

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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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	59,318	282	4,594	16,781	37,661	0	485,328	2,836	46,654	120,264	315,574	0
Age												
5 and younger	16,211	0	184	1	16,026	0	133,585	0	1,892	9	131,684	0
6-14	15,665	0	489	3	15,173	0	138,223	0	5,132	16	133,075	0
15-20	7,899	0	406	1,296	6,197	0	63,423	0	4,200	9,613	49,610	0
21-44	16,116	0	1,622	14,229	265	0	119,928	0	16,649	102,074	1,205	0
45-64	3,136	0	1,885	1,251	0	0	27,253	0	18,713	8,540	0	0
65-74	161	152	8	1	0	0	1,663	1,583	68	12	0	0
75-84	86	86	0	0	0	0	833	833	0	0	0	0
85 and older	44	44	0	0	0	0	420	420	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	34,572	181	2,415	13,362	18,614	0	281,743	1,869	24,814	100,001	155,059	0
Male	24,744	101	2,179	3,419	19,045	0	203,572	967	21,840	20,263	160,502	0
Unknown	2	0	0	0	2	0	13	0	0	0	13	0
Race												
White	38,159	201	3,343	11,155	23,460	0	306,721	1,990	34,120	77,895	192,716	0
African American	1,389	11	70	352	956	0	10,948	90	661	2,429	7,768	0
Other/unknown	19,770	70	1,181	5,274	13,245	0	167,659	756	11,873	39,940	115,090	0
Use of Nursing Facilities^c												
Entire year	131	47	84	0	0	0	1,289	469	820	0	0	0
Part year	147	25	111	8	3	0	1,440	262	1,062	80	36	0
None	59,040	210	4,399	16,773	37,658	0	482,599	2,105	44,772	120,184	315,538	0
Maintenance Assistance Status												
Cash	27,143	173	4,034	8,482	14,454	0	228,574	1,850	42,679	60,194	123,851	0
Medically needy	4,268	93	535	1,534	2,106	0	28,931	833	3,761	7,876	16,461	0
Poverty-related	11,784	15	2	1,117	10,650	0	87,075	141	14	5,973	80,947	0
Other/unknown	16,123	1	23	5,648	10,451	0	140,748	12	200	46,221	94,315	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	58,589	282	4,593	16,502	37,212	0	482,731	2,836	46,650	119,319	313,926	0
FFS part year, with Rx claims	397	0	1	189	207	0	1,571	0	4	704	863	0
FFS part year, no Rx claims	332	0	0	90	242	0	1,026	0	0	241	785	0

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

- a. Table 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	57.4 %	7.7	\$437	\$57	\$3,382	12.9 %	59,318
Age							
5 and younger	54.9	3.2	126	39	1,781	7.1	16,211
6-14	50.6	4.7	283	60	1,937	14.6	15,665
15-20	56.6	6.7	384	58	3,815	10.1	7,899
21-44	63.5	10.2	582	57	4,423	13.1	16,116
45-64	72.7	32.8	2,034	62	11,095	18.3	3,136
65-74	78.3	43.2	2,532	59	17,675	14.3	161
75-84	82.6	45.8	2,018	44	15,934	12.7	86
85 and older	86.4	47.7	1,763	37	21,803	8.1	44
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	80.9	44.4	2,215	50	17,960	12.3	282
Disabled	78.9	34.6	2,476	72	19,377	12.8	4,594
Adults	62.0	8.1	373	46	2,316	16.1	16,781
Children	52.6	4.0	203	51	1,796	11.3	37,661
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	60.6	8.6	454	53	3,217	14.1	34,572
Male	52.9	6.5	413	63	3,612	11.4	24,744
Unknown	50.0	5.0	192	38	4,873	3.9	2
Race							
White	60.9	8.9	515	58	3,701	13.9	38,159
African American	60.5	5.4	253	47	1,967	12.8	1,389
Other/unknown	50.5	5.7	298	53	2,864	10.4	19,770
Use of Nursing Facilities^f							
Entire year	97.7	79.9	4,895	61	53,571	9.1	131
Part year	98.6	67.0	4,374	65	52,449	8.3	147
None	57.2	7.4	417	56	3,148	13.2	59,040
Maintenance Assistance Status							
Cash	58.2	10.0	613	61	4,296	14.3	27,143
Medically needy	52.8	10.3	563	55	7,593	7.4	4,268
Poverty related	49.7	3.1	142	46	1,014	14.0	11,784
Other/unknown	62.9	6.5	321	49	2,458	13.1	16,123

