

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
MONTANA**

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

APPENDIX TABLES

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

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	17,714	8,881	7,631	1,193	9	0	172,860	82,623	76,232	13,908	97	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	6	0	5	0	1	0	66	0	54	0	12	0
15-20	29	0	22	0	7	0	319	0	235	0	84	0
21-44	3,223	1	2,650	571	1	0	33,712	12	27,119	6,580	1	0
45-64	4,682	7	4,149	526	0	0	47,064	84	40,786	6,194	0	0
65-74	3,525	2,776	682	67	0	0	34,019	26,455	6,775	789	0	0
75-84	3,170	3,039	104	27	0	0	29,654	28,230	1,103	321	0	0
85 and older	3,079	3,058	19	2	0	0	28,026	27,842	160	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	11,255	6,506	4,167	578	4	0	110,725	61,830	42,179	6,668	48	0
Male	6,459	2,375	3,464	615	5	0	62,135	20,793	34,053	7,240	49	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	15,819	8,073	6,640	1,097	9	0	153,270	74,563	65,808	12,802	97	0
African American	64	18	39	7	0	0	633	197	368	68	0	0
Other/unknown	1,831	790	952	89	0	0	18,957	7,863	10,056	1,038	0	0
Use of Nursing Facilities ^c												
Entire year	3,197	2,876	321	0	0	0	31,563	28,112	3,451	0	0	0
Part year	1,616	1,361	228	27	0	0	13,938	11,405	2,214	319	0	0
None	12,901	4,644	7,082	1,166	9	0	127,359	43,106	70,567	13,589	97	0
Maintenance Assistance Status												
Cash	6,269	1,870	4,377	22	0	0	68,088	20,692	47,199	197	0	0
Medically needy	8,288	5,911	2,377	0	0	0	70,789	50,930	19,859	0	0	0
Poverty-related	14	0	0	14	0	0	57	0	0	57	0	0
Other/unknown	3,143	1,100	877	1,157	9	0	33,926	11,001	9,174	13,654	97	0
Dual Medicare Status ^d												
Full dual, all year	17,714	8,881	7,631	1,193	9	0	172,860	82,623	76,232	13,908	97	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	17,714	8,881	7,631	1,193	9	0	172,860	82,623	76,232	13,908	97	0
FFS part year, with Rx claims	0	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

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

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	86.7	49.1	\$3,203	\$65	\$14,920	21.5	17,714
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	53.7	9,695	181	13,379	72.5	6
15-20	79.3	26.7	3,083	116	15,727	19.6	29
21-44	83.8	33.9	3,530	104	9,827	35.9	3,223
45-64	87.5	53.7	4,261	79	12,774	33.4	4,682
65-74	82.9	49.5	2,766	56	12,005	23.0	3,525
75-84	87.3	54.0	2,683	50	17,758	15.1	3,170
85 and older	92.6	52.6	2,279	43	23,926	9.5	3,079
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	88.3	52.6	2,597	49	18,465	14.1	8,881
Disabled	84.2	46.3	3,924	85	11,938	32.9	7,631
Adults	92.0	40.4	3,113	77	7,685	40.5	1,193
Children	77.8	25.4	1,945	76	4,909	39.6	9
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	89.5	54.9	3,315	60	15,551	21.3	11,255
Male	81.9	38.8	3,008	78	13,821	21.8	6,459
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.7	50.9	3,309	65	15,346	21.6	15,819
African American	93.8	42.2	4,400	104	13,685	32.1	64
Other/unknown	69.6	33.2	2,248	68	11,287	19.9	1,831
Use of Nursing Facilities^f							
Entire year	95.9	68.6	3,472	51	35,475	9.8	3,197
Part year	94.3	53.6	2,882	54	21,823	13.2	1,616
None	83.5	43.6	3,177	73	8,962	35.4	12,901
Maintenance Assistance Status							
Cash	81.7	40.1	2,926	73	7,275	40.2	6,269
Medically needy	89.6	56.3	3,363	60	20,352	16.5	8,288
Poverty related	78.6	7.6	375	50	4,130	9.1	14
Other/unknown	89.4	47.9	3,348	70	15,895	21.1	3,143

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:								Number				
			Rx \$ as a Percentage of All Medicaid		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		Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			FFS \$ ^c	None	Less	Less	Less	Less	Less	10					
All	5.0	\$328	21.5	13.3	13.8	8.9	26.6	27.1	10.3	\$1,529	17,714	172,860			
Age															
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
6-14	4.9	881	72.5	0.0	0.0	16.7	33.3	50.0	0.0	1,216	6	66			
15-20	2.4	280	19.6	20.7	24.1	13.8	27.6	13.8	0.0	1,430	29	319			
21-44	3.2	337	35.9	16.2	25.8	12.7	25.4	15.4	4.6	940	3,223	33,712			
45-64	5.3	424	33.4	12.5	13.9	8.5	26.2	26.4	12.6	1,271	4,682	47,064			
65-74	5.1	287	23.0	17.1	12.4	7.8	24.0	27.6	11.0	1,244	3,525	34,019			
75-84	5.8	287	15.1	12.7	8.5	7.4	27.6	31.2	12.6	1,898	3,170	29,654			
85 and older	5.8	250	9.5	7.4	8.0	8.5	30.4	35.9	9.8	2,629	3,079	28,026			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Basis of Eligibility ^e															
Aged	5.6	279	14.1	11.7	9.6	7.9	27.4	31.9	11.5	1,985	8,881	82,623			
Disabled	4.6	393	32.9	15.8	17.4	9.1	24.6	23.1	10.1	1,195	7,631	76,232			
Adults	3.5	267	40.5	8.0	22.0	15.7	33.4	18.0	2.9	659	1,193	13,908			
Children	2.4	181	39.6	22.2	11.1	22.2	44.4	0.0	0.0	455	9	97			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Gender															
Female	5.6	337	21.3	10.5	11.3	8.8	26.9	30.2	12.4	1,581	11,255	110,725			
Male	4.0	313	21.8	18.1	18.2	9.1	26.1	21.8	6.7	1,437	6,459	62,135			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Race															
White	5.3	342	21.6	11.3	13.0	9.0	27.6	28.3	10.8	1,584	15,819	153,270			
African American	4.3	445	32.1	6.3	25.0	7.8	32.8	20.3	7.8	1,384	64	633			
Other/unknown	3.2	217	19.9	30.4	20.0	8.2	18.1	17.5	5.8	1,090	1,831	18,957			
Use of Nursing Facilities ^f															
Entire year	7.0	352	9.8	4.1	5.6	6.1	26.2	40.2	17.7	3,593	3,197	31,563			
Part year	6.2	334	13.2	5.7	7.4	6.9	32.0	36.9	11.0	2,530	1,616	13,938			
None	4.4	322	35.4	16.5	16.6	9.9	26.0	22.7	8.4	908	12,901	127,359			
Maintenance Assistance Status															
Cash	3.7	269	40.2	18.3	21.0	10.2	25.7	18.7	6.0	670	6,269	68,088			
Medically needy	6.6	394	16.5	10.4	7.0	6.9	26.5	34.5	14.8	2,383	8,288	70,789			
Poverty related	1.9	92	9.1	21.4	28.6	21.4	21.4	7.1	0.0	1,014	14	57			
Other/unknown	4.4	310	21.1	10.6	17.2	11.7	28.7	24.6	7.2	1,473	3,143	33,926			

