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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
NORTH DAKOTA

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH DAKOTA, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	74877 (A)	16057 (E)	58820 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	71737 (B)	12935 (F)	58802 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	71493 (C)	12935 (G)	58558 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	3788 (D)	3670 (H)	118 (L)

Source: Data for this table are from the MAX 2006 file for North Dakota, released by CMS in 9/2009. This table was produced on 02/11/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for North Dakota in 2006 was $28,963,739, of which $197,537 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.
Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NORTH DAKOTA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**71,493**	**7,878**	**9,773**	**16,105**	**37,737**	**0**	**604,617**	**76,336**	**100,812**	**115,451**	**312,018**	**0**
Age												
5 and younger	16,905	0	193	1	16,711	0	137,615	0	2,024	12	135,579	0
6-14	15,104	0	504	4	14,596	0	131,205	0	5,325	21	125,859	0
15-20	7,917	0	471	1,300	6,146	0	64,050	0	5,052	9,607	49,391	0
21-44	17,551	2	3,665	13,601	283	0	136,888	13	38,391	97,299	1,185	0
45-64	6,073	0	4,876	1,197	0	0	57,912	0	49,415	8,497	0	0
65-74	2,058	1,992	64	2	0	0	20,662	20,042	605	15	0	0
75-84	2,500	2,500	0	0	0	0	24,235	24,235	0	0	0	0
85 and older	3,385	3,384	0	0	1	0	32,050	32,046	0	0	4	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	42,055	5,560	5,002	13,080	18,413	0	356,010	54,726	52,104	96,744	152,436	0
Male	29,435	2,318	4,771	3,025	19,321	0	248,603	21,610	48,708	18,707	159,578	0
Unknown	3	0	0	0	3	0	4	0	0	0	4	0
Race												
White	48,030	7,286	7,810	10,170	22,764	0	403,466	70,371	80,693	69,951	182,451	0
African American	1,878	27	139	485	1,227	0	14,700	265	1,276	3,382	9,777	0
Other/unknown	21,585	565	1,824	5,450	13,746	0	186,451	5,700	18,843	42,118	119,790	0
Use of Nursing Facilities[c]												
Entire year	3,788	3,434	353	0	1	0	37,099	33,367	3,731	0	1	0
Part year	1,365	1,089	268	6	2	0	12,748	9,928	2,740	61	19	0
None	66,340	3,355	9,152	16,099	37,734	0	554,770	33,041	94,341	115,390	311,998	0
Maintenance Assistance Status												
Cash	29,922	1,770	6,466	7,945	13,741	0	262,014	19,753	70,004	55,911	116,346	0
Medically needy	12,250	5,734	2,480	1,567	2,469	0	103,331	53,084	22,509	7,929	19,809	0
Poverty-related	13,212	374	382	1,242	11,214	0	94,777	3,499	3,505	6,693	81,080	0
Other/unknown	16,109	0	445	5,351	10,313	0	144,495	0	4,794	44,918	94,783	0
Dual Medicare Status[d]												
Full dual, all year	11,836	7,194	4,571	69	2	0	119,036	69,722	48,741	550	23	0
Full dual, part year	1,099	587	508	3	1	0	10,552	5,710	4,803	35	4	0
Non-dual, all year	58,558	97	4,694	16,033	37,734	0	475,029	904	47,268	114,866	311,991	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	70,442	7,878	9,768	15,727	37,069	0	600,976	76,336	100,777	114,129	309,734	0
FFS part year, with Rx claims	684	0	5	281	398	0	2,405	0	35	993	1,377	0
FFS part year, no Rx claims	367	0	0	97	270	0	1,236	0	0	329	907	0

