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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	13,230	8,040	5,123	64	3	0	134,426	78,865	55,007	520	34	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	1	0	0	0	1	0	10	0	0	0	10	0
15-20	20	0	18	0	2	0	217	0	193	0	24	0
21-44	2,191	0	2,150	41	0	0	23,342	0	23,007	335	0	0
45-64	2,924	2	2,901	21	0	0	31,487	23	31,292	172	0	0
65-74	2,049	1,993	54	2	0	0	20,881	20,353	515	13	0	0
75-84	2,637	2,637	0	0	0	0	25,997	25,997	0	0	0	0
85 and older	3,408	3,408	0	0	0	0	32,492	32,492	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	8,338	5,729	2,562	44	3	0	85,520	57,149	27,962	375	34	0
Male	4,892	2,311	2,561	20	0	0	48,906	21,716	27,045	145	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	12,108	7,497	4,557	52	2	0	122,880	73,286	49,141	429	24	0
African American	49	16	33	0	0	0	422	145	277	0	0	0
Other/unknown	1,073	527	533	12	1	0	11,124	5,434	5,589	91	10	0
Use of Nursing Facilities^c												
Entire year	3,664	3,412	252	0	0	0	35,878	33,166	2,712	0	0	0
Part year	1,253	1,054	199	0	0	0	11,824	9,770	2,054	0	0	0
None	8,313	3,574	4,672	64	3	0	86,724	35,929	50,241	520	34	0
Maintenance Assistance Status												
Cash	4,160	1,749	2,385	26	0	0	46,918	19,798	26,878	242	0	0
Medically needy	8,204	6,002	2,182	20	0	0	78,779	56,361	22,281	137	0	0
Poverty-related	539	287	240	11	1	0	5,040	2,682	2,272	76	10	0
Other/unknown	327	2	316	7	2	0	3,689	24	3,576	65	24	0
Dual Medicare Status^d												
Full dual, all year	12,387	7,559	4,763	62	3	0	126,047	74,097	51,419	497	34	0
Full dual, part year	843	481	360	2	0	0	8,379	4,768	3,588	23	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	13,230	8,040	5,123	64	3	0	134,426	78,865	55,007	520	34	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 North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 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	86.8	50.6	\$2,927	\$58	\$24,618	11.9	13,230
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	65.0	2,896	45	5,704	50.8	1
15-20	85.0	29.9	3,017	101	20,219	14.9	20
21-44	81.8	32.0	2,967	93	21,555	13.8	2,191
45-64	84.7	48.6	3,627	75	26,912	13.5	2,924
65-74	80.5	51.0	2,778	55	19,270	14.4	2,049
75-84	87.9	58.6	2,875	49	22,757	12.6	2,637
85 and older	94.6	57.9	2,430	42	29,306	8.3	3,408
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.0	56.4	2,663	47	24,695	10.8	8,040
Disabled	83.4	41.8	3,354	80	24,756	13.5	5,123
Adults	78.1	20.4	1,915	94	5,063	37.8	64
Children	100.0	33.3	1,259	38	2,388	52.7	3
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	89.8	55.5	3,005	54	24,366	12.3	8,338
Male	81.5	42.2	2,794	66	25,049	11.2	4,892
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.0	52.0	3,004	58	25,520	11.8	12,108
African American	67.3	28.6	1,785	63	8,762	20.4	49
Other/unknown	74.0	35.4	2,116	60	15,164	14.0	1,073
Use of Nursing Facilities^f							
Entire year	97.5	72.1	3,546	49	42,473	8.3	3,664
Part year	95.8	60.0	3,071	51	26,709	11.5	1,253
None	80.6	39.7	2,633	66	16,433	16.0	8,313
Maintenance Assistance Status							
Cash	88.8	46.8	3,024	65	14,396	21.0	4,160
Medically needy	88.4	55.8	3,037	54	31,431	9.7	8,204
Poverty related	42.5	6.1	414	68	2,475	16.7	539
Other/unknown	92.7	39.9	3,086	77	20,234	15.3	327

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	5.0	\$288	11.9	13.2	12.7	8.8	26.3	29.3	9.6	\$2,423	13,230	134,426
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	6.5	290	50.8	0.0	0.0	0.0	0.0	100.0	0.0	570	1	10
15-20	2.8	278	14.9	15.0	30.0	20.0	20.0	10.0	5.0	1,864	20	217
21-44	3.0	279	13.8	18.2	27.0	12.8	24.6	14.2	3.1	2,023	2,191	23,342
45-64	4.5	337	13.5	15.3	13.9	11.0	27.0	24.8	8.0	2,499	2,924	31,487
65-74	5.0	273	14.4	19.5	12.3	7.6	23.5	26.2	10.9	1,891	2,049	20,881
75-84	5.9	292	12.6	12.1	8.5	6.2	25.0	34.7	13.5	2,308	2,637	25,997
85 and older	6.1	255	8.3	5.4	5.9	7.1	29.7	40.6	11.3	3,074	3,408	32,492
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	5.8	272	10.8	11.0	8.4	7.0	26.5	35.1	11.9	2,518	8,040	78,865
Disabled	3.9	312	13.5	16.6	19.2	11.7	26.0	20.4	6.0	2,306	5,123	55,007
Adults	2.5	236	37.8	21.9	31.3	10.9	28.1	7.8	0.0	623	64	520
Children	2.9	111	52.7	0.0	33.3	33.3	0.0	33.3	0.0	211	3	34
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.4	293	12.3	10.2	11.1	8.2	27.1	32.6	10.8	2,376	8,338	85,520
Male	4.2	280	11.2	18.5	15.5	9.9	25.0	23.6	7.6	2,506	4,892	48,906
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.1	296	11.8	12.0	11.8	8.8	27.0	30.3	10.0	2,515	12,108	122,880
African American	3.3	207	20.4	32.7	10.2	14.3	20.4	20.4	2.0	1,017	49	422
Other/unknown	3.4	204	14.0	26.0	22.7	8.6	18.7	18.6	5.3	1,463	1,073	11,124
Use of Nursing Facilities^f												
Entire year	7.4	362	8.3	2.5	3.7	5.1	24.7	44.4	19.7	4,338	3,664	35,878
Part year	6.4	325	11.5	4.2	7.7	7.2	27.9	40.3	12.8	2,830	1,253	11,824
None	3.8	252	16.0	19.4	17.4	10.7	26.8	21.0	4.7	1,575	8,313	86,724
Maintenance Assistance Status												
Cash	4.2	268	21.0	11.3	18.5	11.4	28.4	24.2	6.3	1,276	4,160	46,918
Medically needy	5.8	316	9.7	11.6	8.3	7.5	26.3	34.2	12.1	3,273	8,204	78,779
Poverty related	0.7	44	16.7	57.5	27.1	7.1	6.5	1.9	0.0	265	539	5,040
Other/unknown	3.5	274	15.3	7.3	25.1	13.5	33.9	16.5	3.7	1,794	327	3,689

