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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
MONTANA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 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	16,558	8,213	7,125	1,208	11	1	160,137	75,583	70,259	14,179	114	2
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	5	0	4	0	1	0	54	0	48	0	6	0
15-20	33	0	24	0	9	0	364	0	261	0	103	0
21-44	3,026	1	2,451	573	1	0	31,795	12	25,088	6,690	5	0
45-64	4,400	5	3,860	534	0	1	43,234	45	36,895	6,292	0	2
65-74	3,299	2,554	676	69	0	0	31,384	23,739	6,831	814	0	0
75-84	2,871	2,750	94	27	0	0	26,704	25,392	988	324	0	0
85 and older	2,924	2,903	16	5	0	0	26,602	26,395	148	59	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	10,414	5,931	3,890	588	4	1	100,940	55,545	38,478	6,867	48	2
Male	6,144	2,282	3,235	620	7	0	59,197	20,038	31,781	7,312	66	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,688	7,412	6,153	1,112	10	1	140,523	67,424	59,960	13,035	102	2
African American	60	18	37	5	0	0	630	195	375	60	0	0
Other/unknown	1,810	783	935	91	1	0	18,984	7,964	9,924	1,084	12	0
Use of Nursing Facilities^c												
Entire year	3,145	2,843	301	1	0	0	31,709	28,424	3,273	12	0	0
Part year	1,493	1,244	225	23	1	0	12,557	10,167	2,123	255	12	0
None	11,920	4,126	6,599	1,184	10	1	115,871	36,992	64,863	13,912	102	2
Maintenance Assistance Status												
Cash	6,341	1,900	4,427	14	0	0	69,035	20,844	48,051	140	0	0
Medically needy	7,102	5,275	1,827	0	0	0	57,423	44,224	13,199	0	0	0
Poverty-related	13	0	0	11	1	1	81	0	0	73	6	2
Other/unknown	3,102	1,038	871	1,183	10	0	33,598	10,515	9,009	13,966	108	0
Dual Medicare Status^d												
Full dual, all year	16,558	8,213	7,125	1,208	11	1	160,137	75,583	70,259	14,179	114	2
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	16,558	8,213	7,125	1,208	11	1	160,137	75,583	70,259	14,179	114	2
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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage	Number of Beneficiaries
	One Rx						of All Medicaid FFS \$ ^d	
All	29.3		2.9	\$151	\$52	\$13,389	1.1	16,558
Age								
5 and younger	0.0		0.0	0	0	0	0.0	0
6-14	60.0		2.4	659	275	8,903	7.4	5
15-20	60.6		15.5	1,242	80	14,965	8.3	33
21-44	32.9		4.1	406	100	7,100	5.7	3,026
45-64	35.2		4.0	171	42	9,368	1.8	4,400
65-74	27.3		2.8	100	35	10,711	0.9	3,299
75-84	23.6		1.6	29	19	17,951	0.2	2,871
85 and older	24.0		1.4	23	16	24,478	0.1	2,924
Unknown	0.0		0.0	0	0	0	0.0	0
Basis of Eligibility^e								
Aged	25.0		1.8	42	23	18,493	0.2	8,213
Disabled	34.0		4.2	271	65	8,871	3.1	7,125
Adults	30.4		3.1	180	58	5,224	3.5	1,208
Children	72.7		19.5	1,557	80	25,957	6.0	11
Unknown	0.0		0.0	0	0	4,624	0.0	1
Gender								
Female	32.1		3.2	129	41	14,077	0.9	10,414
Male	24.5		2.6	189	74	12,221	1.5	6,144
Unknown	0.0		0.0	0	0	0	0.0	0
Race								
White	29.7		3.0	156	53	13,803	1.1	14,688
African American	30.0		3.4	301	89	10,931	2.8	60
Other/unknown	25.7		2.7	112	42	10,109	1.1	1,810
Use of Nursing Facilities^f								
Entire year	30.9		2.7	61	23	35,917	0.2	3,145
Part year	32.4		2.3	96	42	20,694	0.5	1,493
None	28.5		3.1	182	59	6,530	2.8	11,920
Maintenance Assistance Status								
Cash	30.1		3.6	238	67	4,643	5.1	6,341
Medically needy	28.0		2.2	82	37	21,207	0.4	7,102
Poverty related	46.2		3.8	380	99	4,179	9.1	13
Other/unknown	30.4		3.3	132	41	13,405	1.0	3,102

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

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 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.3	\$16	1.1	70.7	24.9	2.4	1.4	0.5	0.1	\$1,384	16,558	160,137
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	0.2	61	7.4	40.0	60.0	0.0	0.0	0.0	0.0	824	5	54
15-20	1.4	113	8.3	39.4	33.3	6.1	15.2	6.1	0.0	1,357	33	364
21-44	0.4	39	5.7	67.1	26.1	3.0	2.9	0.8	0.1	676	3,026	31,795
45-64	0.4	17	1.8	64.8	28.9	3.3	1.9	1.0	0.2	953	4,400	43,234
65-74	0.3	11	0.9	72.7	23.6	2.0	1.1	0.4	0.2	1,126	3,299	31,384
75-84	0.2	3	0.2	76.4	21.6	1.7	0.3	0.0	0.0	1,930	2,871	26,704
85 and older	0.2	3	0.1	76.0	22.4	1.4	0.2	0.0	0.0	2,691	2,924	26,602
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	0.2	5	0.2	75.0	22.7	1.7	0.5	0.0	0.0	2,010	8,213	75,583
Disabled	0.4	27	3.1	66.0	27.2	3.3	2.3	1.0	0.2	900	7,125	70,259
Adults	0.3	15	3.5	69.6	26.6	1.7	1.7	0.3	0.1	445	1,208	14,179
Children	1.9	150	6.0	27.3	36.4	9.1	18.2	9.1	0.0	2,505	11	114
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,312	1	2
Gender												
Female	0.3	13	0.9	67.9	27.5	2.6	1.4	0.5	0.1	1,452	10,414	100,940
Male	0.3	20	1.5	75.5	20.6	2.1	1.4	0.5	0.1	1,268	6,144	59,197
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.3	16	1.1	70.3	25.3	2.4	1.4	0.5	0.1	1,443	14,688	140,523
African American	0.3	29	2.8	70.0	25.0	1.7	3.3	0.0	0.0	1,041	60	630
Other/unknown	0.3	11	1.1	74.3	21.7	2.3	1.3	0.4	0.1	964	1,810	18,984
Use of Nursing Facilities^f												
Entire year	0.3	6	0.2	69.1	26.7	3.1	0.9	0.2	0.0	3,562	3,145	31,709
Part year	0.3	11	0.5	67.6	30.1	1.4	0.5	0.1	0.2	2,460	1,493	12,557
None	0.3	19	2.8	71.5	23.8	2.3	1.6	0.6	0.1	672	11,920	115,871
Maintenance Assistance Status												
Cash	0.3	22	5.1	69.9	24.7	2.6	1.9	0.9	0.1	426	6,341	69,035
Medically needy	0.3	10	0.4	72.0	24.6	2.2	0.9	0.2	0.1	2,623	7,102	57,423
Poverty related	0.6	61	9.1	53.8	38.5	0.0	7.7	0.0	0.0	671	13	81
Other/unknown	0.3	12	1.0	69.6	26.3	2.3	1.3	0.3	0.2	1,238	3,102	33,598

