

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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	12,918	7,893	4,948	74	3	0	130,809	77,698	52,503	583	25	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	2	0	1	0	1	0	24	0	12	0	12	0
15-20	17	0	16	0	1	0	175	0	164	0	11	0
21-44	2,162	0	2,117	44	1	0	22,945	0	22,610	333	2	0
45-64	2,790	0	2,763	27	0	0	29,446	0	29,219	227	0	0
65-74	1,951	1,897	51	3	0	0	19,731	19,210	498	23	0	0
75-84	2,663	2,663	0	0	0	0	26,411	26,411	0	0	0	0
85 and older	3,333	3,333	0	0	0	0	32,077	32,077	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	8,198	5,626	2,524	47	1	0	83,733	56,372	26,955	394	12	0
Male	4,720	2,267	2,424	27	2	0	47,076	21,326	25,548	189	13	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	11,908	7,428	4,415	63	2	0	120,401	72,841	47,045	502	13	0
African American	40	12	28	0	0	0	382	135	247	0	0	0
Other/unknown	970	453	505	11	1	0	10,026	4,722	5,211	81	12	0
Use of Nursing Facilities^c												
Entire year	3,651	3,404	247	0	0	0	35,970	33,331	2,639	0	0	0
Part year	1,194	1,052	141	1	0	0	11,074	9,613	1,449	12	0	0
None	8,073	3,437	4,560	73	3	0	83,765	34,754	48,415	571	25	0
Maintenance Assistance Status												
Cash	4,074	1,712	2,326	36	0	0	45,768	19,238	26,238	292	0	0
Medically needy	8,172	5,950	2,196	24	2	0	78,272	56,153	21,933	173	13	0
Poverty-related	424	229	191	3	1	0	4,204	2,291	1,875	26	12	0
Other/unknown	248	2	235	11	0	0	2,565	16	2,457	92	0	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,917	7,893	4,947	74	3	0	130,808	77,698	52,502	583	25	0
FFS part year, with Rx claims	1	0	1	0	0	0		0	1	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 North Dakota, released by CMS in 02/2008. 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	Percentage with at		Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
	Least One Rx	Mean Number of Rx				FFS \$ ^d	FFS \$ ^d	
All	87.8 %	54.5	\$3,047	\$56	\$23,957	12.7 %	12,918	
Age								
5 and younger	0.0	0.0	0	0	0	0.0	0	
6-14	100.0	125.0	5,124	41	24,360	21.0	2	
15-20	100.0	26.4	1,788	68	9,126	19.6	17	
21-44	82.2	34.8	3,062	88	21,253	14.4	2,162	
45-64	83.9	51.8	3,729	72	25,982	14.4	2,790	
65-74	82.1	54.5	2,876	53	17,761	16.2	1,951	
75-84	90.2	63.7	3,009	47	22,341	13.5	2,663	
85 and older	95.9	62.4	2,602	42	29,010	9.0	3,333	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	90.7	60.9	2,801	46	24,045	11.6	7,893	
Disabled	83.3	44.6	3,453	78	24,094	14.3	4,948	
Adults	75.7	35.8	2,181	61	6,368	34.2	74	
Children	100.0	60.3	1,438	24	2,597	55.4	3	
Unknown	0.0	0.0	0	0	0	0.0	0	
Gender								
Female	90.9	59.6	3,126	52	23,509	13.3	8,198	
Male	82.2	45.7	2,910	64	24,736	11.8	4,720	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	89.0	56.0	3,123	56	24,701	12.6	11,908	
African American	67.5	33.3	2,090	63	8,746	23.9	40	
Other/unknown	73.0	37.3	2,147	58	15,453	13.9	970	
Use of Nursing Facilities^f								
Entire year	98.2	76.0	3,630	48	41,455	8.8	3,651	
Part year	96.6	65.0	3,174	49	25,679	12.4	1,194	
None	81.8	43.3	2,764	64	15,789	17.5	8,073	
Maintenance Assistance Status								
Cash	88.5	49.5	3,073	62	13,384	23.0	4,074	
Medically needy	89.4	59.9	3,173	53	30,571	10.4	8,172	
Poverty related	46.9	8.7	542	62	1,406	38.6	424	
Other/unknown	91.1	36.1	2,732	76	18,267	15.0	248	

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

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

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

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	5.4	\$301	12.7 %	12.2 %	11.1 %	8.0 %	25.8 %	30.8 %	12.0 %	\$2,366	12,918	130,809
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	10.4	427	21.0	0.0	0.0	0.0	0.0	50.0	50.0	2,030	2	24
15-20	2.6	174	19.6	0.0	29.4	23.5	29.4	17.6	0.0	887	17	175
21-44	3.3	289	14.4	17.8	22.6	13.1	25.9	16.3	4.2	2,003	2,162	22,945
45-64	4.9	353	14.4	16.1	11.7	9.2	26.9	26.0	10.1	2,462	2,790	29,446
65-74	5.4	284	16.2	17.9	11.2	7.2	22.9	27.5	13.3	1,756	1,951	19,731
75-84	6.4	303	13.5	9.8	7.6	5.5	24.5	35.7	17.0	2,253	2,663	26,411
85 and older	6.5	270	9.0	4.1	6.0	6.1	27.5	42.3	14.1	3,014	3,333	32,077
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	6.2	285	11.6	9.3	7.8	6.1	25.3	36.6	14.9	2,443	7,893	77,698
Disabled	4.2	325	14.3	16.7	16.4	11.0	26.6	21.9	7.5	2,271	4,948	52,503
Adults	4.5	277	34.2	24.3	20.3	9.5	24.3	12.2	9.5	808	74	583
Children	7.2	173	55.4	0.0	33.3	33.3	0.0	0.0	33.3	312	3	25
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.8	306	13.3	9.1	10.0	7.3	25.9	34.1	13.6	2,302	8,198	83,733
Male	4.6	292	11.8	17.8	13.1	9.2	25.7	25.0	9.2	2,480	4,720	47,076
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.5	309	12.6	11.0	10.6	7.9	26.2	31.9	12.5	2,443	11,908	120,401
African American	3.5	219	23.9	32.5	12.5	7.5	22.5	20.0	5.0	916	40	382
Other/unknown	3.6	208	13.9	27.0	17.7	8.9	21.3	18.1	6.9	1,495	970	10,026
use of nursing Facilities^f												
Entire year	7.7	369	8.8	1.8	3.6	4.4	23.8	43.5	22.9	4,208	3,651	35,970
Part year	7.0	342	12.4	3.4	6.3	5.9	25.4	42.2	16.8	2,769	1,194	11,074
None	4.2	266	17.5	18.2	15.3	9.9	26.8	23.4	6.4	1,522	8,073	83,765
Maintenance Assistance Status												
Cash	4.4	274	23.0	11.5	15.8	11.0	28.7	25.4	7.6	1,191	4,074	45,768
Medically needy	6.3	331	10.4	10.6	7.4	6.6	24.9	35.4	15.0	3,192	8,172	78,272
Poverty related	0.9	55	38.6	53.1	32.1	3.8	8.3	2.1	0.7	142	424	4,204
Other/unknown	3.5	264	15.0	8.9	21.8	12.1	36.3	17.3	3.6	1,766	248	2,565