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 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	\$288	\$58	1.8	\$209	\$116	0.2	\$13	\$69	3.0	\$66	\$22
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	6.5	290	45	1.2	173	144	0.2	14	72	5.1	102	20
15-20	2.8	278	101	1.4	243	171	0.0	2	37	1.3	33	26
21-44	3.0	279	93	1.3	215	172	0.1	14	107	1.6	49	30
45-64	4.5	337	75	1.8	251	142	0.2	19	99	2.5	67	26
65-74	5.0	273	55	1.8	194	106	0.2	12	63	3.0	66	22
75-84	5.9	292	49	2.2	208	97	0.2	10	49	3.6	73	21
85 and older	6.1	255	42	2.0	172	88	0.2	12	47	3.9	71	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.8	272	47	2.0	190	95	0.2	11	51	3.5	70	20
Disabled	3.9	312	80	1.6	236	152	0.2	17	101	2.2	60	28
Adults	2.5	236	94	1.0	181	182	0.1	19	157	1.4	35	25
Children	2.9	111	38	0.8	71	89	0.1	5	55	2.1	35	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.4	293	54	1.9	209	109	0.2	14	64	3.3	70	22
Male	4.2	280	66	1.6	209	130	0.2	12	82	2.5	58	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.1	296	58	1.9	215	115	0.2	14	67	3.0	67	22
African American	3.3	207	63	1.0	156	149	0.1	12	114	2.2	40	18
Other/unknown	3.4	204	60	1.2	143	122	0.1	11	103	2.1	50	23
Use of Nursing Facilities^e												
Entire year	7.4	362	49	2.5	251	102	0.3	16	54	4.6	96	21
Part year	6.4	325	51	2.2	233	106	0.2	12	51	3.9	80	21
None	3.8	252	66	1.5	188	127	0.2	13	85	2.2	52	24
Maintenance Assistance Status												
Cash	4.2	268	65	1.6	199	128	0.2	13	82	2.4	56	23
Medically needy	5.8	316	54	2.1	226	109	0.2	14	62	3.5	76	22
Poverty related	0.7	44	68	0.2	33	134	0.0	3	92	0.4	9	22
Other/unknown	3.5	274	77	1.4	205	144	0.2	14	89	2.0	54	28