Source: Data for this table are from the MAX 2006 file for North Dakota, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The “Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NORTH DAKOTA, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**56.5**	**6.5**	**$402**	**$62**	**$7,065**	**5.7**	**71,493**
Age							
5 and younger	58.5	3.0	143	48	2,023	7.1	16,905
6-14	54.6	4.4	303	69	2,104	14.4	15,104
15-20	59.2	6.4	424	67	4,374	9.7	7,917
21-44	62.8	9.1	582	64	6,739	8.6	17,551
45-64	57.7	18.9	1,238	66	17,616	7.0	6,073
65-74	35.3	4.0	175	44	17,586	1.0	2,058
75-84	37.2	2.8	62	22	20,805	0.3	2,500
85 and older	39.9	2.6	51	20	26,895	0.2	3,385
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	37.8	2.9	82	28	22,535	0.4	7,878
Disabled	59.4	18.2	1,398	77	21,331	6.6	9,773
Adults	64.5	7.7	400	52	2,660	15.0	16,105
Children	56.2	3.7	212	57	2,021	10.5	37,737
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	58.9	7.2	408	57	7,114	5.7	42,055
Male	53.0	5.6	395	71	6,996	5.6	29,435
Unknown	0.0	0.0	0	0	3,120	0.0	3
Race							
White	56.1	7.0	440	63	8,792	5.0	48,030
African American	56.9	4.6	252	54	2,246	11.2	1,878
Other/unknown	57.3	5.5	331	60	3,642	9.1	21,585
Use of Nursing Facilities[f]							
Entire year	46.9	5.6	224	40	38,587	0.6	3,788
Part year	50.8	8.5	482	57	27,225	1.8	1,365
None	57.2	6.5	411	63	4,850	8.5	66,340
Maintenance Assistance Status							
Cash	59.4	9.0	602	67	5,651	10.6	29,922
Medically needy	44.6	5.3	271	52	22,248	1.2	12,250
Poverty related	49.1	2.6	133	51	1,137	11.7	13,212
Other/unknown	66.1	6.1	353	58	3,008	11.7	16,109

Source: Data for this table are from the MAX 2006 file for North Dakota, released by CMS in 9/2009. This table was produced on 02/11/2010.
a. Table 3 includes beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

NORTH DAKOTA, 2006

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**0.8**	**$48**	**5.7**	**43.5**	**43.9**	**5.5**	**4.9**	**1.8**	**0.4**	**$835**	**71,493**	**604,617**
Age												
5 and younger	0.4	18	7.1	41.5	54.6	2.8	1.0	0.2	0.0	249	16,905	137,615
6-14	0.5	35	14.4	45.4	45.4	4.9	3.8	0.5	0.1	242	15,104	131,205
15-20	0.8	52	9.7	40.8	45.3	6.8	5.9	1.2	0.1	541	7,917	64,050
21-44	1.2	75	8.6	37.2	42.1	8.9	8.2	3.0	0.6	864	17,551	136,888
45-64	2.0	130	7.0	42.3	27.2	6.5	12.2	8.9	2.9	1,847	6,073	57,912
65-74	0.4	17	1.0	64.7	29.5	3.3	1.6	0.7	0.3	1,752	2,058	20,662
75-84	0.3	6	0.3	62.8	33.2	2.8	1.0	0.2	0.0	2,146	2,500	24,235
85 and older	0.3	5	0.2	60.1	36.9	1.9	0.7	0.4	0.0	2,841	3,385	32,050
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	0.3	9	0.4	62.2	33.8	2.5	1.0	0.4	0.1	2,326	7,878	76,336
Disabled	1.8	136	6.6	40.6	29.9	7.2	12.1	8.0	2.3	2,068	9,773	100,812
Adults	1.1	56	15.0	35.5	45.0	9.1	7.7	2.3	0.4	371	16,105	115,451
Children	0.4	26	10.5	43.8	49.2	4.1	2.6	0.3	0.1	244	37,737	312,018
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.8	48	5.7	41.1	45.1	5.9	5.2	2.1	0.5	840	42,055	356,010
Male	0.7	47	5.6	47.0	42.2	4.8	4.3	1.4	0.3	828	29,435	248,603
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,340	3	4
Race												
White	0.8	52	5.0	43.9	42.3	5.9	5.3	2.1	0.5	1,047	48,030	403,466
African American	0.6	32	11.2	43.1	47.6	4.7	3.2	1.2	0.2	287	1,878	14,700
Other/unknown	0.6	38	9.1	42.7	47.2	4.6	4.1	1.2	0.3	422	21,585	186,451
Use of Nursing Facilities[f]												
Entire year	0.6	23	0.6	53.1	39.1	3.9	1.7	1.5	0.7	3,940	3,788	37,099
Part year	0.9	52	1.8	49.2	39.6	3.2	3.4	3.4	1.2	2,915	1,365	12,748
None	0.8	49	8.5	42.8	44.3	5.6	5.1	1.8	0.4	580	66,340	554,770
Maintenance Assistance Status												
Cash	1.0	69	10.6	40.6	43.1	5.8	6.5	3.1	0.8	645	29,922	262,014
Medically needy	0.6	32	1.2	55.4	34.4	4.6	3.8	1.6	0.3	2,638	12,250	103,331
Poverty related	0.4	19	11.7	50.9	43.5	3.4	1.9	0.2	0.0	159	13,212	94,777
Other/unknown	0.7	39	11.7	33.9	53.1	7.1	5.0	0.9	0.1	335	16,109	144,495