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

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

TABLE D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	5.4	\$301	\$56	2.0	\$219	\$107	0.4	\$22	\$62	3.0	\$60	\$20
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	10.4	427	41	4.9	345	70	0.8	14	17	4.7	68	15
15-20	2.6	174	68	1.1	136	129	0.1	7	53	1.4	31	23
21-44	3.3	289	88	1.4	220	156	0.3	26	101	1.6	43	27
45-64	4.9	353	72	2.0	260	130	0.4	33	89	2.5	60	24
65-74	5.4	284	53	2.1	204	99	0.3	20	58	3.0	61	21
75-84	6.4	303	47	2.4	220	91	0.4	17	45	3.6	66	18
85 and older	6.5	270	42	2.2	189	86	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	6.2	285	46	2.2	203	91	0.4	17	44	3.5	64	18
Disabled	4.2	325	78	1.7	243	140	0.3	29	93	2.1	53	25
Adults	4.5	277	61	1.9	184	99	0.3	43	133	2.4	50	21
Children	7.2	173	24	2.5	114	46	1.1	16	15	3.7	43	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.8	306	52	2.2	221	101	0.4	22	56	3.2	63	20
Male	4.6	292	64	1.8	216	121	0.3	22	75	2.5	54	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.5	309	56	2.1	225	107	0.4	23	61	3.0	61	20
African American	3.5	219	63	1.3	167	124	0.2	15	71	1.9	36	19
Other/unknown	3.6	208	58	1.3	150	113	0.2	14	80	2.1	44	21
Use of Nursing Facilities^e												
Entire year	7.7	369	48	2.7	262	96	0.5	24	46	4.4	83	19
Part year	7.0	342	49	2.6	247	96	0.5	22	46	3.9	73	19
None	4.2	266	64	1.7	197	118	0.3	21	77	2.2	48	22
Maintenance Assistance Status												
Cash	4.4	274	62	1.7	201	118	0.3	21	75	2.4	52	22
Medically needy	6.3	331	53	2.3	240	102	0.4	24	56	3.5	68	20
Poverty related	0.9	55	62	0.4	41	109	0.1	4	74	0.4	10	22
Other/unknown	3.5	264	76	1.5	198	131	0.3	26	94	1.7	40	24