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

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 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 D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

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	0.3	\$16	\$52	0.0	\$9	\$223	0.0	\$1	\$124	0.3	\$5	\$21
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.2	61	275	0.1	59	456	0.0	0	0	0.1	2	20
15-20	1.4	113	80	0.6	81	139	0.1	11	108	0.7	20	29
21-44	0.4	39	100	0.1	28	344	0.0	3	180	0.3	7	26
45-64	0.4	17	42	0.1	9	166	0.0	1	104	0.3	7	21
65-74	0.3	11	35	0.0	4	115	0.0	1	106	0.2	5	20
75-84	0.2	3	19	0.0	0	76	0.0	0	31	0.2	3	17
85 and older	0.2	3	16	0.0	0	86	0.0	0	14	0.1	2	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	5	23	0.0	1	103	0.0	0	72	0.2	3	17
Disabled	0.4	27	65	0.1	18	253	0.0	2	137	0.3	8	22
Adults	0.3	15	58	0.1	10	182	0.0	1	137	0.2	5	22
Children	1.9	150	80	0.8	110	132	0.1	13	93	0.9	27	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.3	13	41	0.0	7	162	0.0	1	136	0.3	5	20
Male	0.3	20	74	0.0	14	324	0.0	1	104	0.2	5	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	16	53	0.0	10	229	0.0	1	129	0.3	5	20
African American	0.3	29	89	0.1	25	266	0.0	0	55	0.2	3	16
Other/unknown	0.3	11	42	0.0	5	158	0.0	1	77	0.2	5	24
Use of Nursing Facilities^e												
Entire year	0.3	6	23	0.0	2	106	0.0	0	39	0.2	4	17
Part year	0.3	11	42	0.0	4	141	0.0	2	526	0.2	5	20
None	0.3	19	59	0.0	12	239	0.0	1	122	0.3	6	21
Maintenance Assistance Status												
Cash	0.3	22	67	0.1	15	270	0.0	2	118	0.3	6	22
Medically needy	0.3	10	37	0.0	5	188	0.0	1	139	0.2	5	18
Poverty related	0.6	61	99	0.2	44	224	0.1	11	98	0.3	6	19
Other/unknown	0.3	12	41	0.0	6	140	0.0	1	118	0.2	5	20

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

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.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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	\$15	\$9	\$1	\$6	\$53	\$213	\$54	\$25	949	\$50,545	323	2.0	3,410
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	14	14	0	0	2	27	2	0.0	20
Antineoplastic Agents	0.4	0.2	0.0	0.3	151	136	0	15	343	868	0	54	93	31,915	20	0.1	211
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	159	149	2	9	235	636	34	23	2,013	472,098	284	1.7	2,962
Cardiovascular Agents	0.9	0.2	0.1	0.6	39	14	13	12	43	77	123	19	2,753	119,347	304	1.8	3,090
Respiratory Agents	0.3	0.1	0.0	0.2	14	10	0	4	48	109	58	18	2,848	135,517	909	5.5	9,940
Gastrointestinal Agents	0.4	0.2	0.0	0.2	46	26	16	4	113	150	1,248	19	779	88,010	181	1.1	1,923
Genitourinary Agents	0.3	0.2	0.0	0.1	20	16	0	3	61	96	40	23	225	13,757	67	0.4	701
CNS Drugs	0.7	0.1	0.0	0.6	24	11	2	11	35	178	110	18	23,932	841,685	3,409	20.6	35,804
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	0.1	74	64	5	4	151	191	88	47	202	30,440	40	0.2	414
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.0	74	70	0	3	388	431	0	125	93	36,099	47	0.3	490
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	52	24	9	18	87	441	320	36	2,815	244,054	460	2.8	4,691
Neuromuscular Agents	0.7	0.1	0.0	0.6	26	11	1	14	37	185	82	23	8,752	328,072	1,191	7.2	12,611
Nutritional Products	0.5	0.0	0.1	0.4	9	1	1	7	18	24	14	19	1,001	18,314	196	1.2	2,117
Hematological Agents	0.6	0.0	0.0	0.5	13	9	0	5	24	259	31	9	1,537	36,152	251	1.5	2,691
Topical Products	0.3	0.1	0.0	0.2	15	9	0	5	54	94	47	30	495	26,497	164	1.0	1,801
Miscellaneous Products	0.6	0.3	0.1	0.2	205	176	15	13	358	583	281	62	87	31,107	15	0.1	152
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	8	0	0	0	58	0	0	0	21	1,226	15	0.1	147
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.	48,597	2,504,862	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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.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 Montana, 0.5 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