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 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	0.9	\$53	12.9 %	42.6 %	41.8 %	6.4 %	6.3 %	2.3 %	0.6 %	\$413	59,318	485,328
Age												
5 and younger	0.4	15	7.1	45.1	50.0	3.2	1.5	0.2	0.0	216	16,211	133,585
6-14	0.5	32	14.6	49.4	40.8	4.7	4.4	0.6	0.0	220	15,665	138,223
15-20	0.8	48	10.1	43.4	41.1	7.1	6.9	1.3	0.2	475	7,899	63,423
21-44	1.4	78	13.1	36.5	39.7	10.2	9.4	3.5	0.8	594	16,116	119,928
45-64	3.8	234	18.3	27.3	20.0	10.2	20.8	16.0	5.7	1,277	3,136	27,253
65-74	4.2	245	14.3	21.7	18.0	8.7	24.2	16.8	10.6	1,711	161	1,663
75-84	4.7	208	12.7	17.4	11.6	11.6	22.1	26.7	10.5	1,645	86	833
85 and older	5.0	185	8.1	13.6	13.6	9.1	27.3	22.7	13.6	2,284	44	420
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	4.4	220	12.3	19.1	15.6	9.9	23.8	20.9	10.6	1,786	282	2,836
Disabled	3.4	244	12.8	21.1	23.7	11.6	22.3	16.1	5.2	1,908	4,594	46,654
Adults	1.1	52	16.1	38.0	41.0	9.9	8.3	2.3	0.5	323	16,781	120,264
Children	0.5	24	11.3	47.4	44.6	4.3	3.3	0.4	0.0	214	37,661	315,574
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.1	56	14.1	39.4	43.1	7.3	6.9	2.6	0.7	395	34,572	281,743
Male	0.8	50	11.4	47.1	40.0	5.3	5.4	1.8	0.4	439	24,744	203,572
Unknown	0.8	30	3.9	50.0	50.0	0.0	0.0	0.0	0.0	750	2	13
Race												
White	1.1	64	13.9	39.1	42.6	7.3	7.4	2.8	0.7	460	38,159	306,721
African American	0.7	32	12.8	39.5	49.4	4.5	5.0	1.4	0.2	250	1,389	10,948
Other/unknown	0.7	35	10.4	49.5	39.7	4.9	4.2	1.4	0.4	338	19,770	167,659
Use of Nursing Facilities^f												
Entire year	8.1	497	9.1	2.3	1.5	8.4	19.1	43.5	25.2	5,444	131	1,289
Part year	6.8	447	8.3	1.4	9.5	8.2	27.9	32.7	20.4	5,354	147	1,440
None	0.9	51	13.2	42.8	42.0	6.4	6.2	2.1	0.5	385	59,040	482,599
Maintenance Assistance Status												
Cash	1.2	73	14.3	41.8	39.5	6.7	7.4	3.5	1.0	510	27,143	228,574
Medically needy	1.5	83	7.4	47.2	30.0	7.4	9.7	4.5	1.2	1,120	4,268	28,931
Poverty related	0.4	19	14.0	50.3	42.8	4.0	2.6	0.2	0.0	137	11,784	87,075
Other/unknown	0.7	37	13.1	37.1	48.0	7.5	6.2	1.1	0.1	282	16,123	140,748

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 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, NORTH DAKOTA, 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	0.9	\$53	\$57	0.4	\$39	\$102	0.1	\$4	\$68	0.5	\$10	\$20
Age												
5 and younger	0.4	15	39	0.1	10	71	0.0	1	47	0.2	4	17
6-14	0.5	32	60	0.3	26	92	0.0	1	63	0.2	4	20
15-20	0.8	48	58	0.4	37	97	0.0	3	60	0.4	9	21
21-44	1.4	78	57	0.5	56	112	0.1	6	69	0.8	16	21
45-64	3.8	234	62	1.4	169	117	0.2	20	84	2.1	46	22
65-74	4.2	245	59	1.8	185	105	0.2	16	74	2.2	43	20
75-84	4.7	208	44	1.7	151	88	0.3	10	37	2.7	47	17
85 and older	5.0	185	37	1.9	140	73	0.3	7	27	2.8	38	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.4	220	50	1.8	164	93	0.2	13	54	2.4	43	18
Disabled	3.4	244	72	1.4	182	131	0.2	20	85	1.8	42	24
Adults	1.1	52	46	0.4	36	92	0.1	4	58	0.7	12	19
Children	0.5	24	51	0.2	19	83	0.0	1	54	0.2	4	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.1	56	53	0.4	40	100	0.1	4	63	0.6	11	20
Male	0.8	50	63	0.4	39	106	0.0	3	77	0.4	8	21
Unknown	0.8	30	38	0.5	27	50	0.0	0	0	0.2	3	11
Race												
White	1.1	64	58	0.5	48	102	0.1	5	67	0.6	11	20
African American	0.7	32	47	0.3	24	92	0.0	2	53	0.4	6	16
Other/unknown	0.7	35	53	0.2	25	103	0.0	2	71	0.4	8	21
Use of Nursing Facilities^e												
Entire year	8.1	497	61	3.0	359	118	0.6	44	72	4.5	94	21
Part year	6.8	447	65	2.4	326	135	0.4	36	87	4.0	85	21
None	0.9	51	56	0.4	38	101	0.1	4	67	0.5	10	20
Maintenance Assistance Status												
Cash	1.2	73	61	0.5	53	114	0.1	6	77	0.6	14	22
Medically needy	1.5	83	55	0.6	61	95	0.1	7	62	0.8	15	19
Poverty related	0.4	19	46	0.2	14	77	0.0	1	50	0.2	4	18
Other/unknown	0.7	37	49	0.3	28	86	0.0	2	50	0.4	7	18