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.0	\$328	\$65	1.6	\$224	\$136	0.3	\$20	\$75	3.1	\$84	\$27
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.9	881	181	2.3	807	348	0.2	5	31	2.4	70	29
15-20	2.4	280	116	1.3	236	184	0.1	15	163	1.1	30	28
21-44	3.2	337	104	1.2	253	215	0.2	18	115	1.9	67	35
45-64	5.3	424	79	1.8	295	161	0.2	24	106	3.3	105	32
65-74	5.1	287	56	1.7	189	111	0.2	15	65	3.2	83	26
75-84	5.8	287	50	1.8	187	101	0.3	19	55	3.6	81	23
85 and older	5.8	250	43	1.6	152	92	0.4	22	52	3.7	77	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.6	279	49	1.8	179	102	0.3	19	56	3.5	81	23
Disabled	4.6	393	85	1.6	278	174	0.2	22	110	2.8	92	33
Adults	3.5	267	77	1.3	198	153	0.2	12	65	2.0	57	29
Children	2.4	181	76	1.4	150	108	0.2	6	37	0.8	25	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.6	337	60	1.8	226	125	0.3	21	71	3.5	89	26
Male	4.0	313	78	1.4	221	162	0.2	17	83	2.5	75	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	342	65	1.7	233	135	0.3	21	74	3.2	87	27
African American	4.3	445	104	1.7	315	187	0.3	23	86	2.3	107	46
Other/unknown	3.2	217	68	1.0	148	147	0.1	13	90	2.0	56	27
Use of Nursing Facilities^e												
Entire year	7.0	352	51	2.1	221	106	0.5	29	58	4.3	101	23
Part year	6.2	334	54	1.9	214	113	0.4	25	61	3.9	95	24
None	4.4	322	73	1.5	226	150	0.2	17	89	2.7	79	29
Maintenance Assistance Status												
Cash	3.7	269	73	1.3	189	150	0.2	14	94	2.3	66	29
Medically needy	6.6	394	60	2.1	262	125	0.4	26	68	4.1	106	26
Poverty related	1.9	92	50	0.4	44	109	0.1	3	55	1.4	46	32
Other/unknown	4.4	310	70	1.5	216	145	0.2	18	74	2.7	76	28

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Off-Brand-Name				Off-Brand-Name				Off-Brand-Name				Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Patented Brand-Name	Patent Brand-Name	Generic	Patented Brand-Name	Patent Brand-Name	Generic	Patented Brand-Name	Patent Brand-Name	Generic	Patented Brand-Name	Patent Brand-Name	Generic					
Anti-infective Agents	0.4	0.1	0.0	0.2	\$25	\$16	\$3	\$6	\$69	\$208	\$74	\$26	36,758	\$2,550,890	9,416	53.2	100,146
Biologicals	0.1	0.1	0.0	0.1	12	1	6	5	104	17	1,722	87	366	38,010	294	1.7	3,195
Antineoplastic Agents	0.6	0.2	0.0	0.5	107	85	0	22	170	555	98	46	3,338	565,969	523	3.0	5,282
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.7	56	39	5	12	46	91	35	18	101,308	4,676,645	8,114	45.8	83,943
Cardiovascular Agents	1.9	0.5	0.1	1.3	67	44	1	22	36	81	17	17	194,432	6,924,995	10,071	56.9	102,629
Respiratory Agents	0.8	0.5	0.0	0.3	60	54	1	6	73	106	66	19	52,127	3,805,848	5,979	33.8	63,041
Gastrointestinal Agents	0.7	0.2	0.0	0.5	43	28	0	15	66	167	48	31	42,192	2,764,050	6,060	34.2	64,116
Genitourinary Agents	0.7	0.5	0.0	0.2	43	37	0	5	65	81	62	28	20,614	1,342,515	2,908	16.4	30,910
CNS Drugs	1.5	0.7	0.0	0.8	144	114	3	27	97	172	178	33	154,191	14,965,566	10,109	57.1	103,806
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	84	67	3	14	118	181	102	45	3,189	377,547	430	2.4	4,490
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	192	189	0	3	228	233	58	95	10,167	2,318,013	1,181	6.7	12,076
Analgesics and Anesthetics	1.0	0.1	0.1	0.8	67	20	17	29	65	191	183	35	96,703	6,300,521	9,148	51.6	93,631
Neuromuscular Agents	1.1	0.3	0.1	0.7	87	48	5	34	81	164	79	47	66,722	5,403,044	5,844	33.0	61,928
Nutritional Products	0.7	0.0	0.0	0.7	15	0	1	14	20	21	19	20	28,377	558,137	3,762	21.2	38,454
Hematological Agents	0.9	0.2	0.2	0.5	72	59	5	8	78	280	21	16	27,803	2,160,131	2,965	16.7	30,107
Topical Products	0.4	0.2	0.0	0.2	19	13	0	5	48	80	44	24	25,632	1,226,282	5,958	33.6	64,494
Miscellaneous Products	0.6	0.3	0.1	0.3	158	111	18	29	254	371	253	115	2,814	715,142	429	2.4	4,536
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	23	0	0	0	2,168	50,144	562	3.2	5,753
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.	868,901	56,743,449	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medspan.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, 0.6 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.medspan.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 2005.