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented		Off-Patent		Patented		Off-Patent		Patented		Off-Patent		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Brand-Name	Brand-Name	Generic	Total	Brand-Name	Brand-Name	Generic	Total	Brand-Name	Brand-Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$17	\$9	\$3	\$4	\$53	\$136	\$73	\$21	24,802	\$1,310,028	7,058	53.3	76,757
Biologicals	0.1	0.1	0.0	0.0	4	1	0	3	43	17	0	132	115	4,945	98	0.7	1,145
Antineoplastic Agents	0.6	0.2	0.0	0.5	74	49	0	24	114	307	95	50	2,275	258,726	355	2.7	3,520
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.6	50	35	5	11	43	89	38	16	72,452	3,146,291	5,843	44.2	62,524
Cardiovascular Agents	2.1	0.6	0.0	1.4	63	43	1	20	30	67	15	14	180,071	5,446,901	8,201	62.0	86,468
Respiratory Agents	0.7	0.4	0.0	0.3	51	44	1	6	70	101	62	22	31,317	2,191,840	3,964	30.0	42,944
Gastrointestinal Agents	0.7	0.2	0.0	0.5	37	24	0	13	53	149	66	24	28,267	1,489,747	3,753	28.4	40,322
Genitourinary Agents	0.7	0.5	0.0	0.2	51	44	1	6	74	84	73	37	16,405	1,206,195	2,173	16.4	23,533
CNS Drugs	1.6	0.8	0.0	0.8	141	117	4	20	90	150	174	27	125,575	11,285,743	7,536	57.0	79,792
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.3	75	65	2	9	98	136	107	32	1,868	183,949	225	1.7	2,447
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	163	162	0	0	169	170	144	37	10,414	1,760,820	1,039	7.9	10,825
Analgesics and Anesthetics	0.8	0.2	0.1	0.6	50	20	9	21	62	118	142	36	49,150	3,043,095	5,721	43.2	60,781
Neuromuscular Agents	1.1	0.4	0.1	0.6	91	60	4	27	86	161	72	42	48,112	4,126,812	4,186	31.6	45,230
Nutritional Products	0.7	0.0	0.0	0.7	13	0	0	13	18	25	19	18	22,233	396,907	2,930	22.1	30,292
Hematological Agents	0.9	0.2	0.0	0.7	52	42	1	9	55	181	24	13	26,382	1,453,810	2,689	20.3	28,141
Topical Products	0.5	0.2	0.0	0.3	21	14	1	6	45	74	49	24	26,934	1,199,918	5,142	38.9	56,439
Miscellaneous Products	0.4	0.1	0.0	0.3	63	44	4	15	153	358	261	55	1,245	190,011	292	2.2	3,013
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	18	0	0	0	1,562	28,500	461	3.5	5,044
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.	669,179	38,724,238	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Dakota, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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, NORTH DAKOTA, 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	\$7,297,812	3,883	29.3	41,879	0.9	\$190	\$174
ANTICONVULSANT	3,515,094	3,294	24.9	36,061	1.0	102	97
ANTIDEPRESSANTS	3,395,459	7,628	57.7	81,460	0.8	53	42
ANTIHYPERTENSIVE	2,008,632	3,174	24.0	35,455	0.7	77	57
ANTIDIABETIC	1,911,574	3,872	29.3	41,624	0.8	55	46
ANTIASTHMATIC	1,807,610	4,270	32.3	45,714	0.5	79	40
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,770,693	1,372	10.4	14,348	0.7	166	123
ANALGESICS - Narcotic	1,705,087	6,209	46.9	66,012	0.5	56	26
ULCER DRUGS	1,328,414	4,579	34.6	49,134	0.7	39	27
ANTIHYPERTENSIVE	1,197,200	5,197	39.3	55,885	0.7	29	21
Total	25,937,575	43,478		467,572	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; 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, NORTH DAKOTA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	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 Rx \$ 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 Rx \$ per Month
All	338,060	\$25,937,575	3,883	29.3	41,879	0.9	\$174	3,294	24.9	36,061	1.0	\$98
Female												
All Females	225,084	16,295,950	2,282	27.4	24,678	0.9	159	2,024	24.3	22,325	0.9	89
Female, Disabled												
All Ages	68,500	6,607,580	930	36.3	10,604	0.9	196	1,057	41.3	12,020	1.0	117
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	85	5,129	1	11.1	12	1.0	57	0	0.0	0	0.0	0
21-44	20,748	2,234,404	353	35.8	4,059	0.8	194	423	42.9	4,834	1.0	131
45-64	46,974	4,310,835	572	37.2	6,494	1.0	198	627	40.8	7,102	1.0	107
65-74	693	57,212	4	14.3	39	0.7	24	7	25.0	84	1.0	77
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	156,584	9,688,370	1,352	23.4	14,074	0.9	131	967	16.7	10,305	0.9	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	29	554	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	27	544	0	0.0	0	0.0	0	1	50.0	12	0.8	31
21-44	349	29,075	8	24.2	57	0.7	117	6	18.2	62	0.6	97
45-64	162	15,624	2	16.7	24	0.6	101	0	0.0	0	0.0	0
65-74	34,067	2,356,709	239	19.8	2,709	1.0	183	254	21.1	2,843	0.9	76
75-84	54,389	3,470,152	450	25.2	4,718	0.8	136	356	19.9	3,870	0.9	54
85 and older	67,561	3,815,712	653	23.9	6,566	0.8	107	350	12.8	3,518	0.8	42
Male												
All Males	112,976	9,641,625	1,601	32.7	17,201	0.9	196	1,270	26.0	13,736	1.0	112
Male, Disabled												
All Ages	54,869	5,978,946	1,015	39.6	11,405	1.0	232	837	32.7	9,441	1.1	133
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	183	36,549	7	77.8	84	1.1	273	1	11.1	12	2.0	711
21-44	20,131	2,444,439	451	38.8	5,042	1.0	235	371	31.9	4,184	1.0	137
45-64	33,893	3,459,067	549	40.3	6,202	1.0	231	456	33.5	5,144	1.1	129
65-74	662	38,891	8	30.8	77	0.9	94	9	34.6	101	0.7	39
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, NORTH DAKOTA, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS						ANTICONVULSANT			
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean
					Benefit Months Among Users	Benefit per Rx per Month	Benefit per Rx per Month			Benefit Months Among Users	Benefit per Rx per Month	
Male, Other Eligibles												
All Ages	58,107	3,662,679	586	25.1	5,796	0.8	125	433	18.6	4,295	1.0	67
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	0.0	0
21-44	46	2,327	1	12.5	11	0.2	20	0	0.0	0	0.0	0
45-64	130	11,537	1	9.1	12	1.1	186	3	27.3	28	0.9	74
65-74	20,133	1,331,312	169	21.4	1,834	0.9	143	186	23.6	2,034	1.0	85
75-84	21,822	1,369,629	213	25.0	2,089	0.9	124	139	16.3	1,305	0.9	55
85 and older	15,976	947,874	202	30.1	1,850	0.8	109	105	15.6	928	0.9	42
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 North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVES					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	7,628	57.7	81,460	0.8	\$42	3,174	24.0	35,455	0.7	\$57	3,872	29.3	41,624	0.8	\$46
Female															
All Females	5,333	64.0	57,232	0.8	42	1,987	23.8	22,374	0.7	57	2,531	30.4	27,322	0.8	45
Female, Disabled															
All Ages	1,833	71.5	20,759	0.7	42	579	22.6	6,731	0.7	56	570	22.2	6,444	0.8	54
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	33.3	36	0.5	33	1	11.1	12	0.4	9	1	11.1	12	0.1	4
21-44	658	66.7	7,376	0.7	42	89	9.0	1,034	0.7	54	133	13.5	1,503	0.7	54
45-64	1,158	75.3	13,195	0.8	42	480	31.2	5,592	0.7	57	426	27.7	4,820	0.8	54
65-74	14	50.0	152	0.7	35	9	32.1	93	0.8	70	10	35.7	109	0.8	55
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	3,500	60.6	36,473	0.8	42	1,408	24.4	15,643	0.7	57	1,961	34.0	20,878	0.9	43
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	200.0	20	1.0	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	12	0.8	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	20	60.6	187	0.4	28	2	6.1	19	0.5	38	2	6.1	21	0.8	91
45-64	7	58.3	79	0.8	100	0	0.0	0	0.0	0	3	25.0	36	0.9	71
65-74	614	50.9	6,884	0.8	40	456	37.8	5,224	0.7	56	533	44.2	5,854	0.8	48
75-84	1,143	64.0	12,087	0.8	42	572	32.0	6,360	0.7	55	729	40.8	7,861	0.9	44
85 and older	1,713	62.6	17,204	0.9	42	378	13.8	4,040	0.8	60	694	25.4	7,106	0.9	37
Male															
All Males	2,295	46.9	24,228	0.8	41	1,187	24.3	13,081	0.7	57	1,341	27.4	14,302	0.8	47
Male, Disabled															
All Ages	1,078	42.1	12,038	0.7	42	586	22.9	6,639	0.7	55	516	20.1	5,663	0.8	56
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	4	44.4	48	0.7	68	1	11.1	12	0.4	33	0	0.0	0	0.0	0
21-44	485	41.7	5,444	0.7	41	178	15.3	2,019	0.7	47	144	12.4	1,609	0.7	57
45-64	577	42.3	6,408	0.8	43	399	29.3	4,520	0.8	58	360	26.4	3,911	0.8	56
65-74	12	46.2	138	0.8	60	8	30.8	88	0.8	60	12	46.2	143	1.1	49
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, NORTH DAKOTA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTHYPERLIPIDEMIC					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,217	52.2	12,190	0.8	41	601	25.8	6,442	0.8	59	825	35.4	8,639	0.9	42
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	1	12.5	9	0.7	5	2	25.0	24	0.2	12	1	12.5	12	0.4	36
45-64	5	45.5	53	0.3	29	2	18.2	24	0.6	69	2	18.2	24	0.5	74
65-74	342	43.3	3,623	0.8	39	255	32.3	2,811	0.7	59	324	41.1	3,606	0.9	46
75-84	470	55.2	4,640	0.8	42	228	26.8	2,393	0.8	59	316	37.1	3,208	0.9	41
85 and older	399	59.4	3,865	0.8	40	114	17.0	1,190	0.8	61	182	27.1	1,789	0.8	34
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic				
	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	4,270	32.3	45,714	0.5	\$40	1,372	10.4	14,348	0.7	\$123	6,209	46.9	66,012	0.5	\$26
Female															
All Females	2,900	34.8	31,607	0.5	38	929	11.1	9,872	0.8	129	4,426	53.1	47,283	0.5	27
Female, Disabled															
All Ages	817	31.9	9,417	0.4	34	147	5.7	1,676	0.5	245	1,438	56.1	16,200	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	33.3	36	0.7	72	1	11.1	12	0.3	9	3	33.3	36	0.1	1
21-44	259	26.2	2,945	0.4	26	33	3.3	370	0.4	195	534	54.1	6,000	0.4	18
45-64	546	35.5	6,328	0.5	37	110	7.2	1,261	0.6	254	889	57.8	10,020	0.5	28
65-74	9	32.1	108	0.8	63	3	10.7	33	0.7	527	12	42.9	144	0.4	25
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,083	36.1	22,190	0.5	40	782	13.5	8,196	0.8	105	2,988	51.7	31,083	0.5	28
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	6	18.2	62	0.1	8	0	0.0	0	0.0	0	27	81.8	295	0.3	13
45-64	4	33.3	33	0.5	43	0	0.0	0	0.0	0	6	50.0	72	0.2	5
65-74	527	43.7	5,768	0.5	41	83	6.9	920	0.7	111	643	53.3	7,149	0.5	24
75-84	715	40.0	7,676	0.6	45	286	16.0	3,061	0.8	104	906	50.7	9,688	0.5	31
85 and older	831	30.4	8,651	0.5	36	413	15.1	4,215	0.8	105	1,406	51.4	13,879	0.6	28
Male															
All Males	1,370	28.0	14,107	0.5	42	443	9.1	4,476	0.7	111	1,783	36.4	18,729	0.4	24
Male, Disabled															
All Ages	433	16.9	4,802	0.4	33	117	4.6	1,291	0.5	129	850	33.2	9,409	0.4	26
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	1	11.1	8	0.1	1
21-44	141	12.1	1,574	0.4	29	39	3.4	436	0.4	97	377	32.4	4,162	0.3	23
45-64	285	20.9	3,144	0.4	35	78	5.7	855	0.6	145	470	34.5	5,215	0.4	28
65-74	7	26.9	84	0.6	54	0	0.0	0	0.0	0	2	7.7	24	1.0	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, NORTH DAKOTA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	937	40.2	9,305	0.6	47	326	14.0	3,185	0.8	104	933	40.0	9,320	0.4	23
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	1	12.5	7	1.0	25	0	0.0	0	0.0	0	4	50.0	27	0.7	41
45-64	0	0.0	0	0.0	0	1	9.1	4	0.3	20	6	54.5	56	0.3	21
65-74	272	34.5	2,778	0.6	46	62	7.9	631	0.8	100	329	41.7	3,574	0.4	23
75-84	402	47.2	3,978	0.6	46	140	16.5	1,404	0.8	103	324	38.1	3,211	0.5	23
85 and older	262	39.0	2,542	0.6	48	123	18.3	1,146	0.8	107	270	40.2	2,452	0.5	21
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 North Dakota, released by CMS in 12/2008. 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.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.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	4,579	34.6	49,134	0.7	\$27	5,197	39.3	55,885	0.7	\$21	13,230	134,426
Female												
All Females	3,142	37.7	33,939	0.7	27	3,505	42.0	37,735	0.8	23	8,338	85,520
Female, Disabled												
All Ages	791	30.9	9,066	0.6	31	582	22.7	6,700	0.7	19	2,562	27,962
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	2	22.2	24	0.3	11	1	11.1	12	1.0	11	9	90
21-44	264	26.7	3,029	0.6	29	101	10.2	1,153	0.6	17	987	10,809
45-64	515	33.5	5,893	0.7	33	468	30.4	5,396	0.7	20	1,538	16,775
65-74	10	35.7	120	0.7	21	12	42.9	139	0.5	13	28	288
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	2,351	40.7	24,873	0.7	25	2,923	50.6	31,035	0.8	23	5,776	57,558
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	100.0	10	0.9	18	0	0.0	0	0.0	0	1	10
15-20	0	0.0	0	0.0	0	1	50.0	12	0.8	8	2	24
21-44	13	39.4	135	0.3	28	3	9.1	30	0.5	14	33	283
45-64	2	16.7	19	0.4	26	2	16.7	19	0.8	24	12	103
65-74	477	39.6	5,396	0.6	27	561	46.5	6,312	0.7	23	1,206	12,482
75-84	738	41.3	7,871	0.7	27	975	54.6	10,573	0.8	24	1,786	18,164
85 and older	1,120	40.9	11,442	0.8	23	1,381	50.5	14,089	0.8	23	2,736	26,492
Male												
All Males	1,437	29.4	15,195	0.7	28	1,692	34.6	18,150	0.7	19	4,892	48,906
Male, Disabled												
All Ages	564	22.0	6,292	0.7	30	580	22.6	6,612	0.7	21	2,561	27,045
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	3	33.3	36	0.8	39	0	0.0	0	0.0	0	9	103
21-44	184	15.8	2,064	0.6	27	160	13.8	1,845	0.7	20	1,163	12,198
45-64	371	27.2	4,120	0.7	32	414	30.4	4,696	0.7	21	1,363	14,517
65-74	6	23.1	72	0.8	15	6	23.1	71	0.7	14	26	227
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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, NORTH DAKOTA, 2005