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Dakota, 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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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	As a Percentage of Dual Benes	Number of Benefit Months	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$13	\$1	\$4	\$54	\$102	\$70	\$22	25,622	\$1,376,213	6,783	52.5 %	73,394	
Biologicals	0.1	0.1	0.0	0.0	4	1	0	3	32	13	17	93	108	3,501	75	0.6	864	
Antineoplastic Agents	0.7	0.1	0.0	0.6	81	49	0	31	111	332	71	54	2,587	288,179	354	2.7	3,555	
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.6	49	36	3	10	40	77	20	17	74,257	2,972,313	5,649	43.7	60,215	
Cardiovascular Agents	2.2	0.6	0.1	1.4	62	39	3	20	28	63	25	14	183,368	5,203,489	8,076	62.5	84,456	
Respiratory Agents	0.8	0.5	0.0	0.3	52	45	0	7	64	88	40	22	32,728	2,097,169	3,748	29.0	40,265	
Gastrointestinal Agents	0.8	0.2	0.0	0.5	43	26	2	15	56	132	62	28	37,095	2,091,486	4,564	35.3	48,450	
Genitourinary Agents	0.7	0.5	0.0	0.2	52	44	2	5	71	80	68	36	17,260	1,218,842	2,194	17.0	23,522	
CNS Drugs	1.7	0.8	0.1	0.8	146	114	11	20	87	143	109	26	130,195	11,298,394	7,361	57.0	77,548	
Stimulants/Anti-obesity/Anorexia	0.8	0.4	0.0	0.3	65	51	3	10	80	117	111	30	2,057	165,255	235	1.8	2,540	
Miscellaneous Psychological/																		
Neurological Agents	0.9	0.9	0.0	0.0	148	148	0	0	164	166	95	29	8,746	1,437,165	943	7.3	9,679	
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	62	50	2	9	67	118	149	20	55,655	3,737,319	5,780	44.7	60,696	
Neuromuscular Agents	1.3	0.4	0.3	0.6	107	62	26	19	84	144	98	34	49,683	4,194,346	3,610	27.9	39,170	
Nutritional Products	0.8	0.0	0.0	0.8	15	1	0	14	18	61	18	18	23,602	436,221	2,818	21.8	29,104	
Hematological Agents	1.0	0.2	0.1	0.7	51	41	2	9	52	179	24	13	27,808	1,436,926	2,683	20.8	27,973	
Topical Products	0.5	0.2	0.0	0.3	22	14	2	6	41	66	50	22	29,339	1,194,726	5,083	39.3	55,400	
Miscellaneous Products	0.4	0.1	0.0	0.3	51	33	4	15	119	241	252	53	1,323	156,923	292	2.3	3,058	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	17	0	0	0	2,772	48,325	669	5.2	7,234	
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.	704,205	39,356,792	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 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.medispain.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.medispain.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, NORTH DAKOTA, 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	\$7,138,324	3,871	30.0 %	41,662	1.0	\$179	\$171
ANTIDEPRESSANTS	3,594,580	7,356	56.9	78,063	0.8	54	46
ANTICONVULSANT	3,546,657	3,226	25.0	35,407	1.0	97	100
ANALGESICS - Narcotic	1,946,292	5,934	45.9	62,203	0.5	60	31
ANTIDIABETIC	1,795,906	3,659	28.3	38,823	0.9	51	46
ANTIHYPERTENSIVE	1,755,473	2,770	21.4	30,561	0.8	75	57
ULCER DRUGS	1,708,321	4,640	35.9	49,412	0.7	48	35
ANTIASTHMATIC	1,616,125	3,740	29.0	39,817	0.6	72	41
ANALGESICS - ANTI-INFLAMMATORY	1,494,534	3,124	24.2	34,214	0.5	86	44
NEUROLOGICAL	1,446,580	1,201	9.3	12,501	0.7	161	116
Total	26,042,792	39,521		422,663	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 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.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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	317,735	\$26,042,792	3,871	30.0 %	41,662	1.0	\$171	7,356	56.9 %	78,063	0.8	\$46
Female	211,917	16,394,294	2,304	28.1	24,737	0.9	151	5,164	63.0	54,922	0.8	46
Disabled	67,612	6,658,410	909	36.0	10,343	1.0	191	1,741	69.0	19,471	0.8	47
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	84	6,668	5	62.5	60	0.3	55	4	50.0	48	0.6	34
15-20	21,479	2,358,661	356	36.1	4,068	0.9	194	638	64.8	7,182	0.7	48
21-44	44,967	4,202,273	537	35.8	6,094	1.0	189	1,081	72.1	12,029	0.9	47
45-64	1,082	90,808	11	34.4	121	1.2	241	18	56.3	212	0.9	48
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	144,305	9,735,884	1,395	24.6	14,394	0.9	123	3,423	60.3	35,451	0.9	45
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	39	940	0	0.0	0	0.0	0	2	200.0	24	1.1	18
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	359	24,338	11	37.9	106	0.6	76	21	72.4	196	0.7	44
21-44	675	69,847	3	18.8	26	0.4	98	20	125.0	229	0.8	74
45-64	31,094	2,283,064	245	21.3	2,710	0.9	153	596	51.7	6,436	0.8	44
65-74	50,346	3,463,009	468	25.9	4,856	0.9	129	1,102	61.0	11,646	0.9	45
75-84	61,792	3,894,686	668	25.0	6,696	0.9	108	1,682	63.0	16,920	0.9	46
85 and older												
Male	105,818	9,648,498	1,567	33.2	16,925	1.0	201	2,192	46.4	23,141	0.8	47
Disabled	52,375	5,901,818	954	39.4	10,845	1.1	240	1,018	42.0	11,419	0.8	48
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	36	3,547	1	100.0	12	1.1	169	1	100.0	12	1.1	77
15-20	117	6,914	5	62.5	54	0.6	40	4	50.0	42	0.5	24
21-44	20,648	2,583,754	457	40.4	5,187	1.1	245	496	43.8	5,578	0.7	45
45-64	31,176	3,286,681	489	38.7	5,568	1.1	238	513	40.6	5,740	0.8	50
65-74	398	20,922	2	10.5	24	0.6	91	4	21.1	47	0.8	50
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	53,443	3,746,680	613	26.7	6,080	0.9	130	1,174	51.1	11,722	0.9	45
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	133	5,709	0	0.0	0	0.0	0	5	31.3	51	0.4	34
21-44	181	15,573	1	9.1	12	1.0	160	2	18.2	10	0.5	43
45-64	16,846	1,243,616	158	21.1	1,692	0.9	154	295	39.4	3,203	0.9	45
65-74	21,607	1,514,987	252	29.4	2,566	0.9	124	471	55.0	4,762	0.9	47
75-84	14,676	966,795	202	30.5	1,810	0.9	117	401	60.5	3,696	0.9	43
85 and older												
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 North Dakota, released by CMS in 02/2008. 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.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 benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month
All	3,226	25.0 %	35,407	1.0	\$100	5,934	45.9 %	62,203	0.5	\$31	3,659	28.3 %	38,823	0.9	\$46
Female	1,996	24.3	21,976	1.0	93	4,322	52.7	45,584	0.5	32	2,407	29.4	25,700	0.9	44
Disabled	1,001	39.7	11,407	1.0	119	1,324	52.5	14,728	0.5	26	537	21.3	6,039	0.8	51
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	12.5	4	0.3	1	3	37.5	20	0.2	1	2	25.0	22	0.6	20
15-20	395	40.1	4,511	1.1	138	530	53.8	5,926	0.4	23	128	13.0	1,443	0.8	52
21-44	598	39.9	6,808	1.0	107	773	51.6	8,587	0.5	28	395	26.4	4,436	0.9	51
45-64	7	21.9	84	1.3	139	18	56.3	195	0.3	9	12	37.5	138	1.2	64
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	995	17.5	10,569	0.9	64	2,998	52.8	30,856	0.6	35	1,870	33.0	19,661	0.9	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	2	200.0	24	0.1	1	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	8	27.6	90	0.6	32	17	58.6	155	0.4	14	1	3.4	12	0.1	2
21-44	8	50.0	76	0.6	84	15	93.8	176	0.7	71	6	37.5	68	1.0	103
45-64	261	22.7	2,861	1.0	84	632	54.9	6,910	0.5	35	489	42.4	5,329	0.9	47
65-74	361	20.0	3,804	0.9	61	932	51.6	9,688	0.6	37	687	38.0	7,348	0.9	43
75-84	357	13.4	3,738	0.9	53	1,400	52.4	13,903	0.6	32	687	25.7	6,904	0.9	38
85 and older															
Male	1,230	26.1	13,431	1.1	112	1,612	34.2	16,619	0.5	30	1,252	26.5	13,123	0.9	50
Disabled	785	32.4	8,899	1.1	136	723	29.8	7,925	0.4	32	469	19.3	5,126	0.9	58
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	3	37.5	29	0.8	85	2	25.0	24	0.2	2	0	0.0	0	0.0	0
21-44	352	31.1	4,025	1.1	142	330	29.2	3,607	0.3	22	125	11.0	1,372	0.9	67
45-64	429	33.9	4,833	1.2	131	385	30.5	4,231	0.5	41	334	26.4	3,637	0.9	56
65-74	1	5.3	12	0.9	165	6	31.6	63	0.2	2	10	52.6	117	1.2	34
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	445	19.4	4,532	1.0	66	889	38.7	8,694	0.5	29	783	34.1	7,997	0.9	45
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	6.3	12	0.2	21	13	81.3	132	0.5	13	1	6.3	4	0.3	32
21-44	2	18.2	24	1.2	84	6	54.5	44	0.3	3	5	45.5	60	0.9	72
45-64	162	21.7	1,689	1.1	80	240	32.1	2,553	0.5	35	278	37.2	3,011	1.0	48
65-74	162	18.9	1,637	0.9	66	358	41.8	3,564	0.5	25	315	36.8	3,208	0.9	44
75-84	118	17.8	1,170	0.9	47	272	41.0	2,401	0.6	30	184	27.8	1,714	0.9	38
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 North Dakota, released by CMS in 02/2008. 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ULCER DRUGS					ANTI-ASTHMATIC				
	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	2,770	21.4 %	30,561	0.8	\$57	4,640	35.9 %	49,412	0.7	\$35	3,740	29.0 %	39,817	0.6	\$41