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 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 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.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, NORTH DAKOTA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$11	\$7	\$1	\$3	\$40	\$70	\$60	\$19	64,056	\$2,582,425	22,964	38.7 %	229,159
Biologicals	0.4	0.4	0.0	0.0	331	304	1	26	865	857	214	1,212	289	250,031	82	0.1	756
Antineoplastic Agents	0.6	0.1	0.0	0.5	64	41	3	20	101	469	161	38	948	96,021	144	0.2	1,490
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	24	14	3	6	41	75	32	21	44,087	1,807,342	7,788	13.1	76,822
Cardiovascular Agents	1.1	0.4	0.0	0.7	37	26	1	10	33	71	35	14	43,310	1,430,085	3,868	6.5	38,973
Respiratory Agents	0.4	0.2	0.0	0.2	20	16	0	3	49	79	34	18	47,939	2,351,146	11,503	19.4	117,098
Gastrointestinal Agents	0.4	0.2	0.0	0.2	30	20	3	8	71	130	73	33	15,204	1,086,447	3,568	6.0	36,036
Genitourinary Agents	0.3	0.1	0.0	0.1	13	9	1	2	49	71	41	23	5,680	278,908	2,099	3.5	21,083
CNS Drugs	1.0	0.5	0.1	0.4	79	64	5	10	81	130	101	24	84,481	6,838,597	8,759	14.8	86,158
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	62	55	1	6	76	88	67	37	26,674	2,034,139	3,197	5.4	32,736
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.4	0.0	0.0	179	172	4	3	415	478	111	74	808	335,032	187	0.3	1,874
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	23	17	1	6	47	130	132	16	50,019	2,337,712	10,234	17.3	100,075
Neuromuscular Agents	0.8	0.4	0.1	0.3	68	48	11	8	85	129	118	25	33,725	2,864,840	4,115	6.9	42,198
Nutritional Products	0.4	0.0	0.0	0.3	6	1	0	5	14	19	14	14	7,210	104,368	1,918	3.2	18,474
Hematological Agents	0.7	0.2	0.1	0.5	46	37	2	7	66	237	29	14	4,721	310,806	686	1.2	6,799
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	36	68	40	20	26,474	956,256	11,232	18.9	114,376
Miscellaneous Products	0.4	0.1	0.0	0.2	68	43	5	20	181	287	301	95	1,204	218,021	301	0.5	3,199
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	19	0	0	0	1,051	20,007	599	1.0	6,284
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.	457,880	25,902,183	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 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 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.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, NORTH DAKOTA, 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	\$3,737,106	2,655	4.5 %	28,450	0.7	\$178	\$131
ANTIDEPRESSANTS	2,674,725	9,004	15.2	89,839	0.5	55	30
ANTICONVULSANT	2,565,111	2,919	4.9	30,874	0.8	103	83
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,021,384	3,843	6.5	40,055	0.7	76	50
ANTIASTHMATIC	1,573,644	7,609	12.8	77,892	0.3	59	20
ANALGESICS - Narcotic	1,066,481	11,454	19.3	114,766	0.3	32	9
ANALGESICS - ANTI-INFLAMMATORY	838,083	5,458	9.2	55,771	0.2	65	15
ULCER DRUGS	778,323	3,296	5.6	33,584	0.4	58	23
ANTIDIABETIC	746,597	1,606	2.7	16,202	0.7	62	46
DERMATOLOGICAL	640,139	8,612	14.5	90,153	0.2	41	7
Total	16,641,593	56,456		577,586	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 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean 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	235,003	\$16,641,593	2,655	4.5 %	28,450	0.7	\$131	9,004	15.2 %	89,839	0.5	\$30
Female	144,350	9,414,719	1,390	4.0	14,732	0.7	119	6,628	19.2	65,593	0.5	29
Disabled	51,686	4,297,569	637	26.4	7,037	0.9	175	1,422	58.9	15,610	0.7	38
	308	20,732	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	1,570	135,774	25	14.7	274	0.9	140	37	21.8	426	0.7	24
6-14	2,211	184,638	24	14.0	260	0.7	122	54	31.4	607	0.5	28
15-20	16,741	1,489,672	267	32.4	2,928	0.8	149	531	64.4	5,705	0.7	38
21-44	30,647	2,451,135	320	27.6	3,563	1.0	202	795	68.5	8,814	0.7	39
45-64	209	15,618	1	20.0	12	0.9	339	5	100.0	58	0.7	36
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	92,664	5,117,150	753	2.3	7,695	0.5	68	5,206	16.2	49,983	0.5	27
Other Eligibles	6,222	273,508	9	0.1	108	0.2	17	25	0.3	253	0.5	13
5 and younger	14,907	966,745	175	2.3	1,853	0.5	74	516	6.9	5,367	0.5	21
6-14	13,106	765,789	184	4.3	1,919	0.6	69	894	21.0	8,894	0.4	23
15-20	49,235	2,568,587	326	2.8	3,249	0.4	56	3,393	29.4	31,920	0.5	28