Source: Data for this table are from the MAX 2006 file for North Dakota, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table 4 includes the beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
NORTH DAKOTA, 2006

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.8**	**$48**	**$62**	**0.2**	**$33**	**$134**	**0.0**	**$3**	**$85**	**0.5**	**$11**	**$23**
Age												
5 and younger	0.4	18	48	0.1	11	123	0.0	2	47	0.2	5	21
6-14	0.5	35	69	0.2	27	116	0.0	2	73	0.2	6	24
15-20	0.8	52	67	0.3	38	123	0.0	4	96	0.4	11	24
21-44	1.2	75	64	0.3	51	147	0.0	5	106	0.8	19	24
45-64	2.0	130	66	0.6	90	147	0.1	7	96	1.3	32	25
65-74	0.4	17	44	0.1	12	130	0.0	1	68	0.3	5	16
75-84	0.3	6	22	0.0	3	90	0.0	0	49	0.2	3	12
85 and older	0.3	5	20	0.0	2	76	0.0	0	50	0.2	3	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.3	9	28	0.0	5	104	0.0	1	55	0.2	3	13
Disabled	1.8	136	77	0.6	101	163	0.1	7	96	1.1	28	26
Adults	1.1	56	52	0.3	34	119	0.0	5	112	0.8	17	23
Children	0.4	26	57	0.2	18	111	0.0	2	62	0.3	6	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.8	48	57	0.2	32	128	0.0	3	91	0.6	13	23
Male	0.7	47	71	0.2	35	143	0.0	2	74	0.4	9	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.8	52	63	0.3	38	135	0.0	3	82	0.5	11	22
African American	0.6	32	54	0.2	24	124	0.0	2	66	0.4	7	18
Other/unknown	0.6	38	60	0.2	23	131	0.0	3	95	0.4	12	28
Use of Nursing Facilities[e]												
Entire year	0.6	23	40	0.1	14	133	0.0	1	67	0.4	7	17
Part year	0.9	52	57	0.2	36	154	0.0	2	89	0.6	13	21
None	0.8	49	63	0.3	34	134	0.0	3	85	0.5	12	24
Maintenance Assistance Status												
Cash	1.0	69	67	0.3	48	146	0.0	4	92	0.6	17	25
Medically needy	0.6	32	52	0.2	22	124	0.0	2	72	0.4	8	19
Poverty related	0.4	19	51	0.1	13	108	0.0	1	57	0.2	4	20
Other/unknown	0.7	39	58	0.2	28	119	0.0	3	87	0.4	9	22

