

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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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	81,086	185	10,967	7,857	62,063	14	727,452	1,185	110,867	56,058	559,265	77
Age												
5 and younger	27,202	0	585	0	26,617	0	240,932	0	5,939	0	234,993	0
6-14	25,345	0	1,129	1	24,215	0	239,620	0	12,255	4	227,361	0
15-20	13,170	0	1,026	1,024	11,116	4	112,835	0	10,719	5,652	96,450	14
21-44	10,081	1	3,240	6,721	115	4	82,478	12	32,729	49,259	461	17
45-64	5,095	13	4,966	110	0	6	50,388	119	49,081	1,142	0	46
65-74	61	42	18	1	0	0	431	300	130	1	0	0
75-84	51	50	1	0	0	0	316	315	1	0	0	0
85 and older	81	79	2	0	0	0	452	439	13	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	44,151	132	5,615	7,369	31,021	14	389,652	835	57,391	51,013	280,336	77
Male	36,935	53	5,352	488	31,042	0	337,800	350	53,476	5,045	278,929	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	56,660	173	8,698	5,936	41,841	12	496,584	1,083	86,748	40,613	368,076	64
African American	845	0	85	43	717	0	7,492	0	857	338	6,297	0
Other/unknown	23,581	12	2,184	1,878	19,505	2	223,376	102	23,262	15,107	184,892	13
Use of Nursing Facilities^c												
Entire year	173	36	137	0	0	0	1,749	330	1,419	0	0	0
Part year	261	18	226	9	8	0	2,516	144	2,188	96	88	0
None	80,652	131	10,604	7,848	62,055	14	723,187	711	107,260	55,962	559,177	77
Maintenance Assistance Status												
Cash	32,101	37	9,927	1,841	20,296	0	308,744	308	102,827	17,282	188,327	0
Medically needy	672	119	490	12	51	0	4,093	680	3,021	15	377	0
Poverty-related	30,909	0	0	4,103	26,792	14	258,504	0	0	22,556	235,871	77
Other/unknown	17,404	29	550	1,901	14,924	0	156,111	197	5,019	16,205	134,690	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	81,086	185	10,967	7,857	62,063	14	727,452	1,185	110,867	56,058	559,265	77
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

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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, MONTANA, 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	56.1 %	7.1	\$485	\$69	\$3,683	13.2 %	81,086
Age							
5 and younger	54.6	2.4	94	39	1,988	4.7	27,202
6-14	48.4	3.7	281	76	2,436	11.5	25,345
15-20	54.8	5.5	404	73	4,145	9.8	13,170
21-44	71.2	13.2	1,015	77	6,482	15.7	10,081
45-64	75.7	39.8	2,729	69	11,954	22.8	5,095
65-74	63.9	21.3	926	43	5,812	15.9	61
75-84	51.0	27.4	1,506	55	11,616	13.0	51
85 and older	49.4	25.6	1,122	44	12,177	9.2	81
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	57.3	29.1	1,600	55	11,496	13.9	185
Disabled	74.1	29.0	2,380	82	12,307	19.3	10,967
Adults	69.6	7.3	355	49	4,130	8.6	7,857
Children	51.2	3.1	164	53	2,076	7.9	62,063
Unknown	42.9	18.9	937	50	15,001	6.2	14
Gender							
Female	58.7	7.9	494	62	3,706	13.3	44,151
Male	53.1	6.0	476	79	3,655	13.0	36,935
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	62.3	8.4	590	70	3,761	15.7	56,660
African American	58.8	5.7	376	66	2,671	14.1	845
Other/unknown	41.1	3.8	237	62	3,531	6.7	23,581
Use of Nursing Facilities^f							
Entire year	95.4	75.9	4,476	59	43,165	10.4	173
Part year	97.7	58.4	3,819	65	40,868	9.3	261
None	55.9	6.8	466	69	3,478	13.4	80,652
Maintenance Assistance Status							
Cash	56.3	11.0	827	75	4,933	16.8	32,101
Medically needy	63.1	26.2	1,885	72	14,255	13.2	672
Poverty related	53.3	2.8	124	44	1,502	8.3	30,909
Other/unknown	60.5	6.7	442	66	4,842	9.1	17,404

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 ND.3 includes beneficiaries represented by Cell K of Table 1.

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

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

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

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

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

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.8	\$54	13.2 %	43.9 %	44.0 %	4.8 %	4.7 %	1.9 %	0.7 %	\$411	81,086	727,452
Age												
5 and younger	0.3	11	4.7	45.4	52.5	1.7	0.5	0.0	0.0	225	27,202	240,932
6-14	0.4	30	11.5	51.6	41.3	4.0	2.8	0.3	0.0	258	25,345	239,620
15-20	0.6	47	9.8	45.2	42.7	6.5	4.8	0.6	0.1	484	13,170	112,835
21-44	1.6	124	15.7	28.8	43.8	10.6	11.3	4.3	1.2	792	10,081	82,478
45-64	4.0	276	22.8	24.3	17.6	9.2	23.0	17.8	8.1	1,209	5,095	50,388
65-74	3.0	131	15.9	36.1	23.0	11.5	13.1	14.8	1.6	823	61	431
75-84	4.4	243	13.0	49.0	5.9	5.9	19.6	13.7	5.9	1,875	51	316
85 and older	4.6	201	9.2	50.6	4.9	2.5	19.8	18.5	3.7	2,182	81	452
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	4.5	250	13.9	42.7	8.6	6.5	20.5	15.1	6.5	1,795	185	1,185
Disabled	2.9	236	19.3	25.9	27.1	10.3	20.2	11.8	4.7	1,217	10,967	110,867
Adults	1.0	50	8.6	30.4	51.5	9.9	6.6	1.5	0.2	579	7,857	56,058
Children	0.3	18	7.9	48.8	46.2	3.1	1.7	0.2	0.0	230	62,063	559,265
Unknown	3.4	170	6.2	57.1	14.3	7.1	7.1	7.1	7.1	2,727	14	77
Gender												
Female	0.9	56	13.3	41.3	45.3	5.2	5.0	2.2	0.9	420	44,151	389,652
Male	0.7	52	13.0	46.9	42.5	4.3	4.4	1.5	0.4	400	36,935	337,800
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.0	67	15.7	37.7	47.6	5.7	5.8	2.4	0.9	429	56,660	496,584
African American	0.6	42	14.1	41.2	48.8	4.6	4.4	1.1	0.0	301	845	7,492
Other/unknown	0.4	25	6.7	58.9	35.2	2.5	2.2	0.8	0.3	373	23,581	223,376
Use of Nursing Facilities ^f												
Entire year	7.5	443	10.4	4.6	2.9	8.1	24.9	39.9	19.7	4,270	173	1,749
Part year	6.1	396	9.3	2.3	12.3	9.6	33.0	26.8	16.1	4,240	261	2,516
None	0.8	52	13.4	44.1	44.2	4.8	4.6	1.7	0.6	388	80,652	723,187
Maintenance Assistance Status												
Cash	1.1	86	16.8	43.7	38.5	5.5	7.3	3.6	1.4	513	32,101	308,744
Medically needy	4.3	309	13.2	36.9	11.3	7.9	21.7	16.7	5.5	2,340	672	4,093
Poverty related	0.3	15	8.3	46.7	48.1	3.5	1.6	0.1	0.0	180	30,909	258,504
Other/unknown	0.7	49	9.1	39.5	48.3	5.7	4.8	1.3	0.4	540	17,404	156,111