Female	1,751	21.4	19,415	0.8	57	3,186	38.9	34,137	0.7	34	2,525	30.8	27,294	0.6	39
Disabled	506	20.0	5,770	0.7	58	810	32.1	9,137	0.6	37	736	29.2	8,254	0.5	32
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	50.0	40	0.5	30	1	12.5	12	0.1	1
15-20	77	7.8	887	0.7	59	262	26.6	2,978	0.6	34	235	23.9	2,681	0.3	22
21-44	414	27.6	4,707	0.7	58	530	35.4	5,953	0.7	38	485	32.4	5,381	0.5	37
45-64	15	46.9	176	0.6	47	14	43.8	166	0.9	35	15	46.9	180	0.4	38
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1,245	21.9	13,645	0.8	57	2,376	41.9	25,000	0.7	33	1,789	31.5	19,040	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	1	100.0	12	0.8	40	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	6.9	17	0.5	21	3	10.3	28	0.1	11	5	17.2	52	0.2	5
21-44	4	25.0	48	0.9	65	9	56.3	101	1.0	114	8	50.0	96	0.7	65
45-64	423	36.7	4,731	0.7	54	464	40.3	5,129	0.6	34	421	36.5	4,713	0.6	44
65-74	524	29.0	5,755	0.8	57	770	42.6	8,227	0.7	33	656	36.3	6,910	0.6	45
75-84	292	10.9	3,094	0.8	58	1,129	42.3	11,503	0.8	32	699	26.2	7,269	0.5	36
85 and older															
Male	1,019	21.6	11,146	0.8	58	1,454	30.8	15,275	0.7	36	1,215	25.7	12,523	0.6	45
Disabled	492	20.3	5,550	0.8	57	570	23.5	6,346	0.7	39	379	15.6	4,105	0.5	38
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	100.0	12	0.8	49	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	3	37.5	29	0.9	20	3	37.5	28	0.4	13
21-44	146	12.9	1,634	0.8	53	202	17.8	2,211	0.6	32	129	11.4	1,387	0.4	36
45-64	337	26.7	3,814	0.8	60	358	28.3	4,022	0.7	42	237	18.8	2,582	0.5	39
65-74	9	47.4	102	0.5	39	6	31.6	72	0.9	43	10	52.6	108	0.4	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	527	23.0	5,596	0.8	60	884	38.5	8,929	0.7	34	836	36.4	8,418	0.6	49
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	6.3	4	0.5	40	3	18.8	21	0.7	8	6	37.5	56	0.4	27
21-44	5	45.5	52	0.6	49	1	9.1	12	0.2	10	0	0.0	0	0.0	0
45-64	223	29.8	2,368	0.8	59	254	34.0	2,775	0.7	32	255	34.1	2,680	0.6	48
65-74	215	25.1	2,315	0.8	61	326	38.0	3,318	0.8	37	335	39.1	3,310	0.6	49
75-84	83	12.5	857	0.8	57	300	45.2	2,803	0.8	32	240	36.2	2,372	0.7	50
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 North Dakota, released by CMS in 02/2008. 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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 of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Rx \$ per Month		
All	3,124	24.2 %	34,214	0.5	\$44	1,201	9.3 %	12,501	0.7	\$116	12,918	130,809
Female	2,247	27.4	24,729	0.5	46	813	9.9	8,532	0.7	124	8,198	83,733
Disabled	776	30.7	8,803	0.4	41	148	5.9	1,716	0.6	244	2,524	26,955
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	12.5	12	0.1	7	0	0.0	0	0.0	0	8	82
15-20	268	27.2	3,075	0.3	33	35	3.6	412	0.4	191	985	10,596
21-44	494	33.0	5,560	0.5	46	109	7.3	1,256	0.6	267	1,499	15,931
45-64	13	40.6	156	0.4	32	4	12.5	48	0.9	74	32	346
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1,471	25.9	15,926	0.6	48	665	11.7	6,816	0.8	94	5,674	56,778
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	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	7	24.1	72	0.2	4	1	3.4	12	0.4	112	29	235
21-44	10	62.5	113	0.4	32	0	0.0	0	0.0	0	16	148
45-64	328	28.5	3,663	0.5	43	76	6.6	772	0.7	78	1,152	11,823
65-74	469	26.0	5,134	0.6	52	240	13.3	2,492	0.8	94	1,806	18,309
75-84	657	24.6	6,944	0.6	49	348	13.0	3,540	0.8	97	2,670	26,251
85 and older												
Male	877	18.6	9,485	0.5	38	388	8.2	3,969	0.7	98	4,720	47,076
Disabled	404	16.7	4,499	0.4	35	91	3.8	1,037	0.5	119	2,424	25,548
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	1	12.5	12	0.3	23	0	0.0	0	0.0	0	8	82
21-44	181	16.0	2,069	0.3	28	35	3.1	389	0.4	138	1,132	12,014
45-64	219	17.3	2,387	0.5	40	56	4.4	648	0.5	108	1,264	13,288
65-74	3	15.8	31	0.8	32	0	0.0	0	0.0	0	19	152
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	473	20.6	4,986	0.5	41	297	12.9	2,932	0.8	91	2,296	21,528
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	6.3	12	0.1	1	0	0.0	0	0.0	0	16	100
21-44	4	36.4	40	0.9	101	1	9.1	12	0.1	4	11	79
45-64	162	21.7	1,776	0.4	33	55	7.4	556	0.8	93	748	7,410
65-74	166	19.4	1,781	0.6	46	143	16.7	1,421	0.8	89	857	8,102
75-84	140	21.1	1,377	0.6	42	98	14.8	943	0.8	94	663	5,826
85 and older												
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 North Dakota, released by CMS in 02/2008. 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, NORTH DAKOTA, 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	\$369	7.7	3,651	35,970
Age				
0-64	570	8.3	239	2,556
65-74	489	9.0	332	3,448
75-84	409	8.3	1,019	10,076
85 and older	301	7.1	2,061	19,890
Unknown	0	0.0	0	0
Gender				
Female	354	7.7	2,600	25,908
Male	407	7.8	1,051	10,062
Unknown	0	0.0	0	0
Race				
White	368	7.7	3,554	34,990
African American	66	4.1	1	8
Other/unknown	403	8	96	972
Basis of Eligibility^c				
Aged	353	7.7	3,404	33,331
Disabled	562	8.3	247	2,639
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 North Dakota, released by CMS in 02/2008. 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 1,194 beneficiaries who were in nursing facilities for part of their enrollment and their 11,074 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	0.4	0.1	0.0	0.2	\$17	\$12	\$1	\$4	\$47	\$81	\$65	\$20	9,084	\$424,852	2,416	66.2 %	25,268
Biologicals	0.2	0.0	0.0	0.2	8	0	0	8	42	0	17	45	11	467	6	0.2	56
Antineoplastic Agents	0.8	0.2	0.0	0.6	91	52	0	39	114	303	97	62	992	113,529	130	3.6	1,242
Endocrine/Metabolic Drugs	1.4	0.5	0.2	0.6	51	38	4	9	37	73	18	14	25,926	966,357	1,858	50.9	18,992
Cardiovascular Agents	2.5	0.5	0.1	1.8	56	29	3	24	23	57	23	13	72,856	1,656,290	2,968	81.3	29,655
Respiratory Agents	0.9	0.5	0.0	0.4	56	45	0	10	63	92	52	26	10,736	672,402	1,175	32.2	12,080
Gastrointestinal Agents	0.9	0.2	0.0	0.7	41	22	2	17	44	118	50	24	16,018	698,643	1,653	45.3	16,870
Genitourinary Agents	0.8	0.6	0.0	0.2	60	49	3	8	71	79	65	44	7,872	560,088	902	24.7	9,375
CNS Drugs	1.8	1.0	0.1	0.8	131	106	6	18	72	111	68	23	49,729	3,568,425	2,711	74.3	27,296
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	38	25	0	13	41	125	0	17	498	20,296	52	1.4	537
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	142	142	0	0	143	143	0	36	5,400	770,272	535	14.7	5,422
Analgesics and Anesthetics	1.1	0.6	0.0	0.5	71	62	1	8	65	107	90	16	21,234	1,377,803	1,938	53.1	19,297
Neuromuscular Agents	1.4	0.3	0.4	0.7	96	38	29	28	66	112	80	38	16,427	1,082,307	1,085	29.7	11,332
Nutritional Products	0.9	0.0	0.0	0.9	16	0	0	16	18	64	12	17	11,652	206,004	1,248	34.2	12,491
Hematological Agents	1.2	0.2	0.1	0.8	51	38	3	10	43	167	23	12	14,226	606,246	1,175	32.2	11,985
Topical Products	0.6	0.2	0.0	0.4	23	15	2	7	38	63	46	21	12,855	488,457	1,977	54.1	20,849
Miscellaneous Products	0.3	0.1	0.0	0.3	15	6	0	8	44	89	23	33	390	17,269	118	3.2	1,188
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	16	0	0	0	1,474	23,664	311	8.5	3,276
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.	277,380	13,253,371	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 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 1,194 beneficiaries who were in nursing facilities for part of their enrollment and their 11,074 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	\$1,922,224	1,387	38.0 %	14,208	0.9	\$143	\$135
ANTIDEPRESSANTS	1,517,723	2,851	78.1	29,256	1.0	53	52
ANALGESICS - Narcotic	844,730	1,912	52.4	18,767	0.7	65	45
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	771,165	641	17.6	6,549	0.8	142	118
ANTICONVULSANT	745,891	940	25.7	9,911	1.1	68	75
ANTIIDIABETIC	598,009	1,247	34.2	12,805	1.0	45	47
ULCER DRUGS	596,698	1,685	46.2	17,267	0.8	41	35
ANTIASTHMATIC	553,567	1,248	34.2	12,883	0.6	68	43
ANALGESICS - ANTI-INFLAMMATORY	482,143	870	23.8	9,150	0.7	78	53
ANTIHYPERTENSIVE	422,703	1,694	46.4	17,400	0.9	26	24
Total	8,454,853	14,475		148,196	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 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 1,194 beneficiaries who were in nursing facilities for part of their enrollment and their 11,074 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	129,629	\$8,454,853	1,387	38.0 %	14,208	0.9	\$135	2,851	78.1 %	29,256	1.0	\$52