Beneficiary Characteristics	ULCER DRUGS						ANTIHYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean	Number of Beneficiaries	Number of Benefit Months
				Rx per Benefit Month	Rx \$ per Benefit Month				Rx per Benefit Month	Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	873	37.5	8,903	0.7	26	1,112	47.7	11,538	0.8	18	2,331	21,861
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	0	0
21-44	1	12.5	12	0.2	5	0	0.0	0	0.0	0	8	52
45-64	1	9.1	12	0.4	9	5	45.5	54	0.5	17	11	92
65-74	269	34.1	2,919	0.7	26	381	48.3	4,164	0.7	18	789	7,884
75-84	312	36.7	3,132	0.7	30	415	48.8	4,333	0.7	18	851	7,833
85 and older	290	43.2	2,828	0.7	23	311	46.3	2,987	0.8	20	672	6,000
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 North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 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	\$362	7.4	3,664	35,878
Age				
0-64	565	7.9	242	2,621
65-74	473	8.6	349	3,635
75-84	407	7.9	1,006	9,865
85 and older	292	6.8	2,067	19,757
Unknown	0	0.0	0	0
Gender				
Female	352	7.4	2,627	25,890
Male	389	7.3	1,037	9,988
Unknown	0	0.0	0	0
Race				
White	361	7.4	3,563	34,874
African American	60	4.9	1	12
Other/unknown	409	7.6	100	992
Basis of Eligibility^c				
Aged	346	7.3	3,412	33,166
Disabled	556	7.9	252	2,712
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 North Dakota, released by CMS in 12/2008. 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 1,253 beneficiaries who were in nursing facilities for part of their enrollment and their 11,824 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, NORTH DAKOTA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.1	0.2	\$15	\$7	\$4	\$4	\$44	\$92	\$78	\$18	8,942	\$391,316	2,499	68.2	26,067
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	31	0	0	31	5	155	4	0.1	44
Antineoplastic Agents	0.7	0.2	0.0	0.5	85	56	0	30	125	336	0	57	898	111,952	139	3.8	1,310
Endocrine/Metabolic Drugs	1.3	0.4	0.2	0.7	51	35	6	10	40	82	38	14	25,114	992,987	1,932	52.7	19,457
Cardiovascular Agents	2.4	0.6	0.0	1.8	57	34	1	23	24	61	13	13	71,573	1,712,954	2,976	81.2	29,835
Respiratory Agents	0.8	0.5	0.0	0.4	61	50	0	10	72	110	55	26	10,609	766,434	1,223	33.4	12,665
Gastrointestinal Agents	0.9	0.1	0.0	0.7	33	16	0	16	38	125	53	22	12,343	472,550	1,407	38.4	14,500
Genitourinary Agents	0.8	0.6	0.0	0.2	60	51	1	8	73	83	74	42	7,540	551,857	883	24.1	9,263
CNS Drugs	1.8	0.9	0.0	0.8	130	111	0	18	74	118	64	23	48,617	3,585,025	2,744	74.9	27,655
Stimulants/Anti-obesity/Anorexia	0.9	0.3	0.0	0.6	46	36	0	10	52	138	0	16	291	15,216	35	1.0	333
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	158	158	0	0	149	149	0	25	6,731	1,002,196	617	16.8	6,333
Analgesics and Anesthetics	1.0	0.2	0.1	0.7	60	21	11	28	60	98	105	42	18,491	1,116,266	1,847	50.4	18,456
Neuromuscular Agents	1.0	0.2	0.1	0.7	64	30	3	31	61	126	52	42	15,913	975,731	1,469	40.1	15,259
Nutritional Products	0.8	0.0	0.0	0.8	14	0	0	14	17	14	12	17	10,990	187,309	1,319	36.0	13,158
Hematological Agents	1.1	0.2	0.1	0.8	50	39	1	10	44	158	17	12	13,210	586,319	1,161	31.7	11,823
Topical Products	0.6	0.2	0.0	0.3	23	15	0	7	41	69	34	22	11,649	477,929	1,932	52.7	20,604
Miscellaneous Products	0.4	0.1	0.0	0.3	32	18	3	11	76	163	164	37	443	33,760	111	3.0	1,071
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	16	0	0	0	784	12,835	222	6.1	2,345
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.	264,143	12,992,791	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,253 beneficiaries who were in nursing facilities for part of their enrollment and their 11,824 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In North Dakota, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,009,453	1,377	37.6	14,143	0.9	\$154	\$142
ANTIDEPRESSANTS	1,453,158	2,933	80.0	30,197	0.9	52	48
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,002,839	759	20.7	7,792	0.9	148	129
ANALGESICS - Narcotic	725,498	1,873	51.1	18,538	0.7	59	39
ANTIASTHMATIC	675,547	1,447	39.5	15,025	0.6	79	45
ANTICONVULSANT	671,900	931	25.4	9,736	1.0	67	69
ANTIDIABETIC	605,415	1,269	34.6	13,085	1.0	47	46
ULCER DRUGS	474,821	1,655	45.2	17,052	0.8	33	28
ANTIHYPERLIPIDEMIC	432,776	611	16.7	6,562	0.9	75	66
ANTIHYPERTENSIVE	416,099	1,768	48.3	18,140	0.9	26	23
Total	8,467,506	14,623		150,270	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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 1,253 beneficiaries who were in nursing facilities for part of their enrollment and their 11,824 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, NORTH DAKOTA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS					ANTIDEPRESSANTS			
Beneficiary Characteristics	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	127,499	\$8,467,506	1,377	37.6	14,143	0.9	\$142	2,933	80.0	30,197	0.9	\$48
Female												
All Females	90,194	5,863,523	921	35.1	9,574	0.9	136	2,126	80.9	22,056	0.9	48
Female, Disabled												
All Ages	5,796	542,581	54	45.0	602	1.1	174	119	99.2	1,356	1.0	53
64 or younger	5,712	539,583	51	44.0	575	1.1	182	116	100.0	1,326	1.0	53
65-74	84	2,998	3	75.0	27	0.6	10	3	75.0	30	1.0	47
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	84,398	5,320,942	867	34.6	8,972	0.9	134	2,007	80.1	20,700	0.9	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,410	666,558	91	47.9	1,025	1.1	181	183	96.3	2,018	1.0	51
75-84	28,058	1,920,543	278	42.1	2,886	1.0	153	615	93.2	6,420	0.9	50
85 and older	46,930	2,733,841	498	30.1	5,061	0.9	113	1,209	73.0	12,262	0.9	46
Male												
All Males	37,305	2,603,983	456	44.0	4,569	0.9	154	807	77.8	8,141	0.9	48
Male, Disabled												
All Ages	5,270	505,585	65	49.2	716	1.0	253	92	69.7	1,008	1.0	58
64 or younger	5,101	497,074	64	50.8	704	1.0	257	89	70.6	972	1.0	55
65-74	169	8,511	1	16.7	12	2.2	23	3	50.0	36	1.1	127
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	32,035	2,098,398	391	43.2	3,853	0.9	136	715	79.0	7,133	0.9	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,652	544,893	85	57.0	944	1.0	162	138	92.6	1,499	0.9	48
75-84	12,627	829,693	148	42.8	1,450	0.9	141	287	82.9	2,836	0.9	46
85 and older	11,756	723,812	158	38.5	1,459	0.8	115	290	70.7	2,798	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 North Dakota, released by CMS in 12/2008. 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 1,253 beneficiaries who were in nursing facilities for part of their enrollment and their 11,824 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, NORTH DAKOTA, 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	759	20.7	7,792	0.9	\$129	1,873	51.1	18,538	0.7	\$39	1,447	39.5	15,025	0.6	\$45
Female															
All Females	538	20.5	5,623	0.9	131	1,429	54.4	14,292	0.7	41	989	37.6	10,480	0.6	43
Female, Disabled															
All Ages	17	14.2	195	0.9	608	70	58.3	762	0.8	49	34	28.3	384	0.8	77
64 or younger	16	13.8	186	0.9	637	70	60.3	762	0.8	49	33	28.4	372	0.8	80