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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$9,815,722	5,122	28.9	54,614	0.8	\$223	\$180
ANTIDEPRESSANTS	4,434,654	10,080	56.9	104,994	0.7	58	42
ANTICONVULSANT	4,308,872	4,838	27.3	51,834	0.8	98	83
ANALGESICS - Narcotic	4,052,196	11,539	65.1	119,251	0.6	59	34
ANTIASTHMATIC	3,025,186	6,943	39.2	73,019	0.5	79	41
ANTIHYPERLIPIDEMIC	2,911,547	4,198	23.7	45,301	0.7	94	64
ANTIDIABETIC	2,635,705	5,116	28.9	53,426	0.8	60	49
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,341,812	1,626	9.2	16,753	0.6	219	140
ULCER DRUGS	2,281,538	6,670	37.7	70,653	0.7	47	32
ANALGESICS - ANTI-INFLAMMATORY	1,839,183	3,794	21.4	41,050	0.5	94	45
Total	37,646,415	59,926		630,895	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit \$ per Month
All	425,747	\$37,646,415	5,122	28.9	54,614	0.8	\$180	10,080	56.9	104,994	0.7	\$42
Female												
All Females	293,060	24,697,227	3,025	26.9	32,184	0.8	161	7,240	64.3	75,733	0.7	43
Female, Disabled												
All Ages	123,516	12,617,725	1,502	36.0	16,401	0.8	188	3,332	80.0	35,687	0.7	45
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	34	3,304	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	86	19,823	2	28.6	24	1.3	578	1	14.3	12	1.0	56
21-44	29,049	3,339,007	535	44.1	5,793	0.7	196	946	78.1	10,105	0.6	40
45-64	82,377	8,373,248	900	36.7	9,872	0.8	186	2,153	87.7	22,977	0.7	48
65-74	10,607	794,132	57	14.2	635	0.8	151	208	51.9	2,333	0.7	39
75-84	1,260	80,353	8	10.5	77	0.5	41	22	28.9	247	0.6	22
85 and older	103	7,858	0	0.0	0	0.0	0	2	14.3	13	1.1	39
Female, Other Eligibles												
All Ages	169,544	12,079,502	1,523	21.5	15,783	0.8	133	3,908	55.1	40,046	0.8	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	61	8,104	1	25.0	12	0.8	66	2	50.0	24	1.0	151
21-44	5,463	546,158	92	32.2	1,059	0.8	154	138	48.3	1,556	0.8	47
45-64	6,284	584,848	94	37.3	1,108	0.9	184	129	51.2	1,525	0.9	52
65-74	48,629	3,697,194	338	18.1	3,630	0.8	158	1,028	54.9	10,841	0.7	37
75-84	56,376	3,943,495	461	21.1	4,789	0.8	124	1,211	55.3	12,423	0.8	41
85 and older	52,731	3,299,703	537	21.6	5,185	0.8	109	1,400	56.4	13,677	0.8	40
Male												
All Males	132,687	12,949,188	2,097	32.5	22,430	0.8	206	2,840	44.0	29,261	0.7	41
Male, Disabled												
All Ages	71,410	8,175,273	1,334	38.5	14,621	0.9	242	1,591	45.9	16,768	0.7	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	11	247	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	256	34,011	13	86.7	141	0.8	136	5	33.3	50	0.8	52
21-44	25,718	3,415,063	688	47.8	7,641	0.8	239	642	44.6	7,023	0.6	40
45-64	40,249	4,364,962	591	34.9	6,406	0.9	252	843	49.7	8,667	0.7	41
65-74	4,726	319,688	38	13.5	391	0.9	151	96	34.2	975	0.7	31
75-84	398	39,222	3	10.7	36	0.5	335	4	14.3	41	0.9	45
85 and older	52	2,080	1	20.0	6	0.2	3	1	20.0	12	0.9	9