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

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

TABLE ND.5

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

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary 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	0.8	\$54	\$69	0.3	\$40	\$134	0.0	\$3	\$82	0.5	\$11	\$25
Age												
5 and younger	0.3	11	39	0.1	7	88	0.0	1	48	0.2	3	15
6-14	0.4	30	76	0.2	25	122	0.0	1	68	0.2	4	21
15-20	0.6	47	73	0.3	37	136	0.0	2	64	0.3	8	24
21-44	1.6	124	77	0.5	90	170	0.1	8	87	1.0	26	26
45-64	4.0	276	69	1.4	184	133	0.2	22	104	2.4	70	29
65-74	3.0	131	43	0.9	74	84	0.2	9	52	2.0	48	24
75-84	4.4	243	55	1.6	171	109	0.5	13	28	2.4	58	25
85 and older	4.6	201	44	1.2	129	107	0.5	13	27	2.8	59	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.5	250	55	1.4	171	125	0.5	14	31	2.7	63	24
Disabled	2.9	236	82	1.0	171	164	0.2	15	101	1.7	49	29
Adults	1.0	50	49	0.3	33	113	0.1	3	61	0.7	13	20
Children	0.3	18	53	0.1	14	96	0.0	1	57	0.2	4	19
Unknown	3.4	170	50	1.4	117	85	0.2	20	79	1.8	34	19
Gender												
Female	0.9	56	62	0.3	40	126	0.0	4	77	0.5	13	24
Male	0.7	52	79	0.3	40	144	0.0	3	90	0.4	9	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.0	67	70	0.4	50	135	0.0	4	83	0.5	14	25
African American	0.6	42	66	0.3	32	117	0.0	2	73	0.3	8	24
Other/unknown	0.4	25	62	0.1	18	129	0.0	1	78	0.2	6	23
Use of Nursing Facilities^e												
Entire year	7.5	443	59	2.3	290	126	0.7	25	37	4.5	127	28
Part year	6.1	396	65	2.0	253	130	0.4	37	98	3.7	105	28
None	0.8	52	69	0.3	38	134	0.0	3	84	0.4	11	25
Maintenance Assistance Status												
Cash	1.1	86	75	0.4	63	151	0.1	5	91	0.7	18	27
Medically needy	4.3	309	72	1.5	219	150	0.3	20	77	2.6	70	27
Poverty related	0.3	15	44	0.1	11	87	0.0	1	52	0.2	4	17
Other/unknown	0.7	49	66	0.3	37	119	0.0	3	78	0.4	9	23