Female	91,345	5,836,288	930	35.8	9,589	0.9	128	2,076	79.8	21,450	1.0	52
Disabled	5,463	489,660	52	43.7	542	1.0	158	112	94.1	1,201	1.1	58
64 or younge ^r	5,305	482,210	50	43.9	529	1.0	162	109	95.6	1,165	1.1	58
65-74	158	7,450	2	40.0	13	0.3	7	3	60.0	36	1.4	73
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	85,882	5,346,628	878	35.4	9,047	0.9	126	1,964	79.2	20,249	1.0	51
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,919	625,725	81	43.3	880	1.1	182	172	92.0	1,842	1.0	58
75-84	27,746	1,827,203	291	43.8	3,031	1.0	138	585	88.0	6,142	1.0	54
85 and older	49,217	2,893,700	506	31.1	5,136	0.9	109	1,207	74.1	12,265	0.9	49
Male	38,284	2,618,565	457	43.5	4,619	1.0	151	775	73.7	7,806	1.0	53
Disabled	5,650	499,182	69	53.9	763	1.0	212	91	71.1	1,014	1.0	68
64 or younge ^r	5,543	494,266	69	55.2	763	1.0	212	90	72.0	1,002	1.0	67
65-74	107	4,916	0	0.0	0	0.0	0	1	33.3	12	1.0	120
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	32,634	2,119,383	388	42.0	3,856	1.0	139	684	74.1	6,792	1.0	51
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,001	489,966	75	54.7	788	1.0	169	120	87.6	1,288	1.1	58
75-84	13,616	881,934	157	44.4	1,658	0.9	131	269	76.0	2,801	1.0	53
85 and older	12,017	747,483	156	36.1	1,410	0.9	131	295	68.3	2,703	0.9	46
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 North Dakota, released by CMS in 02/2008. 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 1,194 beneficiaries who were in nursing facilities for part of their enrollment and their 11,074 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.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,912	52.4 %	18,767	0.7	\$45	641	17.6 %	6,549	0.8	\$118	940	25.7 %	9,911	1.1	\$75
Female	1,424	54.8	14,052	0.7	47	442	17.0	4,524	0.8	123	602	23.2	6,339	1.1	70
Disabled	69	58.0	696	0.8	50	17	14.3	204	1.0	567	76	63.9	850	1.4	107
64 or younger	67	58.8	683	0.8	50	16	14.0	192	0.9	599	74	64.9	826	1.4	109
65-74	2	40.0	13	0.3	51	1	20.0	12	1.8	63	2	40.0	24	0.9	47
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,355	54.6	13,356	0.7	47	425	17.1	4,320	0.8	102	526	21.2	5,489	1.0	64
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	126	67.4	1,309	0.9	67	37	19.8	356	0.8	92	81	43.3	867	1.2	88
75-84	356	53.5	3,510	0.8	58	146	22.0	1,523	0.9	106	206	31.0	2,146	1.1	66
85 and older	873	53.6	8,537	0.7	40	242	14.9	2,441	0.8	101	239	14.7	2,476	0.9	54
Male	488	46.4	4,715	0.6	38	199	18.9	2,025	0.8	106	338	32.2	3,572	1.2	85
Disabled	41	32.0	453	0.7	46	10	7.8	113	0.6	214	88	68.8	978	1.4	114
64 or younger	40	32.0	443	0.8	47	10	8.0	113	0.6	214	88	70.4	978	1.4	114
65-74	1	33.3	10	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	447	48.4	4,262	0.6	37	189	20.5	1,912	0.8	100	250	27.1	2,594	1.1	74
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	63	46.0	691	0.6	61	30	21.9	300	0.9	105	67	48.9	739	1.3	92
75-84	196	55.4	1,992	0.5	29	82	23.2	873	0.8	97	95	26.8	976	1.0	78
85 and older	188	43.5	1,579	0.7	37	77	17.8	739	0.8	101	88	20.4	879	1.0	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 North Dakota, released by CMS in 02/2008. 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 1,194 beneficiaries who were in nursing facilities for part of their enrollment and their 11,074 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIASTHMATIC				
	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	1,247	34.2 %	12,805	1.0	\$47	1,685	46.2 %	17,267	0.8	\$35	1,248	34.2 %	12,883	0.6	\$43
Female	814	31.3	8,441	1.1	46	1,177	45.3	12,205	0.8	34	844	32.5	8,745	0.6	39
Disabled	26	21.8	281	1.2	69	60	50.4	649	0.8	38	33	27.7	328	0.8	48
64 or younger	26	22.8	281	1.2	69	59	51.8	637	0.8	39	32	28.1	316	0.8	50
65-74	0	0.0	0	0.0	0	1	20.0	12	1.0	16	1	20.0	12	0.1	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	788	31.8	8,160	1.1	45	1,117	45.0	11,556	0.9	34	811	32.7	8,417	0.6	39
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	93	49.7	966	1.1	51	99	52.9	1,054	0.8	28	69	36.9	745	0.7	40
75-84	275	41.4	2,845	1.1	46	323	48.6	3,361	0.9	33	271	40.8	2,725	0.7	50
85 and older	420	25.8	4,349	1.0	44	695	42.7	7,141	0.9	35	471	28.9	4,947	0.5	33
Male	433	41.2	4,364	1.0	48	508	48.3	5,062	0.8	36	404	38.4	4,138	0.7	50
Disabled	47	36.7	538	1.2	80	59	46.1	652	0.8	39	36	28.1	396	0.8	52
64 or younger	43	34.4	492	1.2	83	58	46.4	640	0.8	39	34	27.2	374	0.8	54
65-74	4	133.3	46	1.4	50	1	33.3	12	1.2	78	2	66.7	22	0.6	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	386	41.8	3,826	1.0	43	449	48.6	4,410	0.8	36	368	39.9	3,742	0.7	50
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	83	60.6	918	1.1	50	79	57.7	860	0.8	37	56	40.9	610	0.7	56
75-84	166	46.9	1,682	1.0	44	169	47.7	1,751	0.8	38	149	42.1	1,525	0.6	49
85 and older	137	31.7	1,226	0.9	38	201	46.5	1,799	0.8	33	163	37.7	1,607	0.7	49
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 North Dakota, released by CMS in 02/2008. 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 1,194 beneficiaries who were in nursing facilities for part of their enrollment and their 11,074 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	870	23.8 %	9,150	0.7	\$53	1,694	46.4 %	17,400	0.9	\$24	3,651	35,970
Female	652	25.1	6,912	0.7	55	1,212	46.6	12,515	0.9	25	2,600	25,908
Disabled	39	32.8	438	0.6	55	35	29.4	345	0.9	23	119	1,246
64 or younger	36	31.6	402	0.6	56	33	28.9	321	0.9	24	114	1,197
65-74	3	60.0	36	0.6	47	2	40.0	24	1.0	13	5	49
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	613	24.7	6,474	0.7	55	1,177	47.4	12,170	0.9	26	2,481	24,662
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	61	32.6	657	0.7	49	95	50.8	968	0.9	23	187	1,929
75-84	170	25.6	1,807	0.7	55	323	48.6	3,366	1.0	29	665	6,592
85 and older	382	23.4	4,010	0.7	55	759	46.6	7,836	0.9	24	1,629	16,141
Male	218	20.7	2,238	0.6	47	482	45.9	4,885	0.9	21	1,051	10,062
Disabled	20	15.6	202	0.6	49	45	35.2	487	1.0	26	128	1,393
64 or younger	20	16.0	202	0.6	49	45	36.0	487	1.0	26	125	1,359
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	34
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	198	21.5	2,036	0.6	47	437	47.3	4,398	0.9	21	923	8,669
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	30	21.9	305	0.6	45	71	51.8	764	1.0	20	137	1,436
75-84	79	22.3	889	0.6	47	184	52.0	1,963	0.9	22	354	3,484
85 and older	89	20.6	842	0.6	47	182	42.1	1,671	0.9	20	432	3,749
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 North Dakota, released by CMS in 02/2008. 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 1,194 beneficiaries who were in nursing facilities for part of their enrollment and their 11,074 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}
 NORTH DAKOTA, 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	6,796	52.6 %	5.7	73,296	\$96	\$1,245,354	\$17	3.2 %	12,918
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	2	100.0	11.5	23	91	181	8	1.8	2
15-20	8	47.1	3.5	60	55	928	15	3.1	17
21-44	873	40.4	3.6	7,785	80	172,434	22	2.6	2,162
45-64	1,332	47.7	5.3	14,874	99	275,746	19	2.7	2,790
65-74	997	51.1	5.8	11,258	97	189,623	17	3.4	1,951
75-84	1,533	57.6	6.5	17,284	100	266,675	15	3.3	2,663
85 and older	2,051	61.5	6.6	22,012	102	339,767	15	3.9	3,333
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,556	57.7	6.4	50,292	100	792,005	16	3.6	7,893
Disabled	2,214	44.7	4.6	22,752	91	449,882	20	2.6	4,948
Adults	25	33.8	3.3	241	45	3,321	14	2.1	74
Children	1	33.3	3.7	11	49	146	13	3.4	3
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	4,687	57.2	6.4	52,362	107	873,811	17	3.4	8,198
Male	2,109	44.7	4.4	20,934	79	371,543	18	2.7	4,720
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	6,340	53.2	5.8	68,594	99	1,176,345	17	3.2	11,908
African American	16	40.0	3.8	151	54	2,148	14	2.6	40
Other/unknown	440	45.4	4.7	4,551	69	66,861	15	3.2	970
Use of Nursing Facilities^d									
Entire year	2,250	61.6	7.1	25,799	119	434,248	17	3.3	3,651
Part year	845	70.8	6.9	8,262	109	130,281	16	3.4	1,194
None	3,701	45.8	4.9	39,235	84	680,825	17	3.1	8,073
Maintenance Assistance Status									
Cash	2,087	51.2	5.7	23,262	104	423,251	18	3.4	4,074
Medically needy	4,549	55.7	6.0	48,788	98	800,773	16	3.1	8,172
Poverty related	76	17.9	1.0	423	19	8,079	19	3.5	424
Other/unknown	84	33.9	3.3	823	53	13,251	16	2.0	248