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

All Top 10 Drug Groups		ANTIPSYCHOTICS							ANTIDEPRESSANTS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Benefit Months
						Number of Rx	Mean \$ per Rx				Number of Rx	Mean \$ per Rx	
Male, Other Eligibles													
All Ages	61,277	4,773,915	763	25.5	7,809	0.8	141	1,249	41.7	12,493	0.8	43	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	1	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	37	2,637	0	0.0	0	0.0	0	2	66.7	24	1.0	59	
21-44	5,167	582,834	92	32.1	1,100	0.8	188	103	35.9	1,222	0.8	53	
45-64	7,188	766,973	104	37.0	1,248	1.0	231	112	39.9	1,334	0.9	53	
65-74	21,149	1,584,400	197	20.3	2,022	0.8	139	367	37.8	3,697	0.7	41	
75-84	16,874	1,172,402	215	24.5	1,974	0.8	111	357	40.8	3,335	0.8	42	
85 and older	10,861	664,659	155	26.9	1,465	0.6	70	308	53.5	2,881	0.8	40	
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 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	4,838	27.3	51,834	0.8	\$83	11,539	65.1	119,251	0.6	\$34	6,943	39.2	73,019	0.5	\$41
Female															
All Females	3,118	27.7	33,326	0.8	77	8,187	72.7	85,372	0.6	33	4,930	43.8	52,312	0.5	41
Female, Disabled															
All Ages	1,770	42.5	19,084	0.8	88	3,683	88.4	39,630	0.6	36	2,086	50.1	22,610	0.5	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	0.8	141	1	33.3	12	0.1	1	0	0.0	0	0.0	0
15-20	2	28.6	24	1.6	217	1	14.3	6	0.2	7	0	0.0	0	0.0	0
21-44	601	49.6	6,384	0.8	101	1,087	89.7	11,733	0.5	34	483	39.9	5,288	0.4	26
45-64	1,075	43.8	11,686	0.8	83	2,250	91.7	24,109	0.6	38	1,344	54.8	14,553	0.5	41
65-74	84	20.9	929	0.8	50	295	73.6	3,225	0.5	29	221	55.1	2,382	0.5	43
75-84	5	6.6	43	0.6	17	44	57.9	496	0.6	40	37	48.7	382	0.4	33
85 and older	2	14.3	6	0.7	38	5	35.7	49	0.2	24	1	7.1	5	0.6	68
Female, Other Eligibles															
All Ages	1,348	19.0	14,242	0.8	63	4,504	63.5	45,742	0.6	31	2,844	40.1	29,702	0.6	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	1.0	214	1	25.0	12	0.1	0	2	50.0	24	0.5	46
21-44	120	42.0	1,395	1.1	158	120	42.0	1,312	0.3	13	62	21.7	721	0.4	25
45-64	99	39.3	1,175	1.1	103	69	27.4	798	0.3	5	61	24.2	717	0.5	56
65-74	447	23.9	4,824	0.8	52	1,312	70.1	13,782	0.6	31	965	51.5	10,354	0.6	48
75-84	388	17.7	3,963	0.8	49	1,436	65.6	14,763	0.6	33	971	44.3	10,222	0.5	45
85 and older	293	11.8	2,873	0.8	38	1,566	63.0	15,075	0.6	32	783	31.5	7,664	0.5	38
Male															
All Males	1,720	26.6	18,508	0.9	94	3,352	51.9	33,879	0.5	36	2,013	31.2	20,707	0.5	42
Male, Disabled															
All Ages	1,054	30.4	11,283	0.8	93	1,950	56.3	20,386	0.5	41	911	26.3	9,634	0.5	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	60.0	96	0.7	107	7	46.7	74	0.2	19	3	20.0	30	0.1	5
21-44	442	30.7	4,861	0.8	98	750	52.2	8,042	0.5	31	286	19.9	3,170	0.4	26
45-64	565	33.3	5,948	0.9	91	1,060	62.5	10,849	0.6	50	520	30.7	5,326	0.5	42
65-74	37	13.2	366	0.9	55	120	42.7	1,272	0.5	25	88	31.3	940	0.5	38
75-84	1	3.6	12	0.7	135	12	42.9	137	0.2	14	14	50.0	168	0.6	45
85 and older	0	0.0	0	0.0	0	1	20.0	12	0.7	8	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	666	22.2	7,225	1.0	96	1,402	46.8	13,493	0.5	28	1,102	36.8	11,073	0.6	47
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	1
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	133.3	48	0.2	24
21-44	123	42.9	1,466	1.2	150	49	17.1	573	0.1	2	25	8.7	282	0.4	34
45-64	136	48.4	1,625	1.2	134	68	24.2	795	0.2	4	44	15.7	521	0.6	45
65-74	205	21.1	2,157	1.0	72	539	55.5	5,365	0.6	35	446	45.9	4,700	0.6	49
75-84	126	14.4	1,252	0.8	57	437	49.9	4,054	0.6	28	351	40.1	3,306	0.6	47
85 and older	76	13.2	725	0.8	35	309	53.6	2,706	0.6	26	231	40.1	2,204	0.6	44
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 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	4,198	23.7	45,301	0.7	\$64	5,116	28.9	53,426	0.8	\$49	1,626	9.2	16,753	0.6	\$140
Female															
All Females	2,850	25.3	31,077	0.7	64	3,432	30.5	36,280	0.8	48	1,179	10.5	12,208	0.7	154
Female, Disabled															
All Ages	1,137	27.3	12,557	0.6	60	1,196	28.7	13,042	0.8	54	338	8.1	3,738	0.4	275
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	0.3	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	142	11.7	1,552	0.6	53	168	13.9	1,801	0.6	49	97	8.0	1,116	0.3	180
45-64	816	33.3	9,050	0.6	61	832	33.9	9,076	0.8	55	217	8.8	2,370	0.5	334
65-74	160	39.9	1,732	0.7	63	178	44.4	1,960	0.9	56	19	4.7	200	0.5	149
75-84	18	23.7	211	0.7	51	15	19.7	180	0.9	62	4	5.3	40	1.0	124
85 and older	0	0.0	0	0.0	0	3	21.4	25	0.7	53	1	7.1	12	0.9	141
Female, Other Eligibles															
All Ages	1,713	24.2	18,520	0.7	66	2,236	31.5	23,238	0.9	45	841	11.9	8,470	0.8	101
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	11	3.8	132	0.7	47	29	10.1	336	0.8	54	2	0.7	24	0.5	30
45-64	50	19.8	593	0.7	69	38	15.1	440	0.9	59	19	7.5	228	0.6	109
65-74	701	37.4	7,685	0.7	63	756	40.4	7,980	0.8	50	134	7.2	1,355	0.5	84
75-84	645	29.5	6,923	0.7	68	806	36.8	8,430	0.9	44	318	14.5	3,237	0.8	107
85 and older	306	12.3	3,187	0.7	70	607	24.4	6,052	0.9	38	368	14.8	3,626	0.8	102
Male															
All Males	1,348	20.9	14,224	0.7	66	1,684	26.1	17,146	0.8	52	447	6.9	4,545	0.6	101
Male, Disabled															
All Ages	738	21.3	7,942	0.7	64	829	23.9	8,745	0.8	55	153	4.4	1,683	0.3	119
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	203	14.1	2,196	0.6	57	197	13.7	2,175	0.7	55	59	4.1	656	0.3	118
45-64	448	26.4	4,788	0.7	65	525	31.0	5,494	0.8	57	89	5.3	967	0.4	126
65-74	80	28.5	874	0.8	75	95	33.8	951	0.8	48	5	1.8	60	0.2	9
75-84	6	21.4	72	0.6	51	9	32.1	101	1.1	63	0	0.0	0	0.0	0
85 and older	1	20.0	12	0.9	57	3	60.0	24	0.5	14	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

CORE ELIGIBLE BENEFICIARIES, MONTH-PAV, 2000															
Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTIDIABETIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	610	20.4	6,282	0.7	68	855	28.5	8,401	0.8	48	294	9.8	2,862	0.7	90
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	33.3	12	0.1	7	0	0.0	0	0.0	0
21-44	32	11.1	383	0.8	60	24	8.4	287	0.8	76	3	1.0	36	0.4	62
45-64	61	21.7	726	0.9	83	28	10.0	309	0.8	60	8	2.8	96	0.6	269
65-74	277	28.5	2,863	0.7	66	360	37.1	3,732	0.8	52	69	7.1	695	0.6	74
75-84	191	21.8	1,866	0.8	69	295	33.7	2,720	0.9	44	111	12.7	1,025	0.7	83
85 and older	49	8.5	444	0.8	63	147	25.5	1,341	0.8	35	103	17.9	1,010	0.8	93
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 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	6,670	37.7	70,653	0.7	\$32	3,794	21.4	41,050	0.5	\$45	17,714	172,860
Female												
All Females	4,656	41.4	49,387	0.7	33	2,723	24.2	29,569	0.5	50	11,255	110,725
Female, Disabled												
All Ages	1,792	43.0	19,570	0.6	36	1,299	31.2	14,263	0.4	55	4,167	42,179
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	4	133.3	42	0.5	33	0	0.0	0	0.0	0	3	30
15-20	0	0.0	0	0.0	0	1	14.3	12	0.2	2	7	78
21-44	418	34.5	4,497	0.5	28	361	29.8	3,991	0.3	29	1,212	12,268
45-64	1,154	47.0	12,610	0.7	39	817	33.3	8,888	0.5	69	2,454	24,672
65-74	181	45.1	2,053	0.6	33	107	26.7	1,226	0.5	38	401	4,190
75-84	28	36.8	306	0.5	25	12	15.8	134	0.5	31	76	824
85 and older	7	50.0	62	0.5	27	1	7.1	12	0.9	73	14	117
Female, Other Eligibles												
All Ages	2,864	40.4	29,817	0.7	31	1,424	20.1	15,306	0.5	46	7,088	68,546
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
21-44	60	21.0	694	0.7	34	61	21.3	720	0.4	10	286	3,229
45-64	76	30.2	905	0.8	42	56	22.2	649	0.4	12	252	2,969
65-74	788	42.1	8,459	0.7	31	413	22.1	4,519	0.5	64	1,872	18,319
75-84	900	41.1	9,378	0.7	30	476	21.7	5,160	0.5	46	2,190	21,044
85 and older	1,040	41.9	10,381	0.8	29	418	16.8	4,258	0.6	40	2,484	22,937
Male												
All Males	2,014	31.2	21,266	0.7	32	1,071	16.6	11,481	0.4	31	6,459	62,135
Male, Disabled												
All Ages	970	28.0	10,509	0.6	34	599	17.3	6,487	0.4	33	3,464	34,053
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	12	0.9	21	0	0.0	0	0.0	0	2	24
15-20	4	26.7	37	0.4	10	2	13.3	19	0.2	2	15	157
21-44	343	23.9	3,853	0.6	31	240	16.7	2,661	0.3	23	1,438	14,851
45-64	526	31.0	5,598	0.7	36	323	19.1	3,441	0.5	42	1,695	16,114
65-74	88	31.3	920	0.7	28	31	11.0	330	0.4	17	281	2,585
75-84	8	28.6	89	0.5	47	2	7.1	24	0.1	1	28	279
85 and older	0	0.0	0	0.0	0	1	20.0	12	0.8	70	5	43