65-74	1	25.0	9	0.1	2	0	0.0	0	0.0	0	1	25.0	12	0.2	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	521	20.8	5,428	0.9	114	1,359	54.2	13,530	0.7	40	955	38.1	10,096	0.5	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	46	24.2	500	0.9	122	118	62.1	1,250	0.8	48	75	39.5	822	0.7	48
75-84	186	28.2	1,968	0.9	117	367	55.6	3,735	0.7	51	312	47.3	3,291	0.7	52
85 and older	289	17.4	2,960	0.8	111	874	52.7	8,545	0.6	34	568	34.3	5,983	0.5	35
Male															
All Males	221	21.3	2,169	0.9	122	444	42.8	4,246	0.6	34	458	44.2	4,545	0.6	50
Male, Disabled															
All Ages	10	7.6	120	0.8	235	44	33.3	459	0.6	42	45	34.1	485	0.6	44
64 or younger	10	7.9	120	0.8	235	44	34.9	459	0.6	42	44	34.9	473	0.6	45
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.8	16
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	211	23.3	2,049	0.9	115	400	44.2	3,787	0.6	33	413	45.6	4,060	0.6	51
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	36	24.2	354	0.9	124	69	46.3	738	0.6	43	64	43.0	619	0.6	61
75-84	82	23.7	832	0.9	112	148	42.8	1,422	0.6	36	176	50.9	1,768	0.6	49
85 and older	93	22.7	863	0.9	115	183	44.6	1,627	0.5	26	173	42.2	1,673	0.6	49
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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 1,253 beneficiaries who were in nursing facilities for part of their enrollment and their 11,824 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, NORTH DAKOTA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					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	931	25.4	9,736	1.0	\$69	1,269	34.6	13,085	1.0	\$46	1,655	45.2	17,052	0.8	\$28
Female															
All Females	599	22.8	6,376	1.0	63	852	32.4	8,871	1.0	45	1,169	44.5	12,154	0.8	27
Female, Disabled															
All Ages	89	74.2	985	1.2	111	35	29.2	379	1.0	66	51	42.5	595	0.9	34
64 or younger	87	75.0	961	1.2	112	33	28.4	361	1.0	69	51	44.0	595	0.9	34
65-74	2	50.0	24	1.0	48	2	50.0	18	0.6	6	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	510	20.3	5,391	1.0	55	817	32.6	8,492	1.0	44	1,118	44.6	11,559	0.8	27
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	80	42.1	894	1.1	82	96	50.5	1,024	1.0	49	106	55.8	1,161	0.8	28
75-84	199	30.2	2,189	1.0	56	288	43.6	3,018	1.0	46	306	46.4	3,179	0.9	30
85 and older	231	13.9	2,308	0.9	43	433	26.1	4,450	1.0	42	706	42.6	7,219	0.8	26
Male															
All Males	332	32.0	3,360	1.1	80	417	40.2	4,214	1.0	49	486	46.9	4,898	0.8	29
Male, Disabled															
All Ages	86	65.2	953	1.2	115	52	39.4	516	1.0	70	60	45.5	600	0.8	34
64 or younger	86	68.3	953	1.2	115	48	38.1	468	1.0	70	59	46.8	588	0.8	34
65-74	0	0.0	0	0.0	0	4	66.7	48	1.5	63	1	16.7	12	1.0	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	246	27.2	2,407	1.0	66	365	40.3	3,698	1.0	46	426	47.1	4,298	0.8	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	78	52.3	877	1.2	83	90	60.4	978	1.1	54	83	55.7	928	0.8	30
75-84	91	26.3	838	1.0	63	152	43.9	1,489	1.0	48	159	46.0	1,593	0.8	32
85 and older	77	18.8	692	1.0	48	123	30.0	1,231	0.9	36	184	44.9	1,777	0.8	24
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 North Dakota, released by CMS in 12/2008. 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 1,253 beneficiaries who were in nursing facilities for part of their enrollment and their 11,824 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, NORTH DAKOTA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTIHYPERLIPIDEMIC					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Benefit Months	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Benefit Months
All	611	16.7	6,562	0.9	\$66	1,768	48.3	18,140	0.9	\$23	3,664	35,878
Female												
All Females	384	14.6	4,143	0.9	66	1,264	48.1	13,003	0.9	25	2,627	25,890
Female, Disabled												
All Ages	25	20.8	293	0.9	64	31	25.8	363	0.8	21	120	1,312
64 or younger	25	21.6	293	0.9	64	31	26.7	363	0.8	21	116	1,276
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	36
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	359	14.3	3,850	0.9	66	1,233	49.2	12,640	0.9	25	2,507	24,578
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	55	28.9	633	0.9	64	90	47.4	978	0.9	22	190	1,973
75-84	152	23.0	1,640	0.9	67	341	51.7	3,567	0.9	27	660	6,603
85 and older	152	9.2	1,577	0.9	67	802	48.4	8,095	0.9	24	1,657	16,002
Male												
All Males	227	21.9	2,419	0.9	66	504	48.6	5,137	0.9	19	1,037	9,988
Male, Disabled												
All Ages	32	24.2	359	0.9	63	41	31.1	441	0.9	21	132	1,400
64 or younger	32	25.4	359	0.9	63	40	31.7	429	0.9	21	126	1,345
65-74	0	0.0	0	0.0	0	1	16.7	12	1.0	16	6	55
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	195	21.5	2,060	0.9	66	463	51.2	4,696	0.9	19	905	8,588
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	45	30.2	505	0.9	72	88	59.1	944	0.9	18	149	1,571
75-84	82	23.7	814	0.9	64	189	54.6	1,954	0.8	18	346	3,262
85 and older	68	16.6	741	0.9	65	186	45.4	1,798	0.9	20	410	3,755
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 North Dakota, released by CMS in 12/2008. 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 1,253 beneficiaries who were in nursing facilities for part of their enrollment and their 11,824 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}
NORTH DAKOTA, 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	7,233	54.7	5.8	77,097	\$102	\$1,344,835	\$17	3.5	13,230
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	1	100.0	10.0	10	187	187	19	6.5	1
15-20	7	35.0	2.1	41	30	602	15	1.0	20
21-44	926	42.3	3.6	7,874	81	177,614	23	2.7	2,191
45-64	1,475	50.4	5.4	15,791	98	287,022	18	2.7	2,924
65-74	1,086	53.0	5.9	12,169	100	204,272	17	3.6	2,049
75-84	1,598	60.6	6.7	17,771	108	284,119	16	3.7	2,637
85 and older	2,140	62.8	6.9	23,441	115	391,019	17	4.7	3,408
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,794	59.6	6.6	53,006	109	872,967	16	4.1	8,040
Disabled	2,409	47.0	4.7	23,978	92	470,262	20	2.7	5,123
Adults	29	45.3	1.6	103	22	1,419	14	1.2	64
Children	1	33.3	3.3	10	62	187	19	5.0	3
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	4,936	59.2	6.6	54,625	112	931,275	17	3.7	8,338
Male	2,297	47.0	4.6	22,472	85	413,560	18	3.0	4,892
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	6,705	55.4	5.9	71,652	104	1,262,527	18	3.5	12,108
African American	23	46.9	3.2	159	51	2,483	16	2.8	49
Other/unknown	505	47.1	4.9	5,286	74	79,825	15	3.5	1,073
Use of Nursing Facilities^d									
Entire year	2,411	65.8	7.6	27,869	134	491,342	18	3.8	3,664
Part year	917	73.2	7.4	9,321	123	154,668	17	4.0	1,253
None	3,905	47.0	4.8	39,907	84	698,825	18	3.2	8,313
Maintenance Assistance Status									
Cash	2,225	53.5	5.8	24,104	103	427,146	18	3.4	4,160
Medically needy	4,777	58.2	6.3	51,421	109	890,580	17	3.6	8,204
Poverty related	93	17.3	0.7	398	12	6,314	16	2.8	539
Other/unknown	138	42.2	3.6	1,174	64	20,795	18	2.1	327