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Montana, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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 ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, MONTANA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$6	\$1	\$3	\$44	\$84	\$58	\$22	66,127	\$2,887,355	28,378	35.0 %	292,730
Biologicals	0.3	0.2	0.0	0.0	245	179	46	20	945	791	5,180	820	378	357,179	163	0.2	1,458
Antineoplastic Agents	0.6	0.1	0.0	0.4	113	89	0	23	200	699	121	52	1,164	233,082	195	0.2	2,071
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	37	29	2	7	66	134	32	22	47,691	3,132,466	8,227	10.1	83,588
Cardiovascular Agents	1.1	0.4	0.0	0.7	40	27	1	12	38	75	33	18	52,475	1,989,167	4,631	5.7	49,162
Respiratory Agents	0.4	0.2	0.0	0.2	21	17	0	4	56	92	45	19	57,795	3,227,113	14,529	17.9	152,377
Gastrointestinal Agents	0.4	0.1	0.0	0.3	36	21	2	14	85	180	65	48	22,002	1,869,844	4,956	6.1	51,846
Genitourinary Agents	0.3	0.2	0.0	0.1	16	12	1	3	55	78	42	26	6,952	381,785	2,386	2.9	23,656
CNS Drugs	1.0	0.5	0.0	0.5	98	79	4	16	100	169	95	33	105,646	10,543,245	10,298	12.7	107,589
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	62	56	1	5	84	94	64	40	29,676	2,482,696	3,818	4.7	40,109
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.3	0.0	0.1	214	204	2	9	536	663	109	110	1,299	696,149	304	0.4	3,246
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	30	16	3	10	54	177	347	23	72,993	3,944,738	13,111	16.2	132,161
Neuromuscular Agents	0.8	0.3	0.1	0.4	71	47	12	12	84	142	113	29	48,578	4,062,259	5,320	6.6	57,370
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	13	21	27	12	21,058	274,847	7,334	9.0	73,236
Hematological Agents	0.6	0.1	0.1	0.3	172	164	3	5	305	1,151	30	15	5,725	1,748,451	1,025	1.3	10,190
Topical Products	0.2	0.1	0.0	0.1	8	4	0	3	38	70	54	21	31,563	1,192,976	15,272	18.8	158,839
Miscellaneous Products	0.5	0.2	0.1	0.3	112	79	14	19	223	443	247	70	1,371	306,006	271	0.3	2,740
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	27	0	0	0	1,096	29,257	492	0.6	5,251
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.	573,589	39,358,615	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$6,899,781	4,837	6.0 %	53,251	0.6	\$210	\$130
ANTICONVULSANT	3,502,330	4,300	5.3	47,007	0.7	103	75
ANTIDEPRESSANTS	3,211,911	9,817	12.1	103,517	0.5	61	31
ANALGESICS - Narcotic	2,619,147	15,261	18.8	155,671	0.3	48	17
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,482,696	4,649	5.7	49,370	0.6	84	50
ANTIASTHMATIC	2,402,407	11,821	14.6	124,932	0.3	64	19
MISC. ENDOCRINE	1,549,990	688	0.8	7,832	0.5	368	198
ULCER DRUGS	1,253,621	4,668	5.8	49,390	0.4	62	25
ANALGESICS - ANTI-INFLAMMATORY	987,332	5,712	7.0	58,996	0.2	68	17
ANTIDIABETIC	952,747	1,955	2.4	20,816	0.7	64	46
Total	25,861,962	63,708		670,782	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	294,838	\$25,861,962	4,837	6.0 %	53,251	0.6	\$130	4,300	5.3 %	47,007	0.7	\$75
Female	172,446	13,437,682	2,352	5.3	25,894	0.6	119	2,417	5.5	26,395	0.7	74
Disabled	111,039	9,577,208	1,524	27.1	16,960	0.6	141	1,699	30.3	18,743	0.7	74
	798	95,715	0	0.0	0	0.0	0	41	15.4	430	0.7	116
5 and younger	2,813	308,857	58	15.8	638	0.6	109	82	22.3	919	0.9	98
6-14	3,443	382,299	90	24.0	1,008	0.6	122	70	18.7	782	0.9	108
15-20	31,794	2,902,974	612	35.7	6,863	0.6	136	637	37.1	7,038	0.7	71
21-44	72,071	5,880,153	760	26.4	8,411	0.7	151	869	30.2	9,574	0.8	70
45-64	120	7,210	4	36.4	40	0.9	70	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	61,407	3,860,474	828	2.1	8,934	0.5	77	718	1.9	7,652	0.7	74
Other Eligibles	3,816	223,239	15	0.1	154	0.4	56	45	0.3	484	0.5	43
5 and younger	16,750	1,362,068	264	2.2	2,896	0.5	87	176	1.5	1,916	0.7	76
6-14	17,639	1,129,411	339	4.8	3,695	0.4	73	211	3.0	2,170	0.5	64
15-20	20,447	946,599	175	2.7	1,801	0.4	61	252	3.9	2,692	0.7	86
21-44	1,459	114,777	17	22.7	204	0.9	173	20	26.7	235	0.8	68
45-64	286	20,607	1	3.7	12	1.1	425	4	14.8	48	1.9	89
65-74	519	28,716	6	17.1	63	0.5	62	6	17.1	66	0.7	81
75-84	491	35,057	11	17.7	109	0.5	63	4	6.5	41	0.5	18
85 and older	122,392	12,424,280	2,485	6.7	27,357	0.7	139	1,883	5.1	20,612	0.7	75
Male	65,046	7,507,897	1,380	25.8	15,344	0.7	162	1,136	21.2	12,324	0.7	71
Disabled	917	96,109	9	2.8	99	0.4	76	25	7.8	275	0.7	122
5 and younger	7,971	936,512	305	40.0	3,525	0.6	115	169	22.2	1,884	0.7	79
6-14	6,836	746,347	237	36.4	2,641	0.6	122	148	22.7	1,630	0.8	77
15-20	17,700	2,800,143	463	30.4	5,056	0.8	212	376	24.7	3,983	0.7	72
21-44	31,621	2,928,781	366	17.5	4,023	0.7	169	418	20.0	4,552	0.7	62
45-64	1	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	57,346	4,916,383	1,105	3.5	12,013	0.6	111	747	2.4	8,288	0.8	81
Other Eligibles	6,996	432,941	32	0.2	370	0.5	100	85	0.6	961	0.4	37
5 and younger	30,990	2,671,564	647	5.3	7,006	0.6	103	312	2.5	3,400	0.7	62
6-14	12,689	1,054,033	292	5.7	3,089	0.6	103	160	3.1	1,701	0.6	69
15-20	5,198	626,760	108	23.6	1,269	0.7	171	157	34.3	1,867	1.1	148
21-44	974	94,839	18	33.3	193	0.6	122	23	42.6	266	1.1	118
45-64	75	2,589	0	0.0	0	0.0	0	1	6.3	9	0.1	1
65-74	174	20,161	5	33.3	60	0.8	213	4	26.7	45	0.7	36
75-84	250	13,496	3	17.6	26	1.1	106	5	29.4	39	1.1	47
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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	9,817	12.1 %	103,517	0.5	\$31	15,261	18.8 %	155,671	0.3	\$17	4,649	5.7 %	49,370	0.6	\$50
Female	6,592	14.9	68,922	0.5	31	10,809	24.5	108,234	0.4	14	1,444	3.3	15,563	0.6	49
Disabled	3,258	58.0	36,275	0.6	37	4,070	72.5	45,085	0.6	30	326	5.8	3,608	0.6	60
5 and younger	3	1.1	36	0.6	4	34	12.8	395	0.1	1	7	2.6	78	0.4	24
6-14	72	19.6	816	0.5	23	36	9.8	404	0.1	2	85	23.2	949	0.6	57
15-20	113	30.1	1,277	0.5	34	115	30.7	1,315	0.2	3	62	16.5	682	0.7	71
21-44	1,113	64.9	12,477	0.5	36	1,431	83.4	16,012	0.5	27	71	4.1	794	0.5	46
45-64	1,951	67.8	21,613	0.6	39	2,449	85.1	26,910	0.6	34	101	3.5	1,105	0.6	68
65-74	6	54.5	56	0.6	23	5	45.5	49	0.5	37	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	3,334	8.7	32,647	0.4	24	6,739	17.5	63,149	0.2	3	1,118	2.9	11,955	0.6	45
5 and younger	10	0.1	111	0.3	7	323	2.5	3,587	0.1	1	48	0.4	563	0.3	20
6-14	657	5.5	7,051	0.4	21	727	6.1	7,804	0.1	2	815	6.8	8,723	0.6	47
15-20	1,315	18.6	13,127	0.4	25	2,035	28.8	19,705	0.2	2	210	3.0	2,217	0.5	48
21-44	1,285	20.1	11,639	0.4	23	3,557	55.7	31,126	0.2	4	43	0.7	443	0.4	33
45-64	39	52.0	431	0.7	41	49	65.3	463	0.5	25	1	1.3	7	1.0	48
65-74	3	11.1	26	1.2	84	6	22.2	58	0.7	39	1	3.7	2	0.5	22
75-84	11	31.4	113	0.6	33	20	57.1	200	0.5	14	0	0.0	0	0.0	0
85 and older	14	22.6	149	0.7	36	22	35.5	206	0.7	71	0	0.0	0	0.0	0
Male	3,225	8.7	34,595	0.5	32	4,452	12.1	47,437	0.3	23	3,205	8.7	33,807	0.6	51
Disabled	1,658	31.0	18,040	0.5	34	2,281	42.6	24,815	0.5	41	557	10.4	6,227	0.6	56
5 and younger	5	1.6	60	0.6	8	36	11.3	420	0.2	2	11	3.4	123	0.2	16
6-14	199	26.1	2,291	0.5	27	76	10.0	890	0.2	2	318	41.7	3,613	0.6	54
15-20	239	36.7	2,633	0.5	34	138	21.2	1,552	0.3	11	141	21.7	1,573	0.7	58
21-44	511	33.5	5,385	0.5	35	748	49.1	7,942	0.5	29	48	3.1	477	0.7	67
45-64	704	33.7	7,671	0.6	36	1,282	61.4	14,007	0.6	55	39	1.9	441	0.7	61
65-74	0	0.0	0	0.0	0	1	14.3	4	0.3	1	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	1,567	5.0	16,555	0.5	29	2,171	6.9	22,622	0.1	2	2,648	8.4	27,580	0.6	50
5 and younger	16	0.1	182	0.3	8	499	3.7	5,399	0.1	2	145	1.1	1,572	0.4	28
6-14	841	6.8	9,033	0.5	25	740	6.0	8,025	0.1	2	2,041	16.6	21,348	0.6	50
15-20	570	11.2	5,756	0.5	29	793	15.6	7,867	0.1	3	445	8.8	4,470	0.7	57
21-44	110	24.0	1,262	0.7	50	109	23.8	1,076	0.2	5	16	3.5	181	0.7	60
45-64	16	29.6	192	0.7	72	12	22.2	123	0.3	20	0	0.0	0	0.0	0
65-74	2	12.5	18	0.5	22	5	31.3	39	0.2	4	1	6.3	9	0.8	9
75-84	4	26.7	42	0.7	22	4	26.7	48	0.2	11	0	0.0	0	0.0	0
85 and older	8	47.1	70	1.0	66	9	52.9	45	0.6	14	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

