA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	9,731
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$23,894,605
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,456

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,205	12.4 %	0	0.0 %
1-500	1,631	16.8	354,168	1.5
501-1,000	1,063	10.9	790,162	3.3
1,001-1,500	888	9.1	1,101,575	4.6
1,501-2,000	749	7.7	1,301,843	5.4
2,001-2,500	636	6.5	1,425,729	6.0
2,501-3,000	583	6.0	1,597,813	6.7
3,001-3,500	487	5.0	1,581,195	6.6
3,501-4,000	397	4.1	1,489,175	6.2
4,001-4,500	390	4.0	1,654,864	6.9
4,501-5,000	317	3.3	1,502,924	6.3
5,001-5,500	237	2.4	1,239,989	5.2
5,501-6,000	176	1.8	1,008,086	4.2
6,001-6,500	157	1.6	981,636	4.1
6,501-7,000	145	1.5	975,912	4.1
7,001-7,500	123	1.3	891,132	3.7
7,501-8,000	95	1.0	733,562	3.1
8,001-8,500	59	0.6	487,602	2.0
8,501-9,000	53	0.5	463,040	1.9
9,001-9,500	50	0.5	462,534	1.9
9,501-10,000	44	0.5	430,345	1.8
10,001+	246	2.5	3,421,319	14.3

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 MONTANA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	3,525
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$9,006,281
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,555

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	608	17.2 %	0	0.0 %
1-500	613	17.4	124,273	1.4
501-1,000	342	9.7	252,594	2.8
1,001-1,500	260	7.4	322,463	3.6
1,501-2,000	241	6.8	417,773	4.6
2,001-2,500	188	5.3	418,048	4.6
2,501-3,000	178	5.0	488,612	5.4
3,001-3,500	162	4.6	528,080	5.9
3,501-4,000	139	3.9	521,010	5.8
4,001-4,500	121	3.4	514,322	5.7
4,501-5,000	109	3.1	516,851	5.7
5,001-5,500	66	1.9	344,224	3.8
5,501-6,000	59	1.7	338,654	3.8
6,001-6,500	55	1.6	344,548	3.8
6,501-7,000	68	1.9	458,561	5.1
7,001-7,500	42	1.2	304,919	3.4
7,501-8,000	36	1.0	277,633	3.1
8,001-8,500	17	0.5	139,839	1.6
8,501-9,000	31	0.9	269,768	3.0
9,001-9,500	25	0.7	230,270	2.6
9,501-10,000	27	0.8	264,565	2.9
10,001+	138	3.9	1,929,274	21.4

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MONTANA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	3,173
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$8,086,494
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,549

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	397	12.5 %	0	0.0 %
1-500	502	15.8	109,972	1.4
501-1,000	317	10.0	237,581	2.9
1,001-1,500	275	8.7	345,875	4.3
1,501-2,000	243	7.7	424,466	5.2
2,001-2,500	215	6.8	481,963	6.0
2,501-3,000	203	6.4	554,613	6.9
3,001-3,500	158	5.0	513,224	6.3
3,501-4,000	127	4.0	477,531	5.9
4,001-4,500	133	4.2	564,611	7.0
4,501-5,000	120	3.8	567,544	7.0
5,001-5,500	90	2.8	471,845	5.8
5,501-6,000	59	1.9	337,197	4.2
6,001-6,500	62	2.0	386,962	4.8
6,501-7,000	42	1.3	282,398	3.5
7,001-7,500	46	1.4	332,842	4.1
7,501-8,000	39	1.2	302,161	3.7
8,001-8,500	30	0.9	247,919	3.1
8,501-9,000	13	0.4	113,764	1.4
9,001-9,500	13	0.4	121,313	1.5
9,501-10,000	12	0.4	116,679	1.4
10,001+	77	2.4	1,096,034	13.6

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MONTANA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	3,033
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$6,801,830
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,243

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	200	6.6 %	0	0.0 %
1-500	516	17.0	119,923	1.8
501-1,000	404	13.3	299,987	4.4
1,001-1,500	353	11.6	433,237	6.4
1,501-2,000	265	8.7	459,604	6.8
2,001-2,500	233	7.7	525,718	7.7
2,501-3,000	202	6.7	554,588	8.2
3,001-3,500	167	5.5	539,891	7.9
3,501-4,000	131	4.3	490,634	7.2
4,001-4,500	136	4.5	575,931	8.5
4,501-5,000	88	2.9	418,529	6.2
5,001-5,500	81	2.7	423,920	6.2
5,501-6,000	58	1.9	332,235	4.9
6,001-6,500	40	1.3	250,126	3.7
6,501-7,000	35	1.2	234,953	3.5
7,001-7,500	35	1.2	253,371	3.7
7,501-8,000	20	0.7	153,768	2.3
8,001-8,500	12	0.4	99,844	1.5
8,501-9,000	9	0.3	79,508	1.2
9,001-9,500	12	0.4	110,951	1.6
9,501-10,000	5	0.2	49,101	0.7
10,001+	31	1.0	396,011	5.8

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	17,486	8,786	7,526	1,166	6	2	171,512	82,953	74,785	13,688	66	20
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	6	0	6	0	0	0	72	0	72	0	0	0
15-20	29	0	24	0	5	0	327	0	267	0	60	0
21-44	3,189	3	2,626	559	1	0	33,391	36	26,857	6,492	6	0
45-64	4,531	6	4,021	502	0	2	45,088	72	39,036	5,960	0	20
65-74	3,525	2,742	712	71	0	0	33,807	25,798	7,179	830	0	0
75-84	3,173	3,028	115	30	0	0	30,262	28,734	1,170	358	0	0
85 and older	3,033	3,007	22	4	0	0	28,565	28,313	204	48	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	11,144	6,480	4,096	564	2	2	110,726	62,669	41,441	6,572	24	20
Male	6,342	2,306	3,430	602	4	0	60,786	20,284	33,344	7,116	42	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	15,605	7,986	6,535	1,076	6	2	152,220	74,994	64,498	12,642	66	20
African American	63	19	41	3	0	0	609	176	397	36	0	0
Other/unknown	1,818	781	950	87	0	0	18,683	7,783	9,890	1,010	0	0
Use of Nursing Facilities^c												
Entire year	3,185	2,875	310	0	0	0	32,298	28,897	3,401	0	0	0
Part year	1,519	1,282	216	21	0	0	13,384	11,071	2,066	247	0	0
None	12,782	4,629	7,000	1,145	6	2	125,830	42,985	69,318	13,441	66	20
Maintenance Assistance Status												
Cash	6,139	1,871	4,255	13	0	0	66,849	20,674	46,054	121	0	0
Medically needy	8,219	5,785	2,434	0	0	0	70,719	50,816	19,903	0	0	0
Poverty related	19	0	0	17	0	2	138	0	0	118	0	20
Other/unknown	3,109	1,130	837	1,136	6	0	33,806	11,463	8,828	13,449	66	0
Dual Status^d												
Full dual, all year	17,486	8,786	7,526	1,166	6	2	171,512	82,953	74,785	13,688	66	20
Full dual, part year	0	0	0	0	0	0		0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	17,486	8,786	7,526	1,166	6	2	171,512	82,953	74,785	13,688	66	20
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	0	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	0

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	17,486	171,512	17,486	171,512	0	0
Fee-for-service (FFS) all year	17,486	171,512	17,486	171,512	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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