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	
MISC. ENDOCRINE	\$395,893	40	0.2	419	0.6	\$1,650	\$945	
ANTIANKXIETY AGENTS	314,211	2,660	16.1	27,893	0.6	20	11	
ANTIPSYCHOTICS	311,992	230	1.4	2,503	0.5	265	125	
ANTICONVULSANT	304,926	1,153	7.0	12,274	0.7	38	25	
ULCER DRUGS	265,540	1,796	10.8	19,514	0.5	29	14	
ANTIDEPRESSANTS	144,707	485	2.9	5,032	0.4	69	29	
ANALGESICS - Narcotic	130,302	495	3.0	5,086	0.4	66	26	
ANALGESICS - ANTI-INFLAMMATORY	89,185	150	0.9	1,561	0.3	209	57	
ANTIASTHMATIC	82,046	244	1.5	2,526	0.4	88	32	
ANTIHISTAMINES	75,624	660	4.0	7,449	0.5	20	10	
Total	2,114,426	7,913	n.a.	84,257	n.a.	n.a.	n.a.	

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

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 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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			MISC. ENDOCRINE				ANTI-ANXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Month
All	43,438	\$2,114,426	40	0.2	419	0.6	\$945	2,660	16.1	27,893	0.6	\$11
Female												
All Females	29,644	1,096,361	33	0.3	340	0.4	41	1,904	18.3	19,958	0.6	11
Female, Disabled												
All Ages	14,907	708,771	23	0.6	239	0.5	40	781	20.1	8,292	0.6	11
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	437	1	33.3	12	0.1	10	1	33.3	12	0.1	1
15-20	2	320	0	0.0	0	0.0	0	1	33.3	6	0.2	2
21-44	4,435	271,624	3	0.3	29	0.6	60	233	21.0	2,495	0.5	11
45-64	8,894	366,836	10	0.4	102	0.5	43	478	20.9	5,020	0.6	11
65-74	1,470	67,836	9	2.3	96	0.4	35	61	15.3	686	0.5	10
75-84	99	1,673	0	0.0	0	0.0	0	6	8.8	61	1.0	12
85 and older	2	45	0	0.0	0	0.0	0	1	7.7	12	0.1	1
Female, Other Eligibles												
All Ages	14,737	387,590	10	0.2	101	0.3	43	1,123	17.2	11,666	0.6	11
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	63	7,646	0	0.0	0	0.0	0	1	25.0	12	0.1	3
21-44	1,210	76,522	0	0.0	0	0.0	0	41	14.1	481	0.5	15
45-64	922	19,064	0	0.0	0	0.0	0	59	23.1	707	0.5	9
65-74	4,085	112,352	6	0.4	72	0.4	57	293	17.4	3,154	0.6	14
75-84	3,991	82,917	2	0.1	14	0.1	10	334	17.2	3,333	0.6	12
85 and older	4,466	89,089	2	0.1	15	0.1	11	395	16.9	3,979	0.5	8
Male												
All Males	13,794	1,018,065	7	0.1	79	1.1	4,834	756	12.3	7,935	0.6	12
Male, Disabled												
All Ages	8,368	811,301	7	0.2	79	1.1	4,834	394	12.2	4,191	0.6	13
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	178	16,783	0	0.0	0	0.0	0	3	14.3	36	0.3	8
21-44	3,421	590,431	4	0.3	44	1.5	8,646	143	10.7	1,597	0.5	13
45-64	4,248	180,312	3	0.2	35	0.6	42	230	14.7	2,369	0.7	12
65-74	506	23,635	0	0.0	0	0.0	0	17	6.2	177	0.5	11
75-84	14	119	0	0.0	0	0.0	0	1	3.8	12	1.0	8
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		MISC. ENDOCRINE					ANTI-ANXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	5,426	206,764	0	0.0	0	0.0	0	362	12.4	3,744	0.5	11
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	100	7,649	0	0.0	0	0.0	0	1	20.0	12	0.8	22
21-44	1,051	92,208	0	0.0	0	0.0	0	27	9.5	323	0.3	8
45-64	906	21,786	0	0.0	0	0.0	0	49	17.2	587	0.5	11
65-74	1,580	45,851	0	0.0	0	0.0	0	105	11.2	1,099	0.6	13
75-84	1,037	23,831	0	0.0	0	0.0	0	94	11.3	960	0.5	12
85 and older	752	15,439	0	0.0	0	0.0	0	86	15.2	763	0.5	8
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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	230	1.4	2,503	0.5	\$125	1,153	7.0	12,274	0.7	\$25	1,796	10.8	19,514	0.5	\$14
Female															
All Females	137	1.3	1,468	0.4	118	780	7.5	8,297	0.7	22	1,198	11.5	12,956	0.5	14
Female, Disabled															
All Ages	115	3.0	1,231	0.4	125	516	13.3	5,409	0.7	25	457	11.7	4,966	0.4	15
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	1	33.3	12	0.2	25	0	0.0	0	0.0	0
15-20	1	33.3	12	0.1	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	61	5.5	639	0.4	136	189	17.0	1,987	0.6	33	111	10.0	1,222	0.4	14
45-64	45	2.0	485	0.4	125	290	12.7	3,038	0.7	20	293	12.8	3,125	0.4	14
65-74	8	2.0	95	0.3	60	34	8.5	354	0.7	31	49	12.3	571	0.5	22
75-84	0	0.0	0	0.0	0	2	2.9	18	0.9	23	3	4.4	36	0.6	14
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7.7	12	0.1	3
Female, Other Eligibles															
All Ages	22	0.3	237	0.4	82	264	4.0	2,888	0.6	14	741	11.4	7,990	0.5	13
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	75.0	36	0.9	145	2	50.0	24	0.5	20	2	50.0	24	0.3	25
21-44	9	3.1	97	0.4	86	37	12.8	416	0.7	35	21	7.2	245	0.6	16
45-64	0	0.0	0	0.0	0	9	3.5	108	0.6	17	28	11.0	336	0.7	17
65-74	6	0.4	72	0.3	64	103	6.1	1,167	0.6	12	167	9.9	1,859	0.4	13
75-84	2	0.1	8	0.4	26	62	3.2	645	0.6	10	229	11.8	2,461	0.5	12
85 and older	2	0.1	24	0.2	46	51	2.2	528	0.6	8	294	12.5	3,065	0.5	14
Male															
All Males	93	1.5	1,035	0.6	134	373	6.1	3,977	0.7	32	598	9.7	6,558	0.5	13
Male, Disabled															
All Ages	79	2.4	867	0.5	121	276	8.5	2,899	0.6	26	296	9.1	3,326	0.4	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	2
15-20	11	52.4	132	0.5	86	4	19.0	48	0.5	32	4	19.0	48	0.2	13
21-44	46	3.4	496	0.5	130	131	9.8	1,404	0.6	28	101	7.5	1,139	0.4	13
45-64	21	1.3	227	0.4	113	129	8.2	1,313	0.7	25	163	10.4	1,807	0.4	13
65-74	1	0.4	12	0.5	311	12	4.3	134	0.5	9	26	9.4	308	0.5	13