Beneficiary Characteristics	ANTIASTHMATIC					MISC. ENDOCRINE					ULCER DRUGS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	11,821	14.6 %	124,932	0.3	\$19	688	0.8 %	7,832	0.5	\$198	4,668	5.8 %	49,390	0.4	\$25
Female	6,234	14.1	65,385	0.3	20	422	1.0	4,871	0.6	104	3,125	7.1	32,924	0.4	25
Disabled	2,251	40.1	25,034	0.4	30	312	5.6	3,626	0.6	75	1,746	31.1	19,544	0.5	34
5 and younger	94	35.3	1,030	0.3	22	4	1.5	48	0.6	301	30	11.3	320	0.3	20
6-14	62	16.9	664	0.4	24	7	1.9	72	0.6	535	23	6.3	270	0.3	25
15-20	82	21.9	944	0.3	18	12	3.2	144	0.7	276	34	9.1	368	0.4	20
21-44	600	35.0	6,764	0.3	20	47	2.7	548	0.4	67	517	30.1	5,876	0.4	27
45-64	1,412	49.1	15,620	0.5	37	242	8.4	2,814	0.6	50	1,140	39.6	12,692	0.6	39
65-74	1	9.1	12	0.2	3	0	0.0	0	0.0	0	2	18.2	18	0.7	28
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	3,983	10.3	40,351	0.2	13	110	0.3	1,245	0.5	187	1,379	3.6	13,380	0.2	12
5 and younger	1,191	9.2	12,679	0.2	11	11	0.1	129	0.5	172	209	1.6	1,905	0.2	9
6-14	1,254	10.5	13,094	0.3	17	58	0.5	648	0.4	203	220	1.8	2,397	0.2	11
15-20	880	12.5	8,632	0.3	13	15	0.2	180	0.5	351	361	5.1	3,651	0.2	10
21-44	619	9.7	5,545	0.2	11	14	0.2	159	0.8	69	547	8.6	4,989	0.3	12
45-64	25	33.3	278	0.5	29	6	8.0	72	0.6	44	25	33.3	277	0.6	40
65-74	4	14.8	37	0.9	68	2	7.4	23	0.4	33	3	11.1	26	0.8	46
75-84	9	25.7	81	0.9	51	2	5.7	15	0.6	40	8	22.9	90	0.4	16
85 and older	1	1.6	5	0.2	4	2	3.2	19	0.7	54	6	9.7	45	0.8	14
Male	5,587	15.1	59,547	0.3	19	266	0.7	2,961	0.5	353	1,543	4.2	16,466	0.4	26
Disabled	1,325	24.8	14,537	0.4	30	91	1.7	1,041	0.7	869	898	16.8	9,864	0.5	33
5 and younger	133	41.7	1,521	0.2	15	5	1.6	57	0.9	417	39	12.2	402	0.3	11
6-14	184	24.1	2,044	0.3	21	29	3.8	321	0.5	228	40	5.2	449	0.4	20
15-20	116	17.8	1,257	0.4	28	14	2.2	161	0.6	270	55	8.4	633	0.4	23
21-44	263	17.3	2,760	0.4	22	18	1.2	210	1.1	3,589	245	16.1	2,685	0.6	34
45-64	629	30.1	6,955	0.5	40	25	1.2	292	0.5	38	519	24.8	5,695	0.5	36
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,262	13.5	45,010	0.2	15	175	0.6	1,920	0.4	73	645	2.0	6,602	0.3	16
5 and younger	2,079	15.2	22,141	0.2	13	5	0.0	53	0.2	33	242	1.8	2,257	0.2	10
6-14	1,647	13.4	17,378	0.3	17	138	1.1	1,495	0.4	65	168	1.4	1,875	0.2	12
15-20	489	9.6	4,964	0.3	17	22	0.4	253	0.4	137	139	2.7	1,392	0.2	14
21-44	35	7.6	401	0.3	28	5	1.1	60	0.6	67	66	14.4	752	0.6	36
45-64	5	9.3	54	0.7	71	3	5.6	36	0.8	71	17	31.5	204	0.8	37
65-74	1	6.3	9	0.1	4	0	0.0	0	0.0	0	3	18.8	30	0.6	14
75-84	2	13.3	24	0.6	59	1	6.7	11	0.1	6	4	26.7	46	0.4	16
85 and older	4	23.5	39	0.5	21	1	5.9	12	0.3	28	6	35.3	46	0.9	45
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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	5,712	7.0 %	58,996	0.2	\$17	1,955	2.4 %	20,816	0.7	\$46	81,086	727,452
Female	4,181	9.5	42,366	0.3	17	1,322	3.0	14,107	0.7	44	44,151	389,652
Disabled	1,503	26.8	17,088	0.4	38	1,050	18.7	11,560	0.7	46	5,615	57,391
5 and younger	8	3.0	95	0.1	2	0	0.0	0	0.0	0	266	2,714
6-14	7	1.9	81	0.1	60	12	3.3	134	1.0	80	367	3,989
15-20	41	10.9	464	0.2	15	15	4.0	168	0.7	49	375	3,864
21-44	480	28.0	5,476	0.3	23	208	12.1	2,286	0.7	46	1,716	17,724
45-64	965	33.5	10,952	0.4	46	815	28.3	8,972	0.7	45	2,877	29,002
65-74	2	18.2	20	0.6	37	0	0.0	0	0.0	0	11	84
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	2	13
Other Eligibles	2,678	6.9	25,278	0.2	3	272	0.7	2,547	0.6	35	38,536	332,261
5 and younger	100	0.8	1,100	0.1	1	9	0.1	106	0.7	32	12,978	114,402
6-14	243	2.0	2,726	0.1	2	45	0.4	440	0.7	44	11,917	112,483
15-20	965	13.7	9,481	0.2	2	55	0.8	504	0.5	33	7,059	58,726
21-44	1,328	20.8	11,503	0.2	3	130	2.0	1,163	0.5	32	6,383	45,159
45-64	23	30.7	251	0.4	21	11	14.7	108	0.8	57	75	747
65-74	6	22.2	69	0.5	18	2	7.4	8	1.3	132	27	200
75-84	8	22.9	91	0.6	35	12	34.3	141	0.7	25	35	215
85 and older	5	8.1	57	0.9	65	8	12.9	77	0.8	29	62	329
Male	1,531	4.1	16,630	0.2	16	633	1.7	6,709	0.8	50	36,935	337,800
Disabled	776	14.5	8,708	0.3	27	516	9.6	5,530	0.8	48	5,352	53,476
5 and younger	11	3.4	132	0.2	3	0	0.0	0	0.0	0	319	3,225
6-14	22	2.9	258	0.1	3	5	0.7	55	0.6	38	762	8,266
15-20	58	8.9	656	0.2	4	11	1.7	119	0.6	53	651	6,855
21-44	252	16.5	2,734	0.3	16	88	5.8	879	0.8	52	1,524	15,005
45-64	433	20.7	4,928	0.4	38	412	19.7	4,477	0.7	48	2,089	20,079
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	46
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	755	2.4	7,922	0.1	4	117	0.4	1,179	0.8	56	31,583	284,324
5 and younger	125	0.9	1,378	0.1	1	10	0.1	95	0.4	30	13,639	120,591
6-14	170	1.4	1,826	0.1	2	39	0.3	435	0.7	46	12,299	114,882
15-20	398	7.8	4,038	0.1	4	31	0.6	269	0.9	89	5,085	43,390
21-44	49	10.7	542	0.3	9	13	2.8	148	0.9	50	458	4,590
45-64	10	18.5	117	0.4	22	13	24.1	121	1.0	60	54	560
65-74	2	12.5	18	0.4	7	5	31.3	48	0.5	29	16	101
75-84	0	0.0	0	0.0	0	4	26.7	48	0.5	43	15	100
85 and older	1	5.9	3	0.7	9	2	11.8	15	1.2	29	17	110
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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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	\$443	7.5	173	1,749
Age				
0-64	463	7.5	139	1,433
65-74	493	8.8	3	25
75-84	537	8.9	9	87
85 and older	256	6.5	22	204
Unknown	0	0.0	0	0
Gender				
Female	496	8.4	106	1,101
Male	352	6.0	67	648
Unknown	0	0.0	0	0
Race				
White	470	7.6	137	1,365
African American	0	0	0	0
Other/unknown	347	7.3	36	384
Basis of Eligibility^c				
Aged	374	7.8	36	330
Disabled	459	7.4	137	1,419