21-44	5,813	336,896	36	4.4	317	0.4	60	315	38.3	2,860	0.5	34
45-64	1,821	120,222	12	12.6	144	1.3	217	27	28.4	315	0.8	49
65-74	875	45,341	8	16.0	77	1.0	124	21	42.0	202	0.8	33
75-84	685	40,062	3	8.3	28	1.4	261	15	41.7	172	0.7	24
85 and older												
Male	90,651	7,226,696	1,265	5.1	13,718	0.8	145	2,376	9.6	24,246	0.6	31
Disabled	35,028	3,458,351	610	28.0	6,874	0.9	192	725	33.3	8,018	0.7	38
	472	34,702	6	5.9	70	0.6	123	3	2.9	30	0.4	4
5 and younger	4,558	431,014	107	33.5	1,180	0.8	141	94	29.5	1,068	0.7	28
6-14	3,649	367,139	88	37.6	991	0.9	160	86	36.8	965	0.8	43
15-20	12,254	1,369,592	227	28.5	2,589	1.0	217	251	31.5	2,758	0.7	40
21-44	14,094	1,255,896	182	25.1	2,044	1.0	207	291	40.2	3,197	0.7	39
45-64	1	8	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	55,623	3,768,345	655	2.9	6,844	0.6	98	1,651	7.3	16,228	0.5	27
Other Eligibles	7,724	387,092	13	0.2	139	0.5	54	29	0.4	323	0.4	9
5 and younger	25,440	1,821,236	314	4.1	3,399	0.7	101	668	8.7	7,067	0.5	23
6-14	12,334	925,428	253	7.8	2,662	0.7	103	552	17.0	5,383	0.5	30
15-20	6,618	400,973	45	1.5	370	0.4	67	295	9.9	2,501	0.5	32
21-44	1,709	99,428	8	1.9	54	0.4	40	65	15.2	541	0.5	30
45-64	991	80,898	10	17.2	110	0.6	47	22	37.9	236	0.6	33
65-74	599	44,678	8	22.2	72	0.8	123	12	33.3	110	0.7	44
75-84	208	8,612	4	50.0	38	0.6	20	8	100.0	67	0.9	33
85 and older												
Unknown	2	178	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 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANTICONVULSANT					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIASTHMATIC				
	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	2,919	4.9 %	30,874	0.8	\$83	3,843	6.5 %	40,055	0.7	\$51	7,609	12.8 %	77,892	0.3	\$20
Female	1,743	5.0	18,191	0.7	76	1,383	4.0	14,612	0.6	47	4,394	12.7	44,986	0.3	19
Disabled	760	31.5	8,429	0.9	97	137	5.7	1,516	0.7	62	866	35.9	9,593	0.5	33
5 and younger	17	20.7	162	0.7	63	0	0.0	0	0.0	0	39	47.6	414	0.3	18
6-14	41	24.1	449	0.8	92	49	28.8	532	0.7	60	30	17.6	330	0.4	22
15-20	58	33.7	671	1.2	124	16	9.3	186	0.6	40	40	23.3	479	0.5	30
21-44	307	37.2	3,400	0.9	115	49	5.9	533	0.7	67	273	33.1	3,000	0.4	24
45-64	336	28.9	3,736	0.8	79	23	2.0	265	1.0	69	481	41.4	5,337	0.6	40
65-74	1	20.0	11	0.2	19	0	0.0	0	0.0	0	3	60.0	33	0.9	61
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	983	3.1	9,762	0.6	58	1,246	3.9	13,096	0.6	45	3,528	11.0	35,393	0.3	15
5 and younger	58	0.7	651	0.8	64	41	0.5	470	0.5	30	831	10.6	8,638	0.2	14
6-14	164	2.2	1,724	0.8	78	752	10.0	7,945	0.6	45	701	9.3	7,335	0.3	16
15-20	141	3.3	1,409	0.7	86	202	4.7	2,108	0.6	50	434	10.2	4,348	0.3	14
21-44	531	4.6	5,100	0.5	46	232	2.0	2,362	0.5	46	1,392	12.1	13,347	0.3	15
45-64	67	8.1	634	0.5	39	19	2.3	211	0.5	50	110	13.4	1,031	0.4	24
65-74	10	10.5	115	0.7	40	0	0.0	0	0.0	0	30	31.6	348	0.4	28
75-84	3	6.0	26	0.7	36	0	0.0	0	0.0	0	19	38.0	214	0.7	35
85 and older	9	25.0	103	0.7	22	0	0.0	0	0.0	0	11	30.6	132	0.3	22
Male	1,176	4.8	12,683	0.9	93	2,460	9.9	25,443	0.7	52	3,214	13.0	32,894	0.3	22
Disabled	606	27.8	6,742	1.0	113	254	11.7	2,838	0.8	64	465	21.3	5,044	0.6	37
5 and younger	4	3.9	40	1.5	144	10	9.8	116	0.6	30	42	41.2	460	0.2	19
6-14	64	20.1	709	1.0	122	150	47.0	1,671	0.9	64	74	23.2	852	0.4	30
15-20	71	30.3	789	1.0	112	63	26.9	714	0.9	70	25	10.7	248	0.5	24
21-44	297	37.3	3,316	1.1	130	21	2.6	236	0.7	73	113	14.2	1,234	0.5	33
45-64	170	23.5	1,888	0.9	81	10	1.4	101	0.6	55	211	29.1	2,250	0.7	46
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	570	2.5	5,941	0.8	70	2,206	9.8	22,605	0.7	51	2,749	12.2	27,850	0.3	19
5 and younger	75	0.9	784	0.7	47	96	1.2	1,045	0.6	37	1,267	15.5	12,907	0.2	16
6-14	228	3.0	2,521	0.8	70	1,641	21.4	16,959	0.7	51	954	12.4	10,074	0.3	19
15-20	139	4.3	1,469	0.8	67	417	12.9	4,134	0.7	57	291	9.0	2,827	0.4	21
21-44	89	3.0	828	0.6	73	47	1.6	426	0.6	46	163	5.5	1,381	0.4	23
45-64	22	5.1	160	0.7	107	4	0.9	31	0.8	73	32	7.5	263	0.5	36
65-74	11	19.0	116	1.1	201	0	0.0	0	0.0	0	23	39.7	231	0.7	55
75-84	6	16.7	63	0.6	12	0	0.0	0	0.0	0	15	41.7	143	0.8	131
85 and older	0	0.0	0	0.0	0	1	12.5	10	0.4	8	4	50.0	24	0.6	43
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.2	15