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	1,044	34.9	10,757	0.7	30	472	15.8	4,994	0.5	28	2,995	28,082
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
21-44	82	28.6	960	0.8	32	35	12.2	415	0.2	5	287	3,364
45-64	103	36.7	1,230	0.9	39	48	17.1	563	0.5	23	281	3,309
65-74	310	31.9	3,277	0.6	30	175	18.0	1,886	0.5	23	971	8,925
75-84	315	36.0	3,039	0.7	26	135	15.4	1,362	0.5	45	876	7,507
85 and older	234	40.6	2,251	0.8	28	79	13.7	768	0.5	27	576	4,929
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 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

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	\$352	7.0	3,197	31,563
Age				
0-64	505	7.2	271	2,878
65-74	437	7.7	414	4,222
75-84	387	7.5	951	9,233
85 and older	277	6.4	1,561	15,230
Unknown	0	0.0	0	0
Gender				
Female	349	7.1	2,253	22,516
Male	359	6.5	944	9,047
Unknown	0	0.0	0	0
Race				
White	349	6.9	3,030	29,916
African American	559	8.3	6	65
Other/unknown	386	7.4	161	1,582
Basis of Eligibility^c				
Aged	334	6.9	2,876	28,112
Disabled	497	7.2	321	3,451
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 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,616 beneficiaries who were in nursing facilities for part of their enrollment and their 13,938 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.

Dual Eligible Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,662,417	1,144	35.8	11,742	0.9	\$163	\$142
ANTIDEPRESSANTS	1,084,352	2,228	69.7	23,166	0.9	52	47
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	844,326	630	19.7	6,412	0.9	154	132
ANALGESICS - Narcotic	843,624	1,993	62.3	19,979	0.8	53	42
ANTIASTHMATIC	584,312	1,235	38.6	12,849	0.6	76	45
ANTIDIABETIC	569,537	1,136	35.5	11,800	1.0	48	48
ANTICONVULSANT	519,124	755	23.6	7,926	1.0	66	65
ULCER DRUGS	470,510	1,487	46.5	15,583	0.8	36	30
ANTIHYPERLIPIDEMIC	407,337	504	15.8	5,280	0.8	91	77
ANTIHYPERTENSIVE	371,475	1,273	39.8	13,011	0.9	32	29
Total	7,357,014	12,385		127,748	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,616 beneficiaries who were in nursing facilities for part of their enrollment and their 13,938 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