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3.8	12	0.2	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS						ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of		Mean Rx \$ Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of	
				Rx per Month	Benefit					Rx per Month	Benefit				Rx per Month	Benefit
Male, Other Eligibles																
All Ages	14	0.5	168	0.8	201	97	3.3	1,078	0.7	48	302	10.4	3,232	0.5	14	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	1	20.0	12	0.8	79	3	60.0	36	0.5	28	2	40.0	24	0.9	83	
21-44	7	2.5	84	1.0	321	27	9.5	324	0.9	125	28	9.8	332	0.6	20	
45-64	1	0.4	12	1.3	20	15	5.3	180	0.7	18	41	14.4	490	0.7	18	
65-74	4	0.4	48	0.5	111	31	3.3	327	0.7	14	81	8.6	849	0.5	13	
75-84	0	0.0	0	0.0	0	15	1.8	172	0.6	9	77	9.3	804	0.4	11	
85 and older	1	0.2	12	0.1	15	6	1.1	39	0.8	14	73	12.9	733	0.4	11	
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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY				
	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	485	2.9	5,032	0.4	\$29	495	3.0	5,086	0.4	\$26	150	0.9	1,561	0.3	\$57
Female															
All Females	345	3.3	3,573	0.4	26	326	3.1	3,320	0.4	24	102	1.0	1,069	0.3	62
Female, Disabled															
All Ages	287	7.4	2,959	0.4	25	271	7.0	2,749	0.4	23	74	1.9	780	0.3	67
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	1	33.3	12	0.1	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	104	9.4	1,081	0.4	24	113	10.2	1,177	0.3	15	22	2.0	239	0.2	72
45-64	151	6.6	1,541	0.4	27	130	5.7	1,272	0.4	23	47	2.1	486	0.3	70
65-74	32	8.0	337	0.5	20	27	6.7	288	0.5	53	5	1.3	55	0.4	12
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	58	0.9	614	0.4	31	55	0.8	571	0.4	28	28	0.4	289	0.3	50
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	1.0	98	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	24	8.3	256	0.5	47	15	5.2	156	0.6	65	10	3.4	102	0.3	126
45-64	2	0.8	20	0.2	1	3	1.2	32	0.7	10	3	1.2	32	0.6	6
65-74	24	1.4	269	0.3	21	27	1.6	294	0.3	18	15	0.9	155	0.3	9
75-84	5	0.3	37	0.1	4	3	0.2	23	0.2	5	0	0.0	0	0.0	0
85 and older	2	0.1	20	0.3	18	7	0.3	66	0.2	3	0	0.0	0	0.0	0
Male															
All Males	140	2.3	1,459	0.5	35	169	2.8	1,766	0.4	30	48	0.8	492	0.2	46
Male, Disabled															
All Ages	118	3.6	1,198	0.5	33	143	4.4	1,485	0.4	34	40	1.2	407	0.2	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	6	28.6	72	0.5	27	2	9.5	24	0.1	1	1	4.8	12	0.5	8
21-44	67	5.0	672	0.5	32	65	4.9	743	0.4	41	17	1.3	185	0.2	9
45-64	41	2.6	406	0.4	32	62	4.0	550	0.4	26	18	1.1	162	0.3	126
65-74	4	1.4	48	0.6	64	14	5.1	168	0.4	30	4	1.4	48	0.2	10
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 Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Mean Rx \$ Benefit				Rx per Benefit Month	Mean Rx \$ Benefit				Rx per Benefit Month	Mean Rx \$ Benefit
Male, Other Eligibles															
All Ages	22	0.8	261	0.7	46	26	0.9	281	0.3	9	8	0.3	85	0.2	1
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	20.0	12	0.1	1	0	0.0	0	0.0	0
21-44	10	3.5	120	1.0	70	3	1.1	34	0.2	2	4	1.4	48	0.1	1
45-64	2	0.7	24	0.8	44	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8	0.9	94	0.5	25	18	1.9	210	0.3	11	4	0.4	37	0.2	2
75-84	2	0.2	23	0.2	9	2	0.2	12	0.5	4	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	0.4	13	0.3	5	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHISTAMINES						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	244	1.5	2,526	0.4	\$33	660	4.0	7,449	0.5	\$10	16,558	160,137
Female												
All Females	145	1.4	1,441	0.3	27	487	4.7	5,490	0.5	10	10,414	100,940
Female, Disabled												
All Ages	120	3.1	1,194	0.3	27	213	5.5	2,375	0.5	10	3,890	38,478
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	3	36
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30
21-44	28	2.5	255	0.3	16	71	6.4	807	0.4	8	1,111	11,181
45-64	77	3.4	759	0.3	32	123	5.4	1,340	0.5	11	2,292	22,226
65-74	15	3.8	180	0.3	19	19	4.7	228	0.5	12	400	4,141
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	68	736
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	128
Female, Other Eligibles												
All Ages	25	0.4	247	0.4	27	274	4.2	3,115	0.5	10	6,524	62,462
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	1	25.0	12	0.1	14	0	0.0	0	0.0	0	4	48
21-44	8	2.8	76	0.5	39	38	13.1	451	0.6	10	290	3,342
45-64	0	0.0	0	0.0	0	37	14.5	441	0.6	10	255	2,997
65-74	15	0.9	155	0.4	24	66	3.9	755	0.5	9	1,686	16,106
75-84	1	0.1	4	0.3	1	64	3.3	713	0.6	11	1,946	18,281
85 and older	0	0.0	0	0.0	0	69	2.9	755	0.5	11	2,343	21,688
Male												
All Males	99	1.6	1,085	0.4	40	173	2.8	1,959	0.5	11	6,144	59,197
Male, Disabled												
All Ages	78	2.4	843	0.4	39	81	2.5	930	0.5	10	3,235	31,781
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	3	14.3	36	0.3	10	2	9.5	24	0.5	27	21	231
21-44	30	2.2	350	0.3	35	32	2.4	364	0.5	12	1,340	13,907
45-64	32	2.0	301	0.6	55	39	2.5	446	0.5	9	1,568	14,669
65-74	13	4.7	156	0.4	22	8	2.9	96	0.3	5	276	2,690
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	26	252
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	20