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 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}
 NORTH DAKOTA, 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	\$10	\$17	\$0	\$2	130,809
Age						
5 and younger	0.0	0	0	0	0	0
6-14	1.0	8	8	0	0	24
15-20	0.3	5	15	0	1	175
21-44	0.3	8	22	0	3	22,945
45-64	0.5	9	19	0	3	29,446
65-74	0.6	10	17	0	2	19,731
75-84	0.7	10	15	0	2	26,411
85 and older	0.7	11	15	0	2	32,077
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	10	16	0	2	77,698
Disabled	0.4	9	20	0	3	52,503
Adults	0.4	6	14	0	2	583
Children	0.4	6	13	0	0	25
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.6	10	17	0	2	83,733
Male	0.4	8	18	0	2	47,076
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	10	17	0	2	120,401
African American	0.4	6	14	0	1	382
Other/unknown	0.5	7	15	0	2	10,026
Use of Nursing Facilities^d						
Entire year	0.7	12	17	0	2	35,970
Part year	0.7	12	16	0	3	11,074
None	0.5	8	17	0	2	83,765
Maintenance Assistance Status						
Cash	0.5	9	18	0	2	45,768
Medically needy	0.6	10	16	0	2	78,272
Poverty related	0.1	2	19	0	1	4,204
Other/unknown	0.3	5	16	0	2	2,565