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 261 beneficiaries who were in nursing facilities for part of their enrollment and their 2,516 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, MONTANA, 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.6	0.2	0.0	0.3	\$42	\$30	\$2	\$10	\$70	\$124	\$66	\$31	617	\$43,328	93	53.8 %	1,022
Biologicals	0.1	0.0	0.0	0.1	4	0	2	2	36	13	81	30	12	429	10	5.8	104
Antineoplastic Agents	0.8	0.0	0.0	0.8	48	0	0	48	61	0	0	61	44	2,681	6	3.5	56
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	56	40	4	12	44	75	28	20	1,029	44,865	75	43.4	800
Cardiovascular Agents	2.0	0.4	0.1	1.4	55	29	3	23	27	64	24	16	1,883	51,036	91	52.6	936
Respiratory Agents	0.7	0.5	0.0	0.3	44	39	0	5	62	85	56	20	575	35,446	75	43.4	807
Gastrointestinal Agents	1.2	0.2	0.0	0.9	56	27	1	28	49	109	28	32	1,067	51,811	85	49.1	918
Genitourinary Agents	0.8	0.5	0.1	0.2	48	36	4	8	59	73	61	31	375	22,190	43	24.9	465
CNS Drugs	1.9	0.8	0.1	1.0	175	135	5	36	91	165	65	35	2,598	237,439	126	72.8	1,355
Stimulants/Anti-obesity/Anorexia	1.6	0.0	0.0	1.6	20	0	0	20	12	0	0	12	38	473	2	1.2	24
Miscellaneous Psychological/																	
Neurological Agents	1.1	1.1	0.0	0.0	606	603	0	2	549	566	0	66	117	64,194	10	5.8	106
Analgesics and Anesthetics	1.4	0.4	0.0	1.0	68	36	0	32	48	94	17	32	1,296	62,703	90	52.0	920
Neuromuscular Agents	1.7	0.3	0.4	1.0	95	36	18	41	57	113	50	41	1,789	101,108	97	56.1	1,060
Nutritional Products	1.0	0.0	0.0	1.0	20	0	0	20	19	0	15	20	695	13,552	63	36.4	665
Hematological Agents	1.3	0.2	0.6	0.5	69	54	9	7	52	241	14	14	463	24,295	34	19.7	350
Topical Products	0.4	0.1	0.0	0.3	17	8	1	7	38	70	40	25	389	14,856	81	46.8	892
Miscellaneous Products	0.1	0.1	0.0	0.0	4	4	0	0	40	43	0	14	11	439	9	5.2	98
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	27	0	0	0	126	3,456	28	16.2	311
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.	13,124	774,301	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 261 beneficiaries who were in nursing facilities for part of their enrollment and their 2,516 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.medispn.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.medispanspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Montana, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, MONTANA, 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	\$154,032	82	47.4 %	882	0.8	\$213	\$175
ANTIDEPRESSANTS	66,752	125	72.3	1,383	0.9	54	48
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	64,374	13	7.5	142	0.9	532	453
ANTICONVULSANT	61,497	93	53.8	1,012	1.1	55	61
ANALGESICS - Narcotic	46,521	108	62.4	1,077	0.9	49	43
ULCER DRUGS	42,314	74	42.8	796	0.8	65	53
MUSCULOSKELETAL THERAPY AGENTS	34,412	39	22.5	424	1.1	75	81
ANTIASTHMATIC	31,036	83	48.0	894	0.5	68	35
ANTIDIABETIC	30,346	54	31.2	555	1.1	52	55
ANTIHYPERTENSIVE	19,425	27	15.6	280	0.9	79	69
Total	550,709	698		7,445	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 261 beneficiaries who were in nursing facilities for part of their enrollment and their 2,516 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 ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, MONTANA, 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	6,545	\$550,709	82	47.4 %	882	0.8	\$175	125	72.3 %	1,383	0.9	\$48
Female	4,486	376,502	55	51.9	603	0.8	174	84	79.2	950	0.9	46
Disabled	3,684	326,827	43	52.4	469	0.9	200	68	82.9	761	1.0	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	802	49,675	12	50.0	134	0.6	86	16	66.7	189	0.7	42
64 or younger	100	7,966	2	200.0	24	1.0	72	0	0.0	0	0.0	0
65-74	113	10,139	1	50.0	12	1.1	425	1	50.0	12	1.1	117
65-74	231	12,077	2	40.0	17	0.3	15	4	80.0	48	0.7	41
75-84	358	19,493	7	43.8	81	0.5	54	11	68.8	129	0.7	35
85 and older												
Male	2,059	174,207	27	40.3	279	0.8	176	41	61.2	433	0.8	53
Disabled	1,759	146,607	20	36.4	215	0.8	166	35	63.6	376	0.8	56
64 or younger	1,759	146,607	20	36.4	215	0.8	166	35	63.6	376	0.8	56
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	300	27,600	7	58.3	64	0.8	207	6	50.0	57	0.8	34
64 or younger	16	1,676	2	200.0	4	1.3	122	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	181	22,157	5	125.0	60	0.8	213	4	100.0	42	0.7	22
75-84	103	3,767	0	0.0	0	0.0	0	2	33.3	15	1.0	65
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 Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 261 beneficiaries who were in nursing facilities for part of their enrollment and their 2,516 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONSULSANT					ANALGESICS - Narcotic				
	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	13	7.5 %	142	0.9	\$453	93	53.8 %	1,012	1.1	\$61	108	62.4 %	1,077	0.9	\$43
Female	10	9.4	113	0.9	559	53	50.0	566	1.2	61	76	71.7	753	1.0	36
Disabled	7	8.5	77	0.9	757	46	56.1	482	1.2	61	54	65.9	535	1.1	41
64 or younger	7	8.5	77	0.9	757	46	56.1	482	1.2	61	54	65.9	535	1.1	41
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3	12.5	36	1.1	133	7	29.2	84	1.2	64	22	91.7	218	0.8	24
64 or younger	0	0.0	0	0.0	0	1	100.0	12	0.5	39	1	100.0	12	0.7	10
65-74	0	0.0	0	0.0	0	3	150.0	36	1.8	49	1	50.0	12	1.8	157
75-84	0	0.0	0	0.0	0	2	40.0	24	1.0	130	8	160.0	74	0.8	30
85 and older	3	18.8	36	1.1	133	1	6.3	12	0.3	3	12	75.0	120	0.7	8
Male	3	4.5	29	0.5	44	40	59.7	446	1.0	61	32	47.8	324	0.7	61
Disabled	3	5.5	29	0.5	44	33	60.0	384	1.0	64	27	49.1	292	0.7	62