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 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY					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	11,454	19.3 %	114,766	0.3	\$9	5,458	9.2 %	55,771	0.2	\$15	3,296	5.6 %	33,584	0.4	\$23
Female	8,739	25.3	88,034	0.3	9	4,105	11.9	41,980	0.2	15	2,297	6.6	23,576	0.4	22
Disabled	1,406	58.2	15,625	0.4	20	746	30.9	8,455	0.4	36	705	29.2	7,838	0.5	31
5 and younger	8	9.8	91	0.1	1	3	3.7	28	0.1	2	15	18.3	165	0.3	14
6-14	22	12.9	259	0.2	1	10	5.9	105	0.2	6	15	8.8	164	0.3	11
15-20	43	25.0	467	0.2	2	33	19.2	353	0.3	13	29	16.9	327	0.4	24
21-44	544	65.9	6,050	0.4	24	258	31.3	2,905	0.3	17	210	25.5	2,332	0.4	27
45-64	785	67.6	8,713	0.5	19	438	37.7	5,018	0.5	50	433	37.3	4,815	0.6	35
65-74	4	80.0	45	0.8	31	4	80.0	46	0.5	34	3	60.0	35	0.7	62
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	7,333	22.8	72,409	0.3	6	3,359	10.4	33,525	0.2	9	1,592	5.0	15,738	0.3	17
5 and younger	207	2.6	2,234	0.1	1	179	2.3	1,954	0.2	1	167	2.1	1,498	0.2	10
6-14	366	4.9	3,878	0.1	2	199	2.7	2,173	0.1	5	90	1.2	976	0.2	15
15-20	1,081	25.4	10,794	0.2	2	540	12.7	5,567	0.2	4	200	4.7	2,085	0.2	11
21-44	5,210	45.2	50,750	0.3	7	2,193	19.0	21,385	0.2	10	938	8.1	9,137	0.3	18
45-64	375	45.6	3,657	0.4	13	200	24.3	1,890	0.3	21	132	16.0	1,300	0.4	28
65-74	53	55.8	624	0.3	4	30	31.6	344	0.3	28	38	40.0	442	0.5	20
75-84	19	38.0	222	0.3	19	11	22.0	130	0.5	29	19	38.0	206	0.7	40
85 and older	22	61.1	250	0.6	33	7	19.4	82	0.6	49	8	22.2	94	0.6	35
Male	2,715	11.0	26,732	0.3	12	1,353	5.5	13,791	0.2	17	999	4.0	10,008	0.5	27
Disabled	667	30.6	7,205	0.5	27	318	14.6	3,513	0.3	38	388	17.8	4,213	0.6	39
5 and younger	11	10.8	132	0.1	2	10	9.8	107	0.1	1	15	14.7	165	0.4	21
6-14	35	11.0	404	0.1	1	7	2.2	84	0.1	3	22	6.9	235	0.6	39
15-20	38	16.2	431	0.2	7	21	9.0	247	0.2	5	18	7.7	208	0.5	30
21-44	218	27.4	2,278	0.4	31	118	14.8	1,263	0.3	28	115	14.4	1,224	0.7	44
45-64	364	50.3	3,957	0.5	31	162	22.4	1,812	0.4	52	218	30.1	2,381	0.6	38
65-74	1	33.3	3	0.3	3	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	2,048	9.1	19,527	0.2	6	1,035	4.6	10,278	0.2	10	611	2.7	5,795	0.3	18
5 and younger	316	3.9	3,387	0.1	1	165	2.0	1,821	0.1	1	212	2.6	1,970	0.3	13
6-14	374	4.9	3,998	0.1	2	179	2.3	1,957	0.1	7	100	1.3	1,073	0.3	13
15-20	415	12.8	3,997	0.2	2	302	9.3	2,955	0.2	5	69	2.1	700	0.3	10
21-44	763	25.7	6,521	0.3	10	292	9.8	2,657	0.2	18	152	5.1	1,323	0.4	30
45-64	136	31.8	1,199	0.5	19	68	15.9	583	0.3	17	44	10.3	386	0.4	28
65-74	26	44.8	263	0.4	40	17	29.3	182	0.4	23	15	25.9	139	0.5	26
75-84	15	41.7	130	0.3	4	9	25.0	98	0.6	44	15	41.7	166	0.5	20
85 and older	3	37.5	32	0.6	39	3	37.5	25	0.9	94	4	50.0	38	1.0	13
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 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL					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	1,606	2.7 %	16,202	0.7	\$46	8,612	14.5 %	90,153	0.2	\$7	59,318	485,328
Female	1,164	3.4	11,793	0.7	45	5,318	15.4	55,588	0.2	7	34,572	281,743
Disabled	556	23.0	6,147	0.8	48	796	33.0	9,055	0.2	10	2,415	24,814
5 and younger	0	0.0	0	0.0	0	19	23.2	205	0.1	3	82	844
6-14	1	0.6	12	1.1	65	43	25.3	489	0.1	6	170	1,755
15-20	7	4.1	84	1.1	105	48	27.9	553	0.2	15	172	1,777
21-44	94	11.4	1,032	0.7	49	288	34.9	3,266	0.2	9	825	8,582
45-64	449	38.7	4,963	0.8	47	395	34.0	4,508	0.2	10	1,161	11,797
65-74	5	100.0	56	0.7	36	3	60.0	34	0.1	2	5	59
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	608	1.9	5,646	0.7	42	4,522	14.1	46,533	0.2	7	32,157	256,929
5 and younger	7	0.1	75	0.8	41	1,392	17.7	14,538	0.2	5	7,867	64,466
6-14	15	0.2	144	1.0	59	901	12.0	9,542	0.2	7	7,507	65,433
15-20	36	0.8	388	0.7	52	601	14.1	6,297	0.2	9	4,254	33,338
21-44	371	3.2	3,339	0.6	41	1,454	12.6	14,379	0.2	7	11,525	85,961
45-64	97	11.8	798	0.6	33	123	14.9	1,189	0.2	8	823	5,862
65-74	55	57.9	622	0.9	56	27	28.4	323	0.2	10	95	1,015
75-84	16	32.0	159	0.9	25	11	22.0	111	0.3	6	50	496
85 and older	11	30.6	121	0.8	58	13	36.1	154	0.4	7	36	358
Male	442	1.8	4,409	0.8	49	3,294	13.3	34,565	0.2	7	24,744	203,572
Disabled	265	12.2	2,873	0.8	51	572	26.3	6,580	0.2	10	2,179	21,840
5 and younger	2	2.0	24	1.2	78	36	35.3	415	0.1	6	102	1,048
6-14	1	0.3	12	1.0	96	70	21.9	807	0.2	7	319	3,377
15-20	3	1.3	36	1.1	56	76	32.5	879	0.2	12	234	2,423
21-44	52	6.5	563	0.7	42	211	26.5	2,440	0.2	10	797	8,067
45-64	207	28.6	2,238	0.8	53	179	24.7	2,039	0.2	11	724	6,916
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	9
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	177	0.8	1,536	0.8	44	2,722	12.1	27,985	0.2	7	22,565	181,732
5 and younger	0	0.0	0	0.0	0	1,296	15.9	13,368	0.2	5	8,158	67,214
6-14	21	0.3	183	1.0	61	698	9.1	7,571	0.1	6	7,669	67,658
15-20	22	0.7	216	0.9	52	533	16.5	5,338	0.2	11	3,239	25,885
21-44	72	2.4	530	0.7	46	130	4.4	1,059	0.2	6	2,969	17,318
45-64	29	6.8	236	0.6	26	31	7.2	277	0.3	6	428	2,678
65-74	21	36.2	241	0.7	47	15	25.9	169	0.3	13	58	580
75-84	11	30.6	124	0.9	23	11	30.6	132	0.3	4	36	337
85 and older	1	12.5	6	2.8	28	8	100.0	71	0.2	4	8	62
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13