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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}
NORTH DAKOTA, 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	0.6	\$10	\$17	\$0	\$2	134,426
Age						
5 and younger	0.0	0	0	0	0	0
6-14	1.0	19	19	0	0	10
15-20	0.2	3	15	0	0	217
21-44	0.3	8	23	0	2	23,342
45-64	0.5	9	18	0	3	31,487
65-74	0.6	10	17	0	2	20,881
75-84	0.7	11	16	0	2	25,997
85 and older	0.7	12	17	0	1	32,492
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	11	16	0	2	78,865
Disabled	0.4	9	20	0	2	55,007
Adults	0.2	3	14	0	1	520
Children	0.3	6	19	0	0	34
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.6	11	17	0	2	85,520
Male	0.5	8	18	0	2	48,906
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	10	18	0	2	122,880
African American	0.4	6	16	0	1	422
Other/unknown	0.5	7	15	0	1	11,124
Use of Nursing Facilities^d						
Entire year	0.8	14	18	0	2	35,878
Part year	0.8	13	17	0	2	11,824
None	0.5	8	18	0	2	86,724
Maintenance Assistance Status						
Cash	0.5	9	18	0	2	46,918
Medically needy	0.7	11	17	0	2	78,779
Poverty related	0.1	1	16	0	0	5,040
Other/unknown	0.3	6	18	0	2	3,689