Dual Medicaid Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHISTAMINES						
	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 Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	21	0.7	242	0.5	44	92	3.2	1,029	0.5	11	2,909	27,416
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
15-20	3	60.0	36	1.2	96	0	0.0	0	0.0	0	5	55
21-44	7	2.5	80	0.4	35	27	9.5	324	0.6	13	285	3,365
45-64	0	0.0	0	0.0	0	14	4.9	168	0.8	14	285	3,342
65-74	11	1.2	126	0.4	35	23	2.5	244	0.5	10	937	8,447
75-84	0	0.0	0	0.0	0	14	1.7	137	0.4	8	831	7,435
85 and older	0	0.0	0	0.0	0	14	2.5	156	0.3	8	565	4,766
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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

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	\$6	0.3	3,145	31,709
Age				
0-64	19	0.6	255	2,762
65-74	11	0.4	444	4,586
75-84	5	0.2	933	9,337
85 and older	3	0.2	1,513	15,024
Unknown	0	0.0	0	0
Gender				
Female	6	0.3	2,206	22,449
Male	7	0.3	939	9,260
Unknown	0	0.0	0	0
Race				
White	6	0.3	2,980	29,998
African American	11	0.9	4	43
Other/unknown	10	0.4	161	1,668
Basis of Eligibility^c				
Aged	4	0.2	2,843	28,424
Disabled	21	0.7	301	3,273
Adults	0	0.0	1	12
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 1,493 beneficiaries who were in nursing facilities for part of their enrollment and their 12,557 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 Medicaid Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

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	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	0.0	0.0	0.3	\$8	\$1	\$1	\$6	\$24	\$36	\$56	\$21	48	\$1,157	15	0.5	153
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.4	0.0	0.0	0.4	4	0	0	4	12	0	0	12	7	82	2	0.1	20
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	12	9	0	3	30	74	13	11	60	1,794	15	0.5	153
Cardiovascular Agents	0.7	0.1	0.0	0.6	23	7	3	13	33	61	127	24	132	4,334	20	0.6	191
Respiratory Agents	0.2	0.1	0.0	0.2	7	4	0	3	33	72	60	18	261	8,608	112	3.6	1,250
Gastrointestinal Agents	0.4	0.1	0.0	0.2	21	18	0	3	59	128	0	14	28	1,652	8	0.3	78
Genitourinary Agents	0.3	0.2	0.0	0.1	23	20	0	4	68	98	0	26	24	1,620	7	0.2	69
CNS Drugs	0.7	0.0	0.0	0.7	16	4	1	12	23	106	53	18	5,298	122,728	723	23.0	7,589
Stimulants/Anti-obesity/Anorexia	0.8	0.8	0.0	0.0	194	194	0	0	233	233	0	0	10	2,329	1	0.0	12
Miscellaneous Psychological/Neurological Agents	0.1	0.1	0.0	0.0	77	73	0	4	513	576	0	169	13	6,671	8	0.3	87
Analgesics and Anesthetics	0.5	0.0	0.1	0.4	20	1	4	15	39	70	67	34	145	5,663	28	0.9	282
Neuromuscular Agents	0.9	0.0	0.0	0.8	17	2	0	15	19	99	42	18	1,200	23,224	127	4.0	1,386
Nutritional Products	0.5	0.0	0.2	0.3	8	0	2	5	15	14	14	16	305	4,586	54	1.7	584
Hematological Agents	0.7	0.0	0.0	0.7	5	0	0	5	8	63	34	7	868	6,519	112	3.6	1,236
Topical Products	0.2	0.0	0.0	0.1	7	2	2	3	41	102	74	25	16	653	9	0.3	96
Miscellaneous Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	2	0	0	0	14	0	0	0	3	41	2	0.1	19
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.	8,418	191,661	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,493 beneficiaries who were in nursing facilities for part of their enrollment and their 12,557 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 In Montana, 0.5 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, MONTANA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTI-ANXIETY AGENTS	\$81,614	628	20.0	6,570	0.6	\$20	\$12	
ULCER DRUGS	73,722	507	16.1	5,578	0.5	26	13	
ANTI-CONVULSANTS	21,990	124	3.9	1,363	0.9	19	16	
HYPNOTICS	20,571	127	4.0	1,384	0.8	20	15	
ANTI-HISTAMINES	16,303	136	4.3	1,523	0.5	21	11	
ANTI-PSYCHOTICS	13,214	12	0.4	135	0.4	259	98	
COUGH/COLD/ALLERGY	8,712	126	4.0	1,426	0.2	28	6	
ANTI-DEPRESSANTS	7,329	25	0.8	262	0.4	65	28	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,851	9	0.3	99	0.2	403	69	
HEMATOPOIETIC AGENTS	5,837	118	3.8	1,301	0.6	7	4	
Total	256,143	1,812	n.a.	19,641	n.a.	n.a.	n.a.	