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 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, 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	\$497	8.1	131	1,289
Age				
0-64	570	8.5	84	820
65-74	455	7.8	12	133
75-84	411	7.5	20	178
85 and older	253	7.1	15	158
Unknown	0	0.0	0	0
Gender				
Female	465	8.2	74	754
Male	543	7.9	57	535
Unknown	0	0.0	0	0
Race				
White	494	8	107	1,045
African American	510	7.4	1	12
Other/unknown	511	8.8	23	232
Basis of Eligibility^c				
Aged	370	7.5	47	469
Disabled	570	8.5	84	820
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 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 147 beneficiaries who were in nursing facilities for part of their enrollment and their 1,440 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, 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.2	\$35	\$27	\$2	\$5	\$74	\$126	\$95	\$23	415	\$30,705	85	64.9 %	885
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	1.2	0.0	0.0	1.2	68	0	0	68	59	0	0	59	23	1,351	2	1.5	20
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.7	51	33	8	9	40	70	59	14	703	28,042	53	40.5	551
Cardiovascular Agents	2.2	0.6	0.1	1.6	59	37	1	21	26	63	23	13	2,028	53,736	87	66.4	910
Respiratory Agents	1.4	0.8	0.0	0.5	111	99	0	12	79	117	32	22	658	52,095	46	35.1	471
Gastrointestinal Agents	1.0	0.1	0.1	0.8	39	12	5	22	39	90	58	28	625	24,319	60	45.8	627
Genitourinary Agents	1.0	0.8	0.0	0.2	60	47	6	8	57	61	133	32	316	18,064	27	20.6	301
CNS Drugs	2.1	1.0	0.2	1.0	184	137	23	24	87	144	108	25	2,133	185,060	97	74.0	1,005
Stimulants/Anti-obesity/Anorexia	1.1	0.0	0.0	1.1	25	0	0	25	23	0	0	23	39	888	3	2.3	36
Miscellaneous Psychological/																	
Neurological Agents	1.0	1.0	0.0	0.0	212	212	0	0	223	223	0	0	105	23,371	11	8.4	110
Analgesics and Anesthetics	1.2	0.8	0.0	0.4	79	75	0	4	68	100	7	11	747	50,976	62	47.3	645
Neuromuscular Agents	1.9	0.7	0.3	1.0	176	115	25	36	90	169	85	37	1,404	127,041	67	51.1	722
Nutritional Products	0.9	0.0	0.0	0.9	15	0	0	15	17	9	7	17	363	6,308	40	30.5	413
Hematological Agents	1.3	0.3	0.2	0.9	74	62	3	9	57	228	21	10	420	23,985	35	26.7	324
Topical Products	0.6	0.1	0.1	0.4	17	7	2	8	29	55	25	22	468	13,738	75	57.3	803
Miscellaneous Products	0.2	0.1	0.0	0.0	8	7	0	0	45	60	0	1	4	180	2	1.5	24
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	21	0	0	0	103	0	0	0	13	1,336	6	4.6	64
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.	10,464	641,195	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 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 147 beneficiaries who were in nursing facilities for part of their enrollment and their 1,440 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.medispain.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 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, 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	\$123,961	64	48.9 %	665	1.1	\$169	\$186
ANTICONVULSANT	103,911	77	58.8	837	1.2	102	124
ANTIDEPRESSANTS	55,857	100	76.3	1,079	1.0	53	52
ANTIASTHMATIC	43,669	57	43.5	583	0.9	85	75
ANTIHYPERTENSIVE	24,640	27	20.6	297	1.0	86	83
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	23,852	15	11.5	125	0.9	202	191
ANALGESICS - Narcotic	22,400	58	44.3	587	0.7	53	38
ANTIDIABETIC	20,018	34	26.0	385	1.1	46	52
ANALGESICS - ANTI-INFLAMMATORY	19,340	30	22.9	331	0.7	78	58
ULCER DRUGS	17,078	58	44.3	570	0.8	37	30
Total	454,726	520		5,459	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 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 147 beneficiaries who were in nursing facilities for part of their enrollment and their 1,440 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,281	\$454,726	64	48.9 %	665	1.1	\$186	77	58.8 %	837	1.2	\$124
Female	2,964	231,601	34	45.9	340	1.1	159	40	54.1	438	1.2	118
Disabled	2,125	171,985	26	54.2	263	1.0	145	30	62.5	328	1.3	147
64 or younger	2,125	171,985	26	54.2	263	1.0	145	30	62.5	328	1.3	147
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	839	59,616	8	30.8	77	1.1	205	10	38.5	110	0.8	30
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	259	20,309	2	50.0	24	1.8	376	2	50.0	24	0.7	23
75-84	294	22,099	6	54.5	53	0.8	127	3	27.3	26	0.7	36
85 and older	286	17,208	0	0.0	0	0.0	0	5	45.5	60	0.8	31
Male	2,317	223,125	30	52.6	325	1.2	215	37	64.9	399	1.3	131
Disabled	1,589	159,821	18	50.0	195	1.5	297	31	86.1	327	1.3	150
64 or younger	1,589	159,821	18	50.0	195	1.5	297	31	86.1	327	1.3	150
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	728	63,304	12	57.1	130	0.6	92	6	28.6	72	1.0	43
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	336	27,208	6	75.0	72	0.4	58	4	50.0	48	1.0	57
75-84	258	29,157	3	33.3	30	1.2	239	2	22.2	24	1.0	17
85 and older	134	6,939	3	75.0	28	0.4	24	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 North Dakota, released by CMS in 02/2008. 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 147 beneficiaries who were in nursing facilities for part of their enrollment and their 1,440 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	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	100	76.3 %	1,079	1.0	\$52	57	43.5 %	583	0.9	\$75	27	20.6 %	297	1.0	\$83
Female	60	81.1	645	0.9	43	26	35.1	299	0.6	46	15	20.3	170	1.0	84
Disabled	47	97.9	521	0.9	43	22	45.8	251	0.6	45	10	20.8	114	1.0	86
64 or younger	47	97.9	521	0.9	43	22	45.8	251	0.6	45	10	20.8	114	1.0	86
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	13	50.0	124	0.9	41	4	15.4	48	0.8	49	5	19.2	56	1.1	82
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	1.1	84	2	50.0	24	0.2	3	3	75.0	36	1.1	89
75-84	7	63.6	52	0.9	43	2	18.2	24	1.5	94	1	9.1	8	1.0	100