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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}
NORTH DAKOTA, 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	11,160	\$121	\$1,344,835	100.0	77,097	\$17	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	16	16	262	0.0	22	12	0.0	
Cough and cold medications	1,085	49	53,683	4.0	2,378	23	3.1	
Vitamins and minerals	2,824	136	384,660	28.6	21,218	18	27.5	
Non-prescription drugs	4,090	147	600,358	44.6	32,571	18	42.2	
Barbiturates	138	117	16,195	1.2	1,664	10	2.2	
Benzodiazepines	2,801	92	258,970	19.3	18,420	14	23.9	
Other Part D Excl Rx Drugs	206	149	30,707	2.3	824	37	1.1	

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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}
 NORTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries: 13,230
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$38,724,238
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,927

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,752	13.2	\$0	0.0
1-500	2,102	15.9	426,670	1.1
501-1,000	1,266	9.6	941,873	2.4
1,001-1,500	1,109	8.4	1,376,130	3.6
1,501-2,000	921	7.0	1,610,978	4.2
2,001-2,500	847	6.4	1,902,531	4.9
2,501-3,000	691	5.2	1,890,783	4.9
3,001-3,500	644	4.9	2,093,487	5.4
3,501-4,000	510	3.9	1,903,728	4.9
4,001-4,500	453	3.4	1,926,156	5.0
4,501-5,000	384	2.9	1,819,299	4.7
5,001-5,500	349	2.6	1,829,652	4.7
5,501-6,000	287	2.2	1,645,966	4.3
6,001-6,500	249	1.9	1,557,773	4.0
6,501-7,000	217	1.6	1,464,523	3.8
7,001-7,500	178	1.3	1,289,049	3.3
7,501-8,000	147	1.1	1,136,931	2.9
8,001-8,500	133	1.0	1,095,963	2.8
8,501-9,000	113	0.9	988,320	2.6
9,001-9,500	92	0.7	853,377	2.2
9,501-10,000	82	0.6	798,171	2.1
10,001+	704	5.3	10,172,878	26.3

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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}
 NORTH DAKOTA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 5,069
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$17,042,402
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,362

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	836	16.5		0	0.0
1-500	876	17.3		162,080	1.0
501-1,000	428	8.4		315,675	1.9
1,001-1,500	362	7.1		450,919	2.6
1,501-2,000	287	5.7		502,721	2.9
2,001-2,500	234	4.6		527,312	3.1
2,501-3,000	210	4.1		574,078	3.4
3,001-3,500	204	4.0		660,923	3.9
3,501-4,000	160	3.2		598,418	3.5
4,001-4,500	140	2.8		596,530	3.5
4,501-5,000	128	2.5		608,472	3.6
5,001-5,500	127	2.5		664,981	3.9
5,501-6,000	98	1.9		562,826	3.3
6,001-6,500	98	1.9		611,784	3.6
6,501-7,000	76	1.5		512,554	3.0
7,001-7,500	78	1.5		565,070	3.3
7,501-8,000	70	1.4		542,577	3.2
8,001-8,500	72	1.4		591,518	3.5
8,501-9,000	54	1.1		472,987	2.8
9,001-9,500	38	0.7		353,358	2.1
9,501-10,000	47	0.9		457,764	2.7
10,001+	446	8.8		6,709,855	39.4

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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}
 NORTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 8,094
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$21,556,569
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,663

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+ Pharmacy Reimbursement		
\$0	902	11.1	0	0.0
1-500	1,205	14.9	261,078	1.2
501-1,000	831	10.3	621,378	2.9
1,001-1,500	743	9.2	920,431	4.3
1,501-2,000	630	7.8	1,101,537	5.1
2,001-2,500	610	7.5	1,368,462	6.3
2,501-3,000	479	5.9	1,311,001	6.1
3,001-3,500	438	5.4	1,425,852	6.6
3,501-4,000	349	4.3	1,301,606	6.0
4,001-4,500	311	3.8	1,321,121	6.1
4,501-5,000	256	3.2	1,210,827	5.6
5,001-5,500	219	2.7	1,148,955	5.3
5,501-6,000	189	2.3	1,083,140	5.0
6,001-6,500	150	1.9	939,716	4.4
6,501-7,000	141	1.7	951,969	4.4
7,001-7,500	100	1.2	723,979	3.4
7,501-8,000	77	1.0	594,354	2.8
8,001-8,500	61	0.8	504,445	2.3
8,501-9,000	59	0.7	515,333	2.4
9,001-9,500	53	0.7	490,997	2.3
9,501-10,000	35	0.4	340,407	1.6
10,001+	256	3.2	3,419,981	15.9