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 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}
 NORTH DAKOTA, 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	10,265	\$121	\$1,245,354	100.0 %	73,296	\$17	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	13	20	256	0.0	26	10	0.0
Cough and cold medications	929	71	66,221	5.3	2,446	27	3.3
Vitamins and minerals	2,704	152	409,664	32.9	22,447	18	30.6
Non-prescription drugs	3,603	117	421,227	33.8	25,808	16	35.2
Barbiturates	147	117	17,260	1.4	1,765	10	2.4
Benzodiazepines	2,698	107	289,480	23.2	20,022	14	27.3
Other Part D Excl Rx Drugs	171	241	41,246	3.3	782	53	1.1

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 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}
 NORTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries	12,918
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$39,356,792
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,047

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,580	12.2 %	\$0	0.0 %
1-500	1,920	14.9	407,532	1.0
501-1,000	1,204	9.3	886,125	2.3
1,001-1,500	1,038	8.0	1,290,278	3.3
1,501-2,000	971	7.5	1,690,567	4.3
2,001-2,500	771	6.0	1,732,167	4.4
2,501-3,000	725	5.6	1,988,382	5.1
3,001-3,500	636	4.9	2,061,859	5.2
3,501-4,000	557	4.3	2,084,825	5.3
4,001-4,500	485	3.8	2,059,064	5.2
4,501-5,000	419	3.2	1,987,733	5.1
5,001-5,500	359	2.8	1,884,612	4.8
5,501-6,000	312	2.4	1,788,967	4.5
6,001-6,500	250	1.9	1,560,699	4.0
6,501-7,000	226	1.7	1,517,015	3.9
7,001-7,500	182	1.4	1,317,894	3.3
7,501-8,000	156	1.2	1,207,820	3.1
8,001-8,500	143	1.1	1,179,153	3.0
8,501-9,000	112	0.9	978,851	2.5
9,001-9,500	106	0.8	978,088	2.5
9,501-10,000	92	0.7	895,180	2.3
10,001+	674	5.2	9,859,981	25.1

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. 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}
 NORTH DAKOTA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	4,897
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$16,902,838
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,452

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	817	16.7 %	0	0.0 %
1-500	781	15.9	147,488	0.9
501-1,000	403	8.2	295,971	1.8
1,001-1,500	353	7.2	438,595	2.6
1,501-2,000	273	5.6	473,168	2.8
2,001-2,500	236	4.8	527,789	3.1
2,501-3,000	208	4.2	568,296	3.4
3,001-3,500	188	3.8	611,847	3.6
3,501-4,000	183	3.7	686,413	4.1
4,001-4,500	140	2.9	593,768	3.5
4,501-5,000	141	2.9	670,946	4.0
5,001-5,500	109	2.2	572,182	3.4
5,501-6,000	98	2.0	561,440	3.3
6,001-6,500	91	1.9	566,690	3.4
6,501-7,000	80	1.6	537,076	3.2
7,001-7,500	68	1.4	492,862	2.9
7,501-8,000	77	1.6	596,524	3.5
8,001-8,500	65	1.3	536,356	3.2
8,501-9,000	45	0.9	393,994	2.3
9,001-9,500	57	1.2	526,225	3.1
9,501-10,000	52	1.1	506,159	3.0
10,001+	432	8.8	6,599,049	39.0

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. 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}
 NORTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	7,947
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$22,293,476
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,805

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	746	9.4 %	0	0.0 %
1-500	1,118	14.1	256,706	1.2
501-1,000	796	10.0	586,518	2.6
1,001-1,500	683	8.6	849,202	3.8
1,501-2,000	694	8.7	1,210,572	5.4
2,001-2,500	531	6.7	1,195,334	5.4
2,501-3,000	512	6.4	1,406,246	6.3
3,001-3,500	447	5.6	1,446,737	6.5
3,501-4,000	373	4.7	1,394,484	6.3
4,001-4,500	340	4.3	1,443,856	6.5
4,501-5,000	277	3.5	1,311,895	5.9
5,001-5,500	250	3.1	1,312,430	5.9
5,501-6,000	213	2.7	1,221,948	5.5
6,001-6,500	158	2.0	987,979	4.4
6,501-7,000	146	1.8	979,939	4.4
7,001-7,500	114	1.4	825,032	3.7
7,501-8,000	78	1.0	603,529	2.7
8,001-8,500	78	1.0	642,797	2.9
8,501-9,000	67	0.8	584,857	2.6
9,001-9,500	49	0.6	451,863	2.0
9,501-10,000	39	0.5	379,297	1.7
10,001+	238	3.0	3,202,255	14.4