85 and older	4	36.4	48	0.6	18	0	0.0	0	0.0	0	1	9.1	12	1.3	49
Male	40	70.2	434	1.0	65	31	54.4	284	1.1	106	12	21.1	127	0.9	81
Disabled	21	58.3	226	1.1	79	19	52.8	183	1.3	69	7	19.4	77	0.9	80
64 or younger	21	58.3	226	1.1	79	19	52.8	183	1.3	69	7	19.4	77	0.9	80
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	19	90.5	208	0.9	50	12	57.1	101	0.9	173	5	23.8	50	0.9	83
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	11	137.5	132	0.9	48	2	25.0	24	1.0	127	2	25.0	24	1.2	98
75-84	4	44.4	42	1.1	68	6	66.7	53	0.9	252	3	33.3	26	0.6	70
85 and older	4	100.0	34	1.0	39	4	100.0	24	0.6	43	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 North Dakota, released by CMS in 02/2008. 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 147 beneficiaries who were in nursing facilities for part of their enrollment and their 1,440 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, NORTH DAKOTA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	15	11.5 %	125	0.9	\$191	58	44.3 %	587	0.7	\$38	34	26.0 %	385	1.1	\$52
Female	9	12.2	86	1.0	242	39	52.7	404	0.7	31	23	31.1	259	1.2	61
Disabled	5	10.4	38	1.1	412	24	50.0	224	0.7	25	15	31.3	173	1.1	45
r	5	10.4	38	1.1	412	24	50.0	224	0.7	25	15	31.3	173	1.1	45
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	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	4	15.4	48	0.9	107	15	57.7	180	0.7	39	8	30.8	86	1.4	94
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	4	100.0	48	0.6	13	3	75.0	36	1.3	74
64 or younger	0	0.0	0	0.0	0	1	9.1	12	0.1	1	3	27.3	26	1.8	57
65-74	4	36.4	48	0.9	107	10	90.9	120	0.8	53	2	18.2	24	1.1	164
75-84	0	0.0	0	0.0	0										
85 and older															
Male	6	10.5	39	0.8	79	19	33.3	183	0.7	53	11	19.3	126	1.0	33
Disabled	4	11.1	19	0.9	107	10	27.8	99	0.6	27	7	19.4	84	1.0	39
r	4	11.1	19	0.9	107	10	27.8	99	0.6	27	7	19.4	84	1.0	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	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	2	9.5	20	0.8	53	9	42.9	84	0.9	83	4	19.0	42	1.1	20
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
r	1	12.5	12	0.5	60	3	37.5	36	1.3	156	0	0.0	0	0.0	0
64 or younger	1	11.1	8	1.1	42	3	33.3	16	0.4	8	3	33.3	36	0.8	19
65-74	0	0.0	0	0.0	0	3	75.0	32	0.6	39	1	25.0	6	2.8	28
75-84															
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 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 147 beneficiaries who were in nursing facilities for part of their enrollment and their 1,440 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.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, NORTH DAKOTA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ULCER DRUGS					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	30	22.9 %	331	0.7	\$58	58	44.3 %	570	0.8	\$30	131	1,289
Female	21	28.4	244	0.7	50	36	48.6	360	0.8	25	74	754
Disabled	14	29.2	160	0.6	43	23	47.9	222	0.8	27	48	483
64 or younger	14	29.2	160	0.6	43	23	47.9	222	0.8	27	48	483
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	7	26.9	84	0.8	64	13	50.0	138	0.8	21	26	271
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2	50.0	24	0.5	49	4	100.0	48	0.9	21	4	48
75-84	1	9.1	12	1.1	88	6	54.5	54	0.7	28	11	99
85 and older	4	36.4	48	0.8	66	3	27.3	36	0.9	11	11	124
Male	9	15.8	87	0.9	81	22	38.6	210	0.8	39	57	535
Disabled	5	13.9	41	0.8	55	12	33.3	113	0.8	51	36	337
64 or younger	5	13.9	41	0.8	55	12	33.3	113	0.8	51	36	337
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	4	19.0	46	1.1	104	10	47.6	97	0.8	26	21	198
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	12.5	12	1.2	105	3	37.5	25	1.0	42	8	85
75-84	1	11.1	12	1.2	103	4	44.4	44	0.7	28	9	79
85 and older	2	50.0	22	1.0	104	3	75.0	28	0.6	7	4	34
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 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 147 beneficiaries who were in nursing facilities for part of their enrollment and their 1,440 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.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, 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 Nondual Rx \$	Total Number of Beneficiaries
All	10,807	18.2 %	0.7	42,966	\$15	\$884,963	\$21	3.4 %	59,318
Age									
5 and younger	2,797	17.3	0.5	7,457	11	177,031	24	8.7	16,211
6-14	1,896	12.1	0.3	4,818	10	157,411	33	3.6	15,665
15-20	1,200	15.2	0.4	3,295	12	96,231	29	3.2	7,899
21-44	3,500	21.7	0.9	14,830	16	256,109	17	2.7	16,116
45-64	1,274	40.6	3.6	11,270	58	181,995	16	2.9	3,136
65-74	69	42.9	4.1	655	52	8,335	13	2.0	161
75-84	51	59.3	5.5	474	76	6,496	14	3.7	86
85 and older	20	45.5	3.8	167	31	1,355	8	1.7	44
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	135	47.9	4.3	1,219	53	15,045	12	2.4	282
Disabled	1,899	41.3	3.6	16,723	87	397,551	24	3.5	4,594
Adults	3,378	20.1	0.7	11,701	11	182,888	16	2.9	16,781
Children	5,395	14.3	0.4	13,323	8	289,479	22	3.8	37,661
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	6,964	20.1	0.8	28,516	17	576,308	20	3.7	34,572
Male	3,842	15.5	0.6	14,449	12	308,645	21	3.0	24,744
Unknown	1	50.0	0.5	1	5	10	10	2.6	2
Race									
White	6,535	17.1	0.7	27,635	15	588,616	21	3.0	38,159
African American	297	21.4	0.6	870	6	8,372	10	2.4	1,389
Other/unknown	3,975	20.1	0.7	14,461	15	287,975	20	4.9	19,770
Use of Nursing Facilities^d									
Entire year	81	61.8	7.4	972	182	23,789	24	3.7	131
Part year	111	75.5	7.9	1,162	131	19,327	17	3.0	147
None	10,615	18.0	0.7	40,832	14	841,847	21	3.4	59,040
Maintenance Assistance Status									
Cash	5,877	21.7	1.1	28,752	21	573,939	20	3.4	27,143
Medically needy	776	18.2	1.0	4,097	24	102,850	25	4.3	4,268
Poverty related	1,361	11.5	0.2	2,740	4	44,579	16	2.7	11,784
Other/unknown	2,793	17.3	0.5	7,377	10	163,595	22	3.2	16,123