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

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 2006. A total of 1,493 beneficiaries who were in nursing facilities for part of their enrollment and their 12,557 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS							ULCER DRUGS				
	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	11,189	\$256,143	628	20.0	6,570	0.6	\$12	507	16.1	5,578	0.5	\$13
Female												
All Females	8,281	179,191	480	21.8	5,067	0.6	12	363	16.5	4,029	0.5	14
Female, Disabled												
All Ages	1,161	35,013	39	27.3	461	0.8	15	27	18.9	316	0.4	13
64 or younger	951	28,120	32	26.2	384	0.8	16	24	19.7	280	0.4	12
65-74	183	6,596	5	26.3	55	0.7	12	2	10.5	24	0.8	29
75-84	27	297	2	100.0	22	1.0	8	1	50.0	12	0.5	11
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	7,120	144,178	441	21.4	4,606	0.6	11	336	16.3	3,713	0.5	14
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,175	24,202	63	29.0	685	0.6	14	39	18.0	449	0.5	13
75-84	2,269	47,498	134	21.6	1,403	0.7	14	104	16.8	1,161	0.5	14
85 and older	3,676	72,478	244	19.9	2,518	0.6	9	193	15.7	2,103	0.6	14
Male												
All Males	2,908	76,952	148	15.8	1,503	0.6	15	144	15.3	1,549	0.4	12
Male, Disabled												
All Ages	928	26,997	30	19.0	305	0.8	19	29	18.4	326	0.4	14
64 or younger	792	18,793	27	20.3	269	0.7	18	25	18.8	278	0.4	14
65-74	123	8,097	2	9.1	24	1.3	40	4	18.2	48	0.5	14
75-84	13	107	1	50.0	12	1.0	8	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	1,980	49,955	118	15.1	1,198	0.6	14	115	14.7	1,223	0.4	11
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	692	19,171	30	16.1	324	0.7	19	35	18.8	359	0.4	11
75-84	714	19,286	41	13.3	443	0.7	18	44	14.2	460	0.4	12
85 and older	574	11,498	47	16.4	431	0.4	7	36	12.6	404	0.5	11
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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,493 beneficiaries who were in nursing facilities for part of their enrollment and their 12,557 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTICONVULSANT					HYPNOTICS					ANTIHISTAMINES				
	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	124	3.9	1,363	0.9	\$16	127	4.0	1,384	0.8	\$15	136	4.3	1,523	0.5	\$11
Female															
All Females	88	4.0	978	0.8	15	82	3.7	908	0.7	12	97	4.4	1,099	0.6	12
Female, Disabled															
All Ages	20	14.0	228	0.9	28	17	11.9	200	0.9	14	13	9.1	141	0.7	16
64 or younger	15	12.3	168	0.9	20	15	12.3	176	0.9	15	12	9.8	129	0.7	15
65-74	5	26.3	60	0.9	53	2	10.5	24	1.0	8	1	5.3	12	1.0	26
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	68	3.3	750	0.8	11	65	3.2	708	0.6	12	84	4.1	958	0.6	12
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	22	10.1	239	0.8	14	15	6.9	170	0.7	7	13	6.0	156	0.5	10
75-84	17	2.7	193	0.9	13	18	2.9	199	0.8	8	25	4.0	289	0.7	14
85 and older	29	2.4	318	0.6	8	32	2.6	339	0.5	16	46	3.8	513	0.5	10
Male															
All Males	36	3.8	385	1.0	19	45	4.8	476	0.8	20	39	4.2	424	0.4	7
Male, Disabled															
All Ages	17	10.8	185	1.2	25	18	11.4	202	1.0	15	14	8.9	156	0.2	4
64 or younger	14	10.5	154	1.3	28	16	12.0	178	1.0	15	12	9.0	132	0.3	4
65-74	3	13.6	31	0.6	9	2	9.1	24	0.8	12	2	9.1	24	0.1	2
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	19	2.4	200	0.8	14	27	3.5	274	0.8	24	25	3.2	268	0.4	9
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	9	4.8	103	0.9	14	8	4.3	96	0.9	15	9	4.8	97	0.5	10
75-84	6	1.9	70	0.6	11	9	2.9	75	0.7	41	10	3.2	99	0.4	9
85 and older	4	1.4	27	0.9	17	10	3.5	103	0.7	19	6	2.1	72	0.3	7
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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,493 beneficiaries who were in nursing facilities for part of their enrollment and their 12,557 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					COUGH/COLD/ALLERGY					ANTIDEPRESSANTS				
	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	12	0.4	135	0.4	\$98	126	4.0	1,426	0.2	\$6	25	0.8	262	0.4	\$28
Female															
All Females	8	0.4	87	0.3	56	91	4.1	1,034	0.2	7	18	0.8	179	0.4	17
Female, Disabled															
All Ages	3	2.1	36	0.4	91	7	4.9	76	0.2	4	13	9.1	127	0.4	19
64 or younger	2	1.6	24	0.4	84	6	4.9	64	0.2	3	10	8.2	96	0.4	23
65-74	1	5.3	12	0.5	103	1	5.3	12	0.2	6	3	15.8	31	0.4	6
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	5	0.2	51	0.2	32	84	4.1	958	0.2	7	5	0.2	52	0.2	11
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	0.9	24	0.1	23	10	4.6	114	0.5	13	2	0.9	24	0.2	7
75-84	1	0.2	3	0.3	2	27	4.4	308	0.2	10	1	0.2	8	0.1	6
85 and older	2	0.2	24	0.2	46	47	3.8	536	0.2	5	2	0.2	20	0.3	18
Male															
All Males	4	0.4	48	0.6	173	35	3.7	392	0.2	4	7	0.7	83	0.6	52
Male, Disabled															
All Ages	2	1.3	24	0.3	176	8	5.1	96	0.1	3	3	1.9	36	0.7	84
64 or younger	1	0.8	12	0.1	40	4	3.0	48	0.1	5	2	1.5	24	0.8	45
65-74	1	4.5	12	0.5	311	3	13.6	36	0.1	2	1	4.5	12	0.7	163
75-84	0	0.0	0	0.0	0	1	50.0	12	0.1	1	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	2	0.3	24	0.9	171	27	3.5	296	0.2	4	4	0.5	47	0.5	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	1	0.5	12	1.7	326	4	2.2	48	0.1	1	2	1.1	24	0.8	47
75-84	0	0.0	0	0.0	0	10	3.2	109	0.2	4	2	0.6	23	0.2	9
85 and older	1	0.3	12	0.1	15	13	4.5	139	0.2	4	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,493 beneficiaries who were in nursing facilities for part of their enrollment and their 12,557 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						HEMATOPOIETIC AGENTS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	9	0.3	99	0.2	\$69		118	3.8	1,301	0.6	\$5	3,145	31,709
Female													
All Females	5	0.2	60	0.2	106		83	3.8	904	0.7	5	2,206	22,449
Female, Disabled													
All Ages	3	2.1	36	0.3	163		8	5.6	96	0.8	5	143	1,578
64 or younger	3	2.5	36	0.3	163		6	4.9	72	0.8	6	122	1,344
65-74	0	0.0	0	0.0	0		2	10.5	24	0.5	2	19	212
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0	2	22
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	0.1	24	0.2	20		75	3.6	808	0.7	5	2,063	20,871
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0		12	5.5	135	0.7	5	217	2,247
75-84	0	0.0	0	0.0	0		16	2.6	170	0.5	3	620	6,273
85 and older	2	0.2	24	0.2	20		47	3.8	503	0.7	5	1,226	12,351
Male													
All Males	4	0.4	39	0.1	13		35	3.7	397	0.6	4	939	9,260
Male, Disabled													
All Ages	1	0.6	6	0.2	29		7	4.4	77	0.7	8	158	1,695
64 or younger	1	0.8	6	0.2	29		6	4.5	65	0.7	8	133	1,418
65-74	0	0.0	0	0.0	0		1	4.5	12	0.9	7	22	252
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0	1	1
Male, Other Eligibles													
All Ages	3	0.4	33	0.1	10		28	3.6	320	0.5	4	781	7,565
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
65-74	1	0.5	12	0.1	4		6	3.2	72	0.5	4	186	1,875
75-84	0	0.0	0	0.0	0		11	3.6	132	0.5	4	309	3,018
85 and older	2	0.7	21	0.1	13		11	3.8	116	0.6	3	286	2,672
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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,493 beneficiaries who were in nursing facilities for part of their enrollment and their 12,557 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 2006