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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}
 NORTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 2,049
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$5,692,026
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,778

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	400	19.5		0	0.0
1-500	313	15.3		62,580	1.1
501-1,000	163	8.0		120,908	2.1
1,001-1,500	155	7.6		191,489	3.4
1,501-2,000	130	6.3		228,336	4.0
2,001-2,500	122	6.0		274,239	4.8
2,501-3,000	102	5.0		277,906	4.9
3,001-3,500	85	4.1		277,423	4.9
3,501-4,000	79	3.9		295,521	5.2
4,001-4,500	57	2.8		243,032	4.3
4,501-5,000	52	2.5		248,810	4.4
5,001-5,500	50	2.4		264,055	4.6
5,501-6,000	50	2.4		286,631	5.0
6,001-6,500	34	1.7		212,444	3.7
6,501-7,000	36	1.8		242,801	4.3
7,001-7,500	22	1.1		159,612	2.8
7,501-8,000	21	1.0		162,110	2.8
8,001-8,500	14	0.7		115,778	2.0
8,501-9,000	23	1.1		200,876	3.5
9,001-9,500	19	0.9		175,790	3.1
9,501-10,000	13	0.6		126,920	2.2
10,001+	109	5.3		1,524,765	26.8

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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}
 NORTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,637
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$7,581,869
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,875

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	318	12.1	0	0.0
1-500	357	13.5	75,180	1.0
501-1,000	243	9.2	182,681	2.4
1,001-1,500	228	8.6	282,633	3.7
1,501-2,000	180	6.8	309,694	4.1
2,001-2,500	182	6.9	405,604	5.3
2,501-3,000	146	5.5	400,304	5.3
3,001-3,500	155	5.9	504,561	6.7
3,501-4,000	110	4.2	410,702	5.4
4,001-4,500	114	4.3	484,552	6.4
4,501-5,000	95	3.6	447,330	5.9
5,001-5,500	88	3.3	460,332	6.1
5,501-6,000	66	2.5	379,463	5.0
6,001-6,500	53	2.0	332,906	4.4
6,501-7,000	48	1.8	323,953	4.3
7,001-7,500	42	1.6	303,587	4.0
7,501-8,000	34	1.3	261,578	3.5
8,001-8,500	20	0.8	165,676	2.2
8,501-9,000	21	0.8	183,570	2.4
9,001-9,500	17	0.6	157,732	2.1
9,501-10,000	18	0.7	174,258	2.3
10,001+	102	3.9	1,335,573	17.6

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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}
 NORTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,408
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$8,282,674
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,430

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	184	5.4	0	0.0
1-500	535	15.7	123,318	1.5
501-1,000	425	12.5	317,789	3.8
1,001-1,500	360	10.6	446,309	5.4
1,501-2,000	320	9.4	563,507	6.8
2,001-2,500	306	9.0	688,619	8.3
2,501-3,000	231	6.8	632,791	7.6
3,001-3,500	198	5.8	643,868	7.8
3,501-4,000	160	4.7	595,383	7.2
4,001-4,500	140	4.1	593,537	7.2
4,501-5,000	109	3.2	514,687	6.2
5,001-5,500	81	2.4	424,568	5.1
5,501-6,000	73	2.1	417,046	5.0
6,001-6,500	63	1.8	394,366	4.8
6,501-7,000	57	1.7	385,215	4.7
7,001-7,500	36	1.1	260,780	3.1
7,501-8,000	22	0.6	170,666	2.1
8,001-8,500	27	0.8	222,991	2.7
8,501-9,000	15	0.4	130,887	1.6
9,001-9,500	17	0.5	157,475	1.9
9,501-10,000	4	0.1	39,229	0.5
10,001+	45	1.3	559,643	6.8

Source: Data for this table are from the MAX 2005 file for North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 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	13,230	8,040	5,123	64	3	0	134,426	78,865	55,007	520	34	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	1	0	0	0	1	0	10	0	0	0	10	0
15-20	20	0	18	0	2	0	217	0	193	0	24	0
21-44	2,191	0	2,150	41	0	0	23,342	0	23,007	335	0	0
45-64	2,924	2	2,901	21	0	0	31,487	23	31,292	172	0	0
65-74	2,049	1,993	54	2	0	0	20,881	20,353	515	13	0	0
75-84	2,637	2,637	0	0	0	0	25,997	25,997	0	0	0	0
85 and older	3,408	3,408	0	0	0	0	32,492	32,492	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	8,338	5,729	2,562	44	3	0	85,520	57,149	27,962	375	34	0
Male	4,892	2,311	2,561	20	0	0	48,906	21,716	27,045	145	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	12,108	7,497	4,557	52	2	0	122,880	73,286	49,141	429	24	0
African American	49	16	33	0	0	0	422	145	277	0	0	0
Other/unknown	1,073	527	533	12	1	0	11,124	5,434	5,589	91	10	0
Use of Nursing Facilities^c												
Entire year	3,664	3,412	252	0	0	0	35,878	33,166	2,712	0	0	0
Part year	1,253	1,054	199	0	0	0	11,824	9,770	2,054	0	0	0
None	8,313	3,574	4,672	64	3	0	86,724	35,929	50,241	520	34	0
Maintenance Assistance Status												
Cash	4,160	1,749	2,385	26	0	0	46,918	19,798	26,878	242	0	0
Medically needy	8,204	6,002	2,182	20	0	0	78,779	56,361	22,281	137	0	0
Poverty related	539	287	240	11	1	0	5,040	2,682	2,272	76	10	0
Other/unknown	327	2	316	7	2	0	3,689	24	3,576	65	24	0
Dual Status^d												
Full dual, all year	12,387	7,559	4,763	62	3	0	126,047	74,097	51,419	497	34	0
Full dual, part year	843	481	360	2	0	0	8,379	4,768	3,588	23	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	13,230	8,040	5,123	64	3	0	134,426	78,865	55,007	520	34	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 North Dakota, released by CMS in 12/2008. 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, NORTH DAKOTA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	13,230	134,426	13,230	134,426	0	0
Fee-for-service (FFS) all year	13,230	134,426	13,230	134,426	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 North Dakota, released by CMS in 12/2008. 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