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	109,019	\$7,357,014	1,144	35.8	11,742	0.9	\$142	2,228	69.7	23,166	0.9	\$47
Female												
All Females	77,941	5,145,825	757	33.6	7,915	0.9	139	1,634	72.5	17,196	0.9	47
Female, Disabled												
All Ages	6,919	681,983	71	43.6	782	1.0	195	130	79.8	1,455	0.9	55
64 or younger	5,365	548,053	56	42.4	602	1.1	196	108	81.8	1,202	0.9	56
65-74	1,274	113,412	15	55.6	180	0.8	190	18	66.7	216	1.0	53
75-84	271	20,406	0	0.0	0	0.0	0	3	100.0	36	0.4	17
85 and older	9	112	0	0.0	0	0.0	0	1	100.0	1	3.0	17
Female, Other Eligibles												
All Ages	71,022	4,463,842	686	32.8	7,133	0.9	133	1,504	72.0	15,741	0.9	46
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,136	645,699	91	45.5	963	1.0	190	170	85.0	1,789	0.8	44
75-84	25,736	1,727,965	253	39.6	2,678	0.9	141	518	81.1	5,431	0.9	50
85 and older	36,150	2,090,178	342	27.3	3,492	0.8	111	816	65.2	8,521	0.9	43
Male												
All Males	31,078	2,211,189	387	41.0	3,827	0.8	148	594	62.9	5,970	0.9	48
Male, Disabled												
All Ages	5,888	545,087	72	45.6	806	1.0	234	100	63.3	1,128	0.9	50
64 or younger	5,172	480,226	59	42.4	657	1.0	234	84	60.4	943	1.0	51
65-74	620	47,187	12	70.6	137	0.9	167	14	82.4	161	0.8	42
75-84	96	17,674	1	50.0	12	1.3	1,000	2	100.0	24	1.0	56
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	25,190	1,666,102	315	40.1	3,021	0.8	125	494	62.8	4,842	0.9	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,474	550,704	82	48.2	838	1.0	171	117	68.8	1,219	0.9	51
75-84	9,493	634,425	129	42.0	1,219	0.8	127	182	59.3	1,729	0.9	47
85 and older	8,223	480,973	104	33.7	964	0.7	82	195	63.1	1,894	0.9	46
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,616 beneficiaries who were in nursing facilities for part of their enrollment and their 13,938 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					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	630	19.7	6,412	0.9	\$132	1,993	62.3	19,979	0.8	\$42	1,235	38.6	12,849	0.6	\$46
Female															
All Females	456	20.2	4,667	0.9	136	1,499	66.5	15,131	0.8	44	862	38.3	9,056	0.6	42
Female, Disabled															
All Ages	30	18.4	342	0.8	405	96	58.9	1,025	0.9	53	75	46.0	805	0.6	54
64 or younger	24	18.2	270	0.8	436	75	56.8	788	0.9	52	52	39.4	544	0.7	55
65-74	4	14.8	48	0.6	369	16	59.3	177	0.6	15	19	70.4	213	0.5	52
75-84	2	66.7	24	1.1	135	5	166.7	60	1.9	175	4	133.3	48	0.5	54
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	426	20.4	4,325	0.9	115	1,403	67.1	14,106	0.8	44	787	37.7	8,251	0.6	41
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	34	17.0	328	0.8	100	142	71.0	1,422	0.8	49	76	38.0	811	0.7	57
75-84	165	25.8	1,682	0.9	119	456	71.4	4,672	0.9	51	298	46.6	3,183	0.5	43
85 and older	227	18.1	2,315	0.9	114	805	64.3	8,012	0.8	39	413	33.0	4,257	0.5	37
Male															
All Males	174	18.4	1,745	0.8	120	494	52.3	4,848	0.7	35	373	39.5	3,793	0.7	53
Male, Disabled															
All Ages	15	9.5	173	0.7	360	56	35.4	641	0.5	14	48	30.4	550	0.5	38
64 or younger	14	10.1	161	0.8	385	52	37.4	593	0.6	15	41	29.5	466	0.5	43
65-74	1	5.9	12	0.3	17	4	23.5	48	0.2	3	5	29.4	60	0.2	10
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	0.1	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	159	20.2	1,572	0.8	94	438	55.7	4,207	0.7	39	325	41.3	3,243	0.7	55
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	40	23.5	404	0.7	96	99	58.2	996	0.8	45	83	48.8	849	0.7	61
75-84	61	19.9	591	0.7	84	177	57.7	1,723	0.7	36	123	40.1	1,256	0.7	57
85 and older	58	18.8	577	0.8	103	162	52.4	1,488	0.7	37	119	38.5	1,138	0.7	50
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 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,616 beneficiaries who were in nursing facilities for part of their enrollment and their 13,938 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,136	35.5	11,800	1.0	\$48	755	23.6	7,926	1.0	\$66	1,487	46.5	15,583	0.8	\$30
Female															
All Females	773	34.3	8,121	1.0	47	479	21.3	4,988	0.9	61	1,054	46.8	11,117	0.9	29
Female, Disabled															
All Ages	53	32.5	564	1.2	62	87	53.4	962	1.1	109	76	46.6	859	0.9	46
64 or younger	36	27.3	377	1.0	50	75	56.8	829	1.1	115	56	42.4	633	0.9	54
65-74	15	55.6	174	1.6	86	11	40.7	132	1.0	71	15	55.6	177	0.8	23
75-84	1	33.3	12	1.3	84	0	0.0	0	0.0	0	4	133.3	48	0.6	21
85 and older	1	100.0	1	2.0	36	1	100.0	1	1.0	19	1	100.0	1	1.0	14
Female, Other Eligibles															
All Ages	720	34.4	7,557	1.0	46	392	18.8	4,026	0.9	49	978	46.8	10,258	0.9	28
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	138	69.0	1,419	1.0	56	85	42.5	919	1.0	47	108	54.0	1,163	0.9	30
75-84	271	42.4	2,910	1.0	49	149	23.3	1,542	0.9	54	306	47.9	3,190	0.8	27
85 and older	311	24.9	3,228	1.0	39	158	12.6	1,565	0.9	47	564	45.1	5,905	0.9	28
Male															
All Males	363	38.5	3,679	1.0	51	276	29.2	2,938	1.1	73	433	45.9	4,466	0.8	33
Male, Disabled															
All Ages	41	25.9	481	1.1	65	88	55.7	994	1.2	97	85	53.8	947	0.8	40
64 or younger	36	25.9	421	1.1	65	81	58.3	910	1.2	100	73	52.5	803	0.8	39
65-74	4	23.5	48	0.9	53	7	41.2	84	0.8	63	11	64.7	132	0.8	25
75-84	1	50.0	12	2.3	81	0	0.0	0	0.0	0	1	50.0	12	0.9	240
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	322	41.0	3,198	0.9	49	188	23.9	1,944	1.0	61	348	44.3	3,519	0.8	31
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	99	58.2	1,035	1.0	58	78	45.9	849	1.2	72	81	47.6	874	0.8	34
75-84	135	44.0	1,310	1.0	48	58	18.9	590	0.8	66	128	41.7	1,274	0.8	30
85 and older	88	28.5	853	0.9	41	52	16.8	505	1.0	37	139	45.0	1,371	0.8	29
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 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,616 beneficiaries who were in nursing facilities for part of their enrollment and their 13,938 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	504	15.8	5,280	0.8	\$77	1,273	39.8	13,011	0.9	\$29	3,197	31,563
Female												
All Females	340	15.1	3,640	0.8	77	893	39.6	9,304	0.9	29	2,253	22,516
Female, Disabled												
All Ages	27	16.6	308	0.9	78	35	21.5	398	1.0	28	163	1,746
64 or younger	20	15.2	224	0.8	76	26	19.7	307	1.0	27	132	1,394
65-74	5	18.5	60	1.0	98	6	22.2	66	0.9	35	27	315
75-84	2	66.7	24	1.1	47	2	66.7	24	0.8	12	3	36
85 and older	0	0.0	0	0.0	0	1	100.0	1	2.0	26	1	1
Female, Other Eligibles												
All Ages	313	15.0	3,332	0.8	77	858	41.1	8,906	0.9	29	2,090	20,770
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	69	34.5	755	0.8	75	77	38.5	814	0.9	28	200	2,006
75-84	134	21.0	1,399	0.9	80	271	42.4	2,855	0.9	29	639	6,393
85 and older	110	8.8	1,178	0.8	75	510	40.8	5,237	0.9	29	1,251	12,371
Male												
All Males	164	17.4	1,640	0.9	77	380	40.3	3,707	0.9	28	944	9,047
Male, Disabled												
All Ages	25	15.8	291	1.0	90	56	35.4	597	0.9	29	158	1,705
64 or younger	22	15.8	255	1.0	90	48	34.5	501	0.9	29	139	1,484
65-74	3	17.6	36	0.9	95	6	35.3	72	1.1	28	17	197
75-84	0	0.0	0	0.0	0	2	100.0	24	0.6	17	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	139	17.7	1,349	0.8	75	324	41.2	3,110	0.9	28	786	7,342
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	49	28.8	529	0.8	75	67	39.4	682	1.0	28	170	1,704
75-84	63	20.5	589	0.9	76	133	43.3	1,262	0.8	26	307	2,780
85 and older	27	8.7	231	0.8	70	124	40.1	1,166	0.9	29	309	2,858
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 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,616 beneficiaries who were in nursing facilities for part of their enrollment and their 13,938 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
MONTANA, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	10,016	56.5	6.4	113,613	\$126	\$2,230,070	\$20	3.9	17,714
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	4	66.7	5.8	35	188	1,128	32	1.9	6
15-20	8	27.6	1.9	54	50	1,438	27	1.6	29
21-44	1,600	49.6	4.8	15,456	94	302,895	20	2.7	3,223
45-64	2,778	59.3	7.6	35,521	149	698,747	20	3.5	4,682
65-74	1,915	54.3	6.2	21,732	125	439,290	20	4.5	3,525
75-84	1,821	57.4	6.4	20,147	125	397,159	20	4.7	3,170
85 and older	1,890	61.4	6.7	20,668	126	389,413	19	5.5	3,079
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	5,156	58.1	6.4	57,048	126	1,119,361	20	4.9	8,881
Disabled	4,157	54.5	6.0	46,027	125	950,723	21	3.2	7,631
Adults	702	58.8	8.8	10,515	134	159,591	15	4.3	1,193
Children	1	11.1	2.6	23	44	395	17	2.3	9
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	6,954	61.8	7.3	81,675	144	1,620,026	20	4.3	11,255
Male	3,062	47.4	4.9	31,938	94	610,044	19	3.1	6,459
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	9,199	58.2	6.7	105,358	132	2,082,689	20	4.0	15,819
African American	31	48.4	4.5	287	78	4,966	17	1.8	64
Other/unknown	786	42.9	4.4	7,968	78	142,415	18	3.5	1,831
Use of Nursing Facilities^d									
Entire year	2,046	64.0	7.9	25,402	167	533,396	21	4.8	3,197
Part year	1,142	70.7	7.1	11,462	141	228,025	20	4.9	1,616
None	6,828	52.9	5.9	76,749	114	1,468,649	19	3.6	12,901
Maintenance Assistance Status									
Cash	3,118	49.7	4.9	30,818	100	627,283	20	3.4	6,269
Medically needy	5,080	61.3	7.1	58,914	142	1,179,412	20	4.2	8,288
Poverty related	4	28.6	0.5	7	6	78	11	1.5	14
Other/unknown	1,814	57.7	7.6	23,874	135	423,297	18	4.0	3,143