Source: Data for this table are from the MAX 2006 file for North Dakota, released by CMS in 9/2009. This table was produced on 02/11/2010.
a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Dakota, 0.2 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.medi-span.com/master-drug-database.aspx
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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

NORTH DAKOTA, 2006

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Users[e]			
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	$11	$4	$1	$5	$43	$137	$52	$27	61,929	$2,678,045	24,828	34.7	244,670
Biologicals	0.2	0.2	0.0	0.0	228	228	0	0	921	936	0	35	475	437,238	210	0.3	1,915
Antineoplastic Agents	0.5	0.1	0.0	0.4	134	118	0	16	272	897	99	44	846	230,203	175	0.2	1,722
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	22	14	1	7	47	91	58	22	41,332	1,925,912	8,884	12.4	88,338
Cardiovascular Agents	0.8	0.3	0.0	0.6	30	19	2	9	35	76	73	16	43,395	1,526,379	5,024	7.0	51,150
Respiratory Agents	0.3	0.2	0.0	0.2	20	16	0	4	56	101	62	19	46,611	2,625,165	13,151	18.4	134,083
Gastrointestinal Agents	0.4	0.1	0.0	0.2	26	16	5	5	72	131	323	22	13,592	977,638	3,757	5.3	37,653
Genitourinary Agents	0.2	0.1	0.0	0.1	13	6	3	4	54	88	80	29	5,247	282,593	2,206	3.1	22,160
CNS Drugs	0.8	0.3	0.1	0.5	68	51	6	10	81	164	99	23	95,565	7,761,996	11,444	16.0	114,759
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	68	61	1	6	90	104	150	37	25,303	2,270,060	3,361	4.7	33,561
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	156	155	0	1	467	489	72	73	847	395,550	240	0.3	2,528
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	19	8	1	10	43	176	133	26	49,594	2,128,774	11,241	15.7	109,632
Neuromuscular Agents	0.7	0.3	0.0	0.4	59	46	2	11	83	152	101	28	38,777	3,226,269	5,349	7.5	55,054
Nutritional Products	0.3	0.0	0.0	0.3	7	2	0	5	21	55	21	17	6,900	141,514	2,159	3.0	21,294
Hematological Agents	0.6	0.1	0.0	0.5	63	56	0	7	108	646	21	14	8,769	943,308	1,426	2.0	15,034
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	40	79	58	22	24,451	969,827	11,867	16.6	119,271
Miscellaneous Products	0.3	0.1	0.0	0.1	51	39	1	11	185	265	208	87	1,135	209,981	402	0.6	4,136
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	9	0	0	0	71	0	0	0	504	35,750	361	0.5	3,766
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.	465,272	28,766,202	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for North Dakota, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

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.medi-span.com/master-drug-database.aspx.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

NORTH DAKOTA, 2006

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$4,396,685	3,093	4.3	32,822	0.6	$209	$134
ANTICONVULSANT	2,922,394	4,000	5.6	42,551	0.7	100	69
ANTIDEPRESSANTS	2,484,137	9,283	13.0	93,374	0.5	57	27
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,240,020	3,863	5.4	39,298	0.6	90	57
ANTIASTHMATIC	1,879,775	9,010	12.6	92,259	0.3	72	20
ANALGESICS - Narcotic	1,108,753	13,069	18.3	130,133	0.3	32	9
ANTIDIABETIC	950,376	2,239	3.1	23,270	0.6	74	41
ULCER DRUGS	663,735	3,936	5.5	40,387	0.3	50	16
ANTIHYPERLIPIDEMIC	628,597	1,437	2.0	15,464	0.5	81	41
DERMATOLOGICAL	596,004	8,775	12.3	91,271	0.2	43	7
Total	17,870,476	58,705	n.a.	600,829	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for North Dakota, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

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.