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. 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}
 NORTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	1,951
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$5,611,030
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,876

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	350	17.9 %	0	0.0 %
1-500	272	13.9	54,131	1.0
501-1,000	158	8.1	113,769	2.0
1,001-1,500	149	7.6	184,824	3.3
1,501-2,000	153	7.8	268,143	4.8
2,001-2,500	97	5.0	220,121	3.9
2,501-3,000	95	4.9	259,416	4.6
3,001-3,500	91	4.7	294,432	5.2
3,501-4,000	73	3.7	273,397	4.9
4,001-4,500	65	3.3	275,149	4.9
4,501-5,000	59	3.0	278,417	5.0
5,001-5,500	45	2.3	236,276	4.2
5,501-6,000	49	2.5	280,459	5.0
6,001-6,500	36	1.8	225,584	4.0
6,501-7,000	39	2.0	263,911	4.7
7,001-7,500	31	1.6	224,615	4.0
7,501-8,000	17	0.9	132,747	2.4
8,001-8,500	19	1.0	156,834	2.8
8,501-9,000	20	1.0	173,916	3.1
9,001-9,500	14	0.7	128,203	2.3
9,501-10,000	20	1.0	194,377	3.5
10,001+	99	5.1	1,372,309	24.5

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. 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}
 NORTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	2,663
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$8,011,688
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,009

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	260	9.8 %	0	0.0 %
1-500	334	12.5	71,917	0.9
501-1,000	246	9.2	182,689	2.3
1,001-1,500	208	7.8	258,210	3.2
1,501-2,000	218	8.2	378,109	4.7
2,001-2,500	180	6.8	403,464	5.0
2,501-3,000	169	6.3	466,732	5.8
3,001-3,500	150	5.6	485,209	6.1
3,501-4,000	123	4.6	459,228	5.7
4,001-4,500	118	4.4	500,455	6.2
4,501-5,000	96	3.6	453,949	5.7
5,001-5,500	97	3.6	507,641	6.3
5,501-6,000	89	3.3	509,361	6.4
6,001-6,500	65	2.4	406,023	5.1
6,501-7,000	53	2.0	355,220	4.4
7,001-7,500	40	1.5	290,320	3.6
7,501-8,000	29	1.1	224,184	2.8
8,001-8,500	35	1.3	287,673	3.6
8,501-9,000	31	1.2	270,634	3.4
9,001-9,500	17	0.6	156,789	2.0
9,501-10,000	13	0.5	126,468	1.6
10,001+	92	3.5	1,217,413	15.2

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. 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}
 NORTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	3,333
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$8,670,758
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,602

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	136	4.1 %	0	0.0 %
1-500	512	15.4	130,658	1.5
501-1,000	392	11.8	290,060	3.3
1,001-1,500	326	9.8	406,168	4.7
1,501-2,000	323	9.7	564,320	6.5
2,001-2,500	254	7.6	571,749	6.6
2,501-3,000	248	7.4	680,098	7.8
3,001-3,500	206	6.2	667,096	7.7
3,501-4,000	177	5.3	661,859	7.6
4,001-4,500	157	4.7	668,252	7.7
4,501-5,000	122	3.7	579,529	6.7
5,001-5,500	108	3.2	568,513	6.6
5,501-6,000	75	2.3	432,128	5.0
6,001-6,500	57	1.7	356,372	4.1
6,501-7,000	54	1.6	360,808	4.2
7,001-7,500	43	1.3	310,097	3.6
7,501-8,000	32	1.0	246,598	2.8
8,001-8,500	24	0.7	198,290	2.3
8,501-9,000	16	0.5	140,307	1.6
9,001-9,500	18	0.5	166,871	1.9
9,501-10,000	6	0.2	58,452	0.7
10,001+	47	1.4	612,533	7.1

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. 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	12,919	7,893	4,948	75	3	0	130,824	77,698	52,506	595	25	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	2	0	1	0	1	0	24	0	12	0	12	0
15-20	17	0	16	0	1	0	175	0	164	0	11	0
21-44	2,163	0	2,117	45	1	0	22,960	0	22,613	345	2	0
45-64	2,790	0	2,763	27	0	0	29,446	0	29,219	227	0	0
65-74	1,951	1,897	51	3	0	0	19,731	19,210	498	23	0	0
75-84	2,663	2,663	0	0	0	0	26,411	26,411	0	0	0	0
85 and older	3,333	3,333	0	0	0	0	32,077	32,077	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	8,199	5,626	2,524	48	1	0	83,748	56,372	26,958	406	12	0
Male	4,720	2,267	2,424	27	2	0	47,076	21,326	25,548	189	13	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	11,909	7,428	4,415	64	2	0	120,416	72,841	47,048	514	13	0
African American	40	12	28	0	0	0	382	135	247	0	0	0
Other/unknown	970	453	505	11	1	0	10,026	4,722	5,211	81	12	0
Use of Nursing Facilities^c												
Entire year	3,651	3,404	247	0	0	0	35,970	33,331	2,639	0	0	0
Part year	1,194	1,052	141	1	0	0	11,074	9,613	1,449	12	0	0
None	8,074	3,437	4,560	74	3	0	83,780	34,754	48,418	583	25	0
Maintenance Assistance Status												
Cash	4,075	1,712	2,326	37	0	0	45,783	19,238	26,241	304	0	0
Medically needy	8,172	5,950	2,196	24	2	0	78,272	56,153	21,933	173	13	0
Poverty related	424	229	191	3	1	0	4,204	2,291	1,875	26	12	0
Other/unknown	248	2	235	11	0	0	2,565	16	2,457	92	0	0
Dual Status^d												
Full dual, all year	12,156	7,453	4,627	73	3	0	122,935	73,133	49,195	582	25	0
Full dual, part year	763	440	321	2	0	0	7,889	4,565	3,311	13	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,917	7,893	4,947	74	3	0	130,808	77,698	52,502	583	25	0
FFS part year, with Rx claims	1	0	1	0	0	0		0	4	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	1	0	0	1	0	0	12	0	0	12	0	0
MC all year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

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0
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 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, NORTH DAKOTA, 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	12,919	130,824	12,918	130,809	0	15
Fee-for-service (FFS) all year	12,917	130,808	12,917	130,808	0	0
FFS part year, with Rx claims	1	4	1	1	0	3
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	1	12	0	0	0	12
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 North Dakota, released by CMS in 02/2008. 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.