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
MONTANA, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.7	\$13	\$20	\$0	\$4	172,860
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.5	17	32	0	0	66
15-20	0.2	5	27	0	0	319
21-44	0.5	9	20	0	4	33,712
45-64	0.8	15	20	0	5	47,064
65-74	0.6	13	20	0	4	34,019
75-84	0.7	13	20	0	3	29,654
85 and older	0.7	14	19	0	2	28,026
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	14	20	0	3	82,623
Disabled	0.6	12	21	0	5	76,232
Adults	0.8	11	15	0	3	13,908
Children	0.2	4	17	0	0	97
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.7	15	20	0	4	110,725
Male	0.5	10	19	0	3	62,135
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	14	20	0	4	153,270
African American	0.5	8	17	0	2	633
Other/unknown	0.4	8	18	0	2	18,957
Use of Nursing Facilities^d						
Entire year	0.8	17	21	0	3	31,563
Part year	0.8	16	20	0	4	13,938
None	0.6	12	19	0	4	127,359
Maintenance Assistance Status						
Cash	0.5	9	20	0	3	68,088
Medically needy	0.8	17	20	0	4	70,789
Poverty related	0.1	1	11	0	0	57
Other/unknown	0.7	12	18	0	3	33,926

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
MONTANA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	16,164	\$138	\$2,230,070	100.0	113,613	\$20	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	6	20	118	0.0	9	13	0.0	
Cough and cold medications	1,762	59	104,002	4.7	4,341	24	3.8	
Vitamins and minerals	3,592	149	535,735	24.0	26,764	20	23.6	
Non-prescription drugs	5,725	151	862,055	38.7	45,130	19	39.7	
Barbiturates	157	121	19,054	0.9	1,726	11	1.5	
Benzodiazepines	4,632	137	633,700	28.4	34,293	18	30.2	
Other Part D Excl Rx Drugs	290	260	75,406	3.4	1,350	56	1.2	

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MONTANA, 2005

Total Number of Dual Eligible Beneficiaries: 17,714
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$56,743,449
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,203

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,348	13.3	\$0	0.0
1-500	3,146	17.8	632,837	1.1
501-1,000	1,697	9.6	1,253,121	2.2
1,001-1,500	1,368	7.7	1,705,188	3.0
1,501-2,000	1,158	6.5	2,022,511	3.6
2,001-2,500	986	5.6	2,209,376	3.9
2,501-3,000	853	4.8	2,342,360	4.1
3,001-3,500	765	4.3	2,485,049	4.4
3,501-4,000	654	3.7	2,451,325	4.3
4,001-4,500	582	3.3	2,468,197	4.3
4,501-5,000	476	2.7	2,256,888	4.0
5,001-5,500	428	2.4	2,247,430	4.0
5,501-6,000	366	2.1	2,101,921	3.7
6,001-6,500	294	1.7	1,837,418	3.2
6,501-7,000	285	1.6	1,919,605	3.4
7,001-7,500	266	1.5	1,927,302	3.4
7,501-8,000	208	1.2	1,609,837	2.8
8,001-8,500	187	1.1	1,543,323	2.7
8,501-9,000	154	0.9	1,349,334	2.4
9,001-9,500	152	0.9	1,402,421	2.5
9,501-10,000	135	0.8	1,314,053	2.3
10,001+	1,206	6.8	19,663,953	34.7

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MONTANA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 6,826
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$27,989,535
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,100

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	1,019	14.9		0	0.0
1-500	1,240	18.2		228,820	0.8
501-1,000	568	8.3		417,989	1.5
1,001-1,500	421	6.2		526,841	1.9
1,501-2,000	362	5.3		632,442	2.3
2,001-2,500	305	4.5		687,630	2.5
2,501-3,000	269	3.9		739,138	2.6
3,001-3,500	236	3.5		768,988	2.7
3,501-4,000	196	2.9		735,325	2.6
4,001-4,500	186	2.7		787,065	2.8
4,501-5,000	156	2.3		738,497	2.6
5,001-5,500	157	2.3		824,004	2.9
5,501-6,000	136	2.0		780,654	2.8
6,001-6,500	108	1.6		672,544	2.4
6,501-7,000	116	1.7		780,922	2.8
7,001-7,500	104	1.5		752,509	2.7
7,501-8,000	90	1.3		696,158	2.5
8,001-8,500	90	1.3		741,752	2.7
8,501-9,000	72	1.1		632,569	2.3
9,001-9,500	78	1.1		719,759	2.6
9,501-10,000	64	0.9		621,813	2.2
10,001+	853	12.5		14,504,116	51.8

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MONTANA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 9,774
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$25,271,816
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,585