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	5,943	35.9	3.1	51,490	\$56	\$931,202	\$18	37.2	16,558
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	3	60.0	1.0	5	15	74	15	2.2	5
15-20	13	39.4	2.5	81	59	1,939	24	4.7	33
21-44	1,099	36.3	3.1	9,488	59	178,789	19	14.5	3,026
45-64	1,863	42.3	4.4	19,205	74	327,736	17	43.6	4,400
65-74	1,068	32.4	2.8	9,103	51	169,495	19	51.5	3,299
75-84	915	31.9	2.4	6,940	46	131,284	19	155.3	2,871
85 and older	982	33.6	2.3	6,668	42	121,885	18	183.7	2,924
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	2,677	32.6	2.4	19,847	46	374,608	19	109.7	8,213
Disabled	2,664	37.4	3.3	23,572	63	448,534	19	23.3	7,125
Adults	596	49.3	6.6	8,025	89	106,974	13	49.1	1,208
Children	6	54.5	4.2	46	99	1,086	24	6.3	11
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Gender									
Female	4,031	38.7	3.3	34,813	61	637,557	18	47.4	10,414
Male	1,912	31.1	2.7	16,677	48	293,645	18	25.3	6,144
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	5,385	36.7	3.2	46,884	58	852,999	18	37.4	14,688
African American	22	36.7	3.2	193	54	3,225	17	17.9	60
Other/unknown	536	29.6	2.4	4,413	41	74,978	17	36.9	1,810
Use of Nursing Facilities^d									
Entire year	1,241	39.5	3.3	10,301	71	221,728	22	115.7	3,145
Part year	609	40.8	2.4	3,512	44	66,403	19	46.6	1,493
None	4,093	34.3	3.2	37,677	54	643,071	17	29.6	11,920
Maintenance Assistance Status									
Cash	2,130	33.6	2.7	17,221	52	330,506	19	21.9	6,341
Medically needy	2,509	35.3	2.7	19,130	51	364,797	19	62.5	7,102
Poverty related	3	23.1	1.1	14	19	245	18	5.0	13
Other/unknown	1,301	41.9	4.9	15,125	76	235,654	16	57.7	3,102

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

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 2006.

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

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

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

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MONTANA, 2006

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	0.3	\$6	\$18	\$0	\$3	160,137
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.1	1	15	0	0	54
15-20	0.2	5	24	0	2	364
21-44	0.3	6	19	0	3	31,795
45-64	0.4	8	17	0	4	43,234
65-74	0.3	5	19	0	3	31,384
75-84	0.3	5	19	0	3	26,704
85 and older	0.3	5	18	0	2	26,602
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	19	0	3	75,583
Disabled	0.3	6	19	0	4	70,259
Adults	0.6	8	13	0	2	14,179
Children	0.4	10	24	2	3	114
Unknown	0.0	0	0	0	0	2
Gender						
Female	0.3	6	18	0	3	100,940
Male	0.3	5	18	0	2	59,197
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	6	18	0	3	140,523
African American	0.3	5	17	0	2	630
Other/unknown	0.2	4	17	0	2	18,984
Use of Nursing Facilities^d						
Entire year	0.3	7	22	0	4	31,709
Part year	0.3	5	19	0	3	12,557
None	0.3	6	17	0	3	115,871
Maintenance Assistance Status						
Cash	0.2	5	19	0	3	69,035
Medically needy	0.3	6	19	0	3	57,423
Poverty related	0.2	3	18	0	2	81
Other/unknown	0.5	7	16	0	3	33,598