64 or younger	3	5.5	29	0.5	44	33	60.0	384	1.0	64	27	49.1	292	0.7	62
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	7	58.3	62	0.8	37	5	41.7	32	0.6	46
Other Eligibles	0	0.0	0	0.0	0	1	100.0	2	1.0	18	1	100.0	2	4.5	576
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	4	100.0	45	0.7	36	2	50.0	24	0.3	12
75-84	0	0.0	0	0.0	0	2	33.3	15	1.3	41	2	33.3	6	0.5	7
85 and older	0	0.0	0	0.0	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	0.0	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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 261 beneficiaries who were in nursing facilities for part of their enrollment and their 2,516 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 ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ULCER DRUGS					MUSCULOSKELETAL THERAPY AGENTS					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	74	42.8 %	796	0.8	\$53	39	22.5 %	424	1.1	\$81	83	48.0 %	894	0.5	\$35
Female	44	41.5	466	0.8	56	28	26.4	316	1.0	66	57	53.8	641	0.5	34
Disabled	37	45.1	389	0.8	62	26	31.7	292	1.1	70	51	62.2	569	0.5	33
r	37	45.1	389	0.8	62	26	31.7	292	1.1	70	51	62.2	569	0.5	33
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	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	7	29.2	77	0.7	27	2	8.3	24	0.5	22	6	25.0	72	0.8	41
Other Eligibles	1	100.0	12	1.0	96	0	0.0	0	0.0	0	1	100.0	12	0.8	47
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	3	60.0	36	0.4	13	1	20.0	12	0.1	2	5	100.0	60	0.8	40
75-84	3	18.8	29	0.9	15	1	6.3	12	1.0	42	0	0.0	0	0.0	0
85 and older															
Male	30	44.8	330	0.8	49	11	16.4	108	1.2	126	26	38.8	253	0.5	37
Disabled	25	45.5	279	0.8	52	10	18.2	105	1.2	129	20	36.4	190	0.5	38
r	25	45.5	279	0.8	52	10	18.2	105	1.2	129	20	36.4	190	0.5	38
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	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	5	41.7	51	0.8	30	1	8.3	3	0.3	20	6	50.0	63	0.5	36
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	2	50.0	24	0.7	30	0	0.0	0	0.0	0	2	50.0	24	0.6	59
75-84	3	50.0	27	1.0	30	1	16.7	3	0.3	20	4	66.7	39	0.5	21
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 261 beneficiaries who were in nursing facilities for part of their enrollment and their 2,516 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					Benefit Months	
	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	Among All-Year Nursing Facility Residents
All	54	31.2 %	555	1.1	\$55	27	15.6 %	280	0.9	\$69	173	1,749
Female	38	35.8	384	1.1	57	19	17.9	198	0.9	64	106	1,101
Disabled	28	34.1	267	1.1	57	16	19.5	162	0.8	60	82	865
64 or younger	28	34.1	267	1.1	57	16	19.5	162	0.8	60	82	865
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	10	41.7	117	0.9	54	3	12.5	36	1.0	85	24	236
64 or younger	2	200.0	24	1.3	128	1	100.0	12	1.0	71	1	12
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
75-84	4	80.0	48	0.9	35	0	0.0	0	0.0	0	5	42
85 and older	4	25.0	45	0.8	36	2	12.5	24	1.0	93	16	158
Male	16	23.9	171	1.0	51	8	11.9	82	0.9	81	67	648
Disabled	10	18.2	108	1.2	57	7	12.7	70	0.9	62	55	554
64 or younger	10	18.2	108	1.2	57	7	12.7	70	0.9	62	55	554
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	6	50.0	63	0.7	40	1	8.3	12	1.1	194	12	94
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
75-84	4	100.0	48	0.5	43	1	25.0	12	1.1	194	4	45
85 and older	2	33.3	15	1.2	29	0	0.0	0	0.0	0	6	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 Montana, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 261 beneficiaries who were in nursing facilities for part of their enrollment and their 2,516 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 ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, 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 Nondual Rx \$	Total Number of Beneficiaries
All	15,189	18.7 %	0.8	64,795	\$17	\$1,345,798	\$21	3.4 %	81,086
Age									
5 and younger	4,483	16.5	0.3	9,162	6	158,159	17	6.2	27,202
6-14	3,624	14.3	0.4	8,975	6	163,359	18	2.3	25,345
15-20	2,021	15.3	0.4	5,382	8	106,888	20	2.0	13,170
21-44	2,568	25.5	1.5	15,390	30	298,188	19	2.9	10,081
45-64	2,428	47.7	5.0	25,422	120	611,756	24	4.4	5,095
65-74	18	29.5	2.3	143	39	2,353	16	4.2	61
75-84	17	33.3	2.2	111	45	2,306	21	3.0	51
85 and older	30	37.0	2.6	210	34	2,789	13	3.1	81
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	69	37.3	2.9	534	50	9,189	17	3.1	185
Disabled	4,341	39.6	3.5	38,204	83	913,478	24	3.5	10,967
Adults	1,455	18.5	0.8	5,990	14	107,209	18	3.8	7,857
Children	9,321	15.0	0.3	20,038	5	315,613	16	3.1	62,063
Unknown	3	21.4	2.1	29	22	309	11	2.4	14
Gender									
Female	8,873	20.1	0.9	40,791	20	866,665	21	4.0	44,151
Male	6,316	17.1	0.6	24,004	13	479,133	20	2.7	36,935
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	11,969	21.1	1.0	54,459	20	1,161,347	21	3.5	56,660
African American	153	18.1	0.6	518	10	8,240	16	2.6	845
Other/unknown	3,067	13.0	0.4	9,818	7	176,211	18	3.1	23,581
Use of Nursing Facilities^d									
Entire year	128	74.0	10.0	1,723	210	36,268	21	4.7	173
Part year	189	72.4	6.8	1,766	154	40,294	23	4.0	261
None	14,872	18.4	0.8	61,306	16	1,269,236	21	3.4	80,652
Maintenance Assistance Status									
Cash	7,169	22.3	1.3	40,567	29	931,415	23	3.5	32,101
Medically needy	262	39.0	3.2	2,127	61	40,681	19	3.2	672
Poverty related	4,579	14.8	0.3	8,931	4	120,049	13	3.1	30,909
Other/unknown	3,179	18.3	0.8	13,170	15	253,653	19	3.3	17,404