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	1,236	12.6	0	0.0
1-500	1,657	17.0	356,776	1.4
501-1,000	1,029	10.5	759,419	3.0
1,001-1,500	838	8.6	1,042,451	4.1
1,501-2,000	729	7.5	1,273,349	5.0
2,001-2,500	614	6.3	1,372,517	5.4
2,501-3,000	527	5.4	1,445,338	5.7
3,001-3,500	477	4.9	1,547,406	6.1
3,501-4,000	415	4.2	1,555,791	6.2
4,001-4,500	366	3.7	1,552,934	6.1
4,501-5,000	295	3.0	1,400,688	5.5
5,001-5,500	251	2.6	1,318,415	5.2
5,501-6,000	198	2.0	1,137,516	4.5
6,001-6,500	165	1.7	1,034,406	4.1
6,501-7,000	155	1.6	1,044,786	4.1
7,001-7,500	148	1.5	1,073,511	4.2
7,501-8,000	102	1.0	790,178	3.1
8,001-8,500	85	0.9	703,329	2.8
8,501-9,000	73	0.7	638,239	2.5
9,001-9,500	65	0.7	599,167	2.4
9,501-10,000	63	0.6	614,188	2.4
10,001+	286	2.9	4,011,412	15.9

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 MONTANA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 3,525
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$9,750,836
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,766

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	604	17.1		0	0.0
1-500	614	17.4		117,967	1.2
501-1,000	300	8.5		223,636	2.3
1,001-1,500	230	6.5		286,994	2.9
1,501-2,000	223	6.3		388,789	4.0
2,001-2,500	201	5.7		448,062	4.6
2,501-3,000	166	4.7		454,998	4.7
3,001-3,500	155	4.4		501,746	5.1
3,501-4,000	134	3.8		503,088	5.2
4,001-4,500	132	3.7		558,564	5.7
4,501-5,000	100	2.8		473,467	4.9
5,001-5,500	96	2.7		504,628	5.2
5,501-6,000	69	2.0		395,454	4.1
6,001-6,500	57	1.6		358,273	3.7
6,501-7,000	59	1.7		398,637	4.1
7,001-7,500	60	1.7		435,721	4.5
7,501-8,000	43	1.2		332,467	3.4
8,001-8,500	33	0.9		274,057	2.8
8,501-9,000	40	1.1		349,763	3.6
9,001-9,500	25	0.7		231,118	2.4
9,501-10,000	32	0.9		311,717	3.2
10,001+	152	4.3		2,201,690	22.6

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MONTANA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 3,170
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$8,504,433
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,682

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	404	12.7	0	0.0
1-500	496	15.6	114,690	1.3
501-1,000	317	10.0	235,152	2.8
1,001-1,500	268	8.5	336,765	4.0
1,501-2,000	239	7.5	416,899	4.9
2,001-2,500	205	6.5	456,671	5.4
2,501-3,000	179	5.6	492,717	5.8
3,001-3,500	162	5.1	524,594	6.2
3,501-4,000	129	4.1	484,177	5.7
4,001-4,500	111	3.5	471,282	5.5
4,501-5,000	100	3.2	475,540	5.6
5,001-5,500	84	2.6	439,625	5.2
5,501-6,000	72	2.3	413,483	4.9
6,001-6,500	67	2.1	420,629	4.9
6,501-7,000	55	1.7	371,135	4.4
7,001-7,500	54	1.7	390,011	4.6
7,501-8,000	29	0.9	224,881	2.6
8,001-8,500	33	1.0	271,951	3.2
8,501-9,000	24	0.8	209,985	2.5
9,001-9,500	25	0.8	229,904	2.7
9,501-10,000	19	0.6	184,904	2.2
10,001+	98	3.1	1,339,438	15.7

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MONTANA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,079
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$7,016,547
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,278

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	228	7.4	0	0.0
1-500	547	17.8	124,119	1.8
501-1,000	412	13.4	300,631	4.3
1,001-1,500	340	11.0	418,692	6.0
1,501-2,000	267	8.7	467,661	6.7
2,001-2,500	208	6.8	467,784	6.7
2,501-3,000	182	5.9	497,623	7.1
3,001-3,500	160	5.2	521,066	7.4
3,501-4,000	152	4.9	568,526	8.1
4,001-4,500	123	4.0	523,088	7.5
4,501-5,000	95	3.1	451,681	6.4
5,001-5,500	71	2.3	374,162	5.3
5,501-6,000	57	1.9	328,579	4.7
6,001-6,500	41	1.3	255,504	3.6
6,501-7,000	41	1.3	275,014	3.9
7,001-7,500	34	1.1	247,779	3.5
7,501-8,000	30	1.0	232,830	3.3
8,001-8,500	19	0.6	157,321	2.2
8,501-9,000	9	0.3	78,491	1.1
9,001-9,500	15	0.5	138,145	2.0
9,501-10,000	12	0.4	117,567	1.7
10,001+	36	1.2	470,284	6.7

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	17,714	8,881	7,631	1,193	9	0	172,860	82,623	76,232	13,908	97	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	6	0	5	0	1	0	66	0	54	0	12	0
15-20	29	0	22	0	7	0	319	0	235	0	84	0
21-44	3,223	1	2,650	571	1	0	33,712	12	27,119	6,580	1	0
45-64	4,682	7	4,149	526	0	0	47,064	84	40,786	6,194	0	0
65-74	3,525	2,776	682	67	0	0	34,019	26,455	6,775	789	0	0
75-84	3,170	3,039	104	27	0	0	29,654	28,230	1,103	321	0	0
85 and older	3,079	3,058	19	2	0	0	28,026	27,842	160	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	11,255	6,506	4,167	578	4	0	110,725	61,830	42,179	6,668	48	0
Male	6,459	2,375	3,464	615	5	0	62,135	20,793	34,053	7,240	49	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	15,819	8,073	6,640	1,097	9	0	153,270	74,563	65,808	12,802	97	0
African American	64	18	39	7	0	0	633	197	368	68	0	0
Other/unknown	1,831	790	952	89	0	0	18,957	7,863	10,056	1,038	0	0
Use of Nursing Facilities^c												
Entire year	3,197	2,876	321	0	0	0	31,563	28,112	3,451	0	0	0
Part year	1,616	1,361	228	27	0	0	13,938	11,405	2,214	319	0	0
None	12,901	4,644	7,082	1,166	9	0	127,359	43,106	70,567	13,589	97	0
Maintenance Assistance Status												
Cash	6,269	1,870	4,377	22	0	0	68,088	20,692	47,199	197	0	0
Medically needy	8,288	5,911	2,377	0	0	0	70,789	50,930	19,859	0	0	0
Poverty related	14	0	0	14	0	0	57	0	0	57	0	0
Other/unknown	3,143	1,100	877	1,157	9	0	33,926	11,001	9,174	13,654	97	0
Dual Status^d												
Full dual, all year	17,714	8,881	7,631	1,193	9	0	172,860	82,623	76,232	13,908	97	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	17,714	8,881	7,631	1,193	9	0	172,860	82,623	76,232	13,908	97	0
FFS part year, with Rx claims	0	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
MC all year, with Rx claims	0	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

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	17,714	172,860	17,714	172,860	0	0
Fee-for-service (FFS) all year	17,714	172,860	17,714	172,860	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Montana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

Dual Eligible Beneficiaries