Table ND11

Nondual Beneficiaries

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

- a. Table 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}
NORTH DAKOTA, 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	\$0	485,328
Age						
5 and younger	0.1	1	24	0	0	133,585
6-14	0.0	1	33	0	0	138,223
15-20	0.1	2	29	0	0	63,423
21-44	0.1	2	17	0	1	119,928
45-64	0.4	7	16	0	2	27,253
65-74	0.4	5	13	0	1	1,663
75-84	0.6	8	14	0	1	833
85 and older	0.4	3	8	0	0	420
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	5	12	0	1	2,836
Disabled	0.4	9	24	0	2	46,654
Adults	0.1	2	16	0	0	120,264
Children	0.0	1	22	0	0	315,574
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	20	0	0	281,743
Male	0.1	2	21	0	0	203,572
Unknown	0.1	1	10	0	0	13
Race						
White	0.1	2	21	0	0	306,721
African American	0.1	1	10	0	0	10,948
Other/unknown	0.1	2	20	0	0	167,659
Use of Nursing Facilities^d						
Entire year	0.8	18	24	0	9	1,289
Part year	0.8	13	17	1	3	1,440
None	0.1	2	21	0	0	482,599
Maintenance Assistance Status						
Cash	0.1	3	20	0	1	228,574
Medically needy	0.1	4	25	0	1	28,931
Poverty related	0.0	1	16	0	0	87,075
Other/unknown	0.1	1	22	0	0	140,748

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 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}
NORTH DAKOTA, 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	13,990	\$63	\$884,963	100.0 %	42,966	\$21	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	543	543	0.1	9	60	0.0
Drugs for cosmetic purposes	67	16	1,080	0.1	117	9	0.3
Cough and cold medications	5,256	37	195,554	22.1	9,635	20	22.4
Vitamins and minerals	578	110	63,833	7.2	3,110	21	7.2
Non-prescription drugs	5,637	71	402,711	45.5	17,242	23	40.1
Barbiturates	124	120	14,890	1.7	1,214	12	2.8
Benzodiazepines	1,925	85	164,005	18.5	10,811	15	25.2
Other Part D Excl Rx Drugs	402	105	42,347	4.8	828	51	1.9

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 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, 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	59,940	282	4,594	17,006	38,058	0	494,511	2,836	46,662	123,584	321,429	0
Age												
5 and younger	16,374	0	184	1	16,189	0	136,043	0	1,892	9	134,142	0
6-14	15,850	0	489	3	15,358	0	140,897	0	5,132	16	135,749	0
15-20	7,959	0	406	1,307	6,246	0	64,321	0	4,200	9,804	50,317	0
21-44	16,325	0	1,622	14,438	265	0	122,988	0	16,657	105,110	1,221	0
45-64	3,141	0	1,885	1,256	0	0	27,346	0	18,713	8,633	0	0
65-74	161	152	8	1	0	0	1,663	1,583	68	12	0	0
75-84	86	86	0	0	0	0	833	833	0	0	0	0
85 and older	44	44	0	0	0	0	420	420	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	34,925	181	2,415	13,534	18,795	0	287,259	1,869	24,822	102,670	157,898	0
Male	25,013	101	2,179	3,472	19,261	0	207,239	967	21,840	20,914	163,518	0
Unknown	2	0	0	0	2	0	13	0	0	0	13	0
Race												
White	38,565	201	3,343	11,313	23,708	0	312,646	1,990	34,128	80,138	196,390	0
African American	1,402	11	70	355	966	0	11,152	90	661	2,478	7,923	0
Other/unknown	19,973	70	1,181	5,338	13,384	0	170,713	756	11,873	40,968	117,116	0
Use of Nursing Facilities^c												
Entire year	131	47	84	0	0	0	1,289	469	820	0	0	0
Part year	147	25	111	8	3	0	1,440	262	1,062	80	36	0
None	59,662	210	4,399	16,998	38,055	0	491,782	2,105	44,780	123,504	321,393	0
Maintenance Assistance Status												
Cash	27,418	173	4,034	8,576	14,635	0	232,964	1,850	42,687	61,814	126,613	0
Medically needy	4,288	93	535	1,539	2,121	0	29,161	833	3,761	7,960	16,607	0
Poverty related	11,863	15	2	1,119	10,727	0	88,438	141	14	6,085	82,198	0
Other/unknown	16,371	1	23	5,772	10,575	0	143,948	12	200	47,725	96,011	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	58,589	282	4,593	16,502	37,212	0	482,731	2,836	46,650	119,319	313,926	0
FFS part year, with Rx claims	397	0	1	189	207	0	3,648	0	12	1,728	1,908	0
FFS part year, no Rx claims	332	0	0	90	242	0	2,317	0	0	554	1,763	0
MC all year, with Rx claims	377	0	0	160	217	0	3,947	0	0	1,576	2,371	0
MC all year, no Rx claims	245	0	0	65	180	0	1,868	0	0	407	1,461	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.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, NORTH DAKOTA, 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	59,940	494,511	59,318	485,328	0	9,183
Fee-for-service (FFS) all year	58,589	482,731	58,589	482,731	0	0
FFS part year, with Rx claims	397	3,648	397	1,571	0	2,077
FFS part year, with no Rx claims	332	2,317	332	1,026	0	1,291
Managed care (MC) all year, with Rx claims	377	3,947	0	0	0	3,947
MC all year, with no Rx claims	245	1,868	0	0	0	1,868

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