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
MONTANA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$21	\$0	\$1	727,452
Age						
5 and younger	0.0	1	17	0	0	240,932
6-14	0.0	1	18	0	0	239,620
15-20	0.0	1	20	0	0	112,835
21-44	0.2	4	19	0	2	82,478
45-64	0.5	12	24	0	4	50,388
65-74	0.3	5	16	0	2	431
75-84	0.4	7	21	0	0	316
85 and older	0.5	6	13	0	1	452
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	8	17	0	2	1,185
Disabled	0.3	8	24	0	3	110,867
Adults	0.1	2	18	0	1	56,058
Children	0.0	1	16	0	0	559,265
Unknown	0.4	4	11	0	4	77
Gender						
Female	0.1	2	21	0	1	389,652
Male	0.1	1	20	0	0	337,800
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	21	0	1	496,584
African American	0.1	1	16	0	0	7,492
Other/unknown	0.0	1	18	0	0	223,376
Use of Nursing Facilities^d						
Entire year	1.0	21	21	1	9	1,749
Part year	0.7	16	23	1	5	2,516
None	0.1	2	21	0	1	723,187
Maintenance Assistance Status						
Cash	0.1	3	23	0	1	308,744
Medically needy	0.5	10	19	0	3	4,093
Poverty related	0.0	0	13	0	0	258,504
Other/unknown	0.1	2	19	0	1	156,111

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
MONTANA, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	19,455	\$69	\$1,345,798	100.0 %	64,795	\$21	100.0 %
Anorexia or weight loss/gain	1	285	285	0.0	11	26	0.0
Fertility drugs	2	26	51	0.0	2	26	0.0
Drugs for cosmetic purposes	47	12	570	0.0	53	11	0.1
Cough and cold medications	6,092	30	181,862	13.5	9,619	19	14.8
Vitamins and minerals	3,263	52	168,869	12.5	11,453	15	17.7
Non-prescription drugs	6,548	57	374,904	27.9	21,408	18	33.0
Barbiturates	149	94	13,961	1.0	1,255	11	1.9
Benzodiazepines	2,866	159	454,759	33.8	19,553	23	30.2
Other Part D Excl Rx Drugs	487	309	150,537	11.2	1,441	104	2.2

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, MONTANA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	81,257	185	10,971	7,860	62,227	14	729,569	1,185	110,944	56,091	561,272	77
Age												
5 and younger	27,250	0	585	0	26,665	0	241,498	0	5,948	0	235,550	0
6-14	25,435	0	1,132	1	24,302	0	240,761	0	12,306	4	228,451	0
15-20	13,203	0	1,027	1,027	11,145	4	113,245	0	10,736	5,685	96,810	14
21-44	10,081	1	3,240	6,721	115	4	82,478	12	32,729	49,259	461	17
45-64	5,095	13	4,966	110	0	6	50,388	119	49,081	1,142	0	46
65-74	61	42	18	1	0	0	431	300	130	1	0	0
75-84	51	50	1	0	0	0	316	315	1	0	0	0
85 and older	81	79	2	0	0	0	452	439	13	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	44,223	132	5,615	7,372	31,090	14	390,733	835	57,429	51,046	281,346	77
Male	37,034	53	5,356	488	31,137	0	338,836	350	53,515	5,045	279,926	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	56,822	173	8,702	5,938	41,997	12	498,434	1,083	86,816	40,640	369,831	64
African American	846	0	85	43	718	0	7,501	0	857	338	6,306	0
Other/unknown	23,589	12	2,184	1,879	19,512	2	223,634	102	23,271	15,113	185,135	13
Use of Nursing Facilities^c												
Entire year	173	36	137	0	0	0	1,749	330	1,419	0	0	0
Part year	261	18	226	9	8	0	2,516	144	2,188	96	88	0
None	80,823	131	10,608	7,851	62,219	14	725,304	711	107,337	55,995	561,184	77
Maintenance Assistance Status												
Cash	32,129	37	9,931	1,841	20,320	0	309,246	308	102,904	17,282	188,752	0
Medically needy	672	119	490	12	51	0	4,093	680	3,021	15	377	0
Poverty related	31,043	0	0	4,106	26,923	14	259,905	0	0	22,589	237,239	77
Other/unknown	17,413	29	550	1,901	14,933	0	156,325	197	5,019	16,205	134,904	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	81,086	185	10,967	7,857	62,063	14	729,296	1,185	110,929	56,088	561,017	77
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

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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, MONTANA, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	81,257	729,569	81,086	727,452	0	2,117
Fee-for-service (FFS) all year	81,086	729,296	81,086	727,452	0	1,844
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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.