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

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 2006.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
MONTANA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx. \$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	Excluded Rx
All	7,716	\$121	\$931,202	100.0	51,490	\$18	100.0	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	0.0
Cough and cold medications	727	45	32,755	3.5	1,508	22	2.9	2.9
Vitamins and minerals	170	70	11,984	1.3	796	15	1.5	1.5
Non-prescription drugs	2,998	124	370,380	39.8	21,791	17	42.3	42.3
Barbiturates	125	111	13,906	1.5	1,315	11	2.6	2.6
Benzodiazepines	3,642	135	491,830	52.8	25,843	19	50.2	50.2
Other Part D Excl Rx Drugs	54	192	10,347	1.1	237	44	0.5	0.5

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

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 2006.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MONTANA, 2006

Total Number of Dual Eligible Beneficiaries: 16,558
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$2,504,862
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$151

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,709	70.7	\$0	0.0
1-500	4,228	25.5	445,211	17.8
501-1,000	242	1.5	166,915	6.7
1,001-1,500	97	0.6	116,964	4.7
1,501-2,000	49	0.3	85,577	3.4
2,001-2,500	46	0.3	103,797	4.1
2,501-3,000	22	0.1	59,644	2.4
3,001-3,500	23	0.1	74,500	3.0
3,501-4,000	23	0.1	86,129	3.4
4,001-4,500	17	0.1	71,968	2.9
4,501-5,000	14	0.1	66,414	2.7
5,001-5,500	12	0.1	63,177	2.5
5,501-6,000	9	0.1	51,469	2.1
6,001-6,500	9	0.1	56,808	2.3
6,501-7,000	2	0.0	13,366	0.5
7,001-7,500	4	0.0	29,159	1.2
7,501-8,000	6	0.0	46,362	1.9
8,001-8,500	3	0.0	24,816	1.0
8,501-9,000	7	0.0	60,963	2.4
9,001-9,500	5	0.0	47,015	1.9
9,501-10,000	6	0.0	58,690	2.3
10,001+	25	0.2	775,918	31.0

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

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MONTANA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 6,339
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$1,792,105
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$282

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	4,124	65.1	\$0	0.0	
1-500	1,815	28.6	222,225	12.4	
501-1,000	138	2.2	94,273	5.3	
1,001-1,500	60	0.9	73,606	4.1	
1,501-2,000	34	0.5	59,578	3.3	
2,001-2,500	32	0.5	72,277	4.0	
2,501-3,000	16	0.3	44,097	2.5	
3,001-3,500	20	0.3	64,973	3.6	
3,501-4,000	15	0.2	56,427	3.1	
4,001-4,500	9	0.1	38,252	2.1	
4,501-5,000	12	0.2	56,887	3.2	
5,001-5,500	8	0.1	41,979	2.3	
5,501-6,000	6	0.1	34,346	1.9	
6,001-6,500	8	0.1	50,426	2.8	
6,501-7,000	0	0.0	0	0.0	
7,001-7,500	4	0.1	29,159	1.6	
7,501-8,000	4	0.1	30,783	1.7	
8,001-8,500	1	0.0	8,373	0.5	
8,501-9,000	5	0.1	43,700	2.4	
9,001-9,500	4	0.1	37,547	2.1	
9,501-10,000	6	0.1	58,690	3.3	
10,001+	18	0.3	674,507	37.6	

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

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MONTANA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 9,094
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$479,691
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$52

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,812	74.9	\$0	0.0
1-500	2,123	23.3	194,187	40.5
501-1,000	85	0.9	58,941	12.3
1,001-1,500	28	0.3	31,903	6.7
1,501-2,000	8	0.1	13,888	2.9
2,001-2,500	9	0.1	20,013	4.2
2,501-3,000	3	0.0	7,657	1.6
3,001-3,500	2	0.0	6,418	1.3
3,501-4,000	5	0.1	18,778	3.9
4,001-4,500	6	0.1	25,250	5.3
4,501-5,000	2	0.0	9,527	2.0
5,001-5,500	2	0.0	10,590	2.2
5,501-6,000	3	0.0	17,123	3.6
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,386	1.7
8,501-9,000	1	0.0	8,508	1.8
9,001-9,500	1	0.0	9,468	2.0
9,501-10,000	0	0.0	0	0.0
10,001+	3	0.0	39,054	8.1

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

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 MONTANA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 3,299
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$328,805
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$99

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,397	72.7	\$0	0.0
1-500	791	24.0	82,088	25.0
501-1,000	47	1.4	32,911	10.0
1,001-1,500	20	0.6	22,635	6.9
1,501-2,000	6	0.2	10,399	3.2
2,001-2,500	9	0.3	20,013	6.1
2,501-3,000	3	0.1	7,657	2.3
3,001-3,500	2	0.1	6,418	2.0
3,501-4,000	5	0.2	18,778	5.7
4,001-4,500	6	0.2	25,250	7.7
4,501-5,000	2	0.1	9,527	2.9
5,001-5,500	2	0.1	10,590	3.2
5,501-6,000	3	0.1	17,123	5.2
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,386	2.6
8,501-9,000	1	0.0	8,508	2.6
9,001-9,500	1	0.0	9,468	2.9
9,501-10,000	0	0.0	0	0.0
10,001+	3	0.1	39,054	11.9

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

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MONTANA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,871
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$84,522
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$29

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,193	76.4	\$0	0.0
1-500	644	22.4	58,373	69.1
501-1,000	29	1.0	19,512	23.1
1,001-1,500	4	0.1	4,799	5.7
1,501-2,000	1	0.0	1,838	2.2
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MONTANA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 2,924
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$66,364
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$22

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,222	76.0	\$0	0.0
1-500	688	23.5	53,726	81.0
501-1,000	9	0.3	6,518	9.8
1,001-1,500	4	0.1	4,469	6.7
1,501-2,000	1	0.0	1,651	2.5
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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

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 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

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	16,558	8,213	7,125	1,208	11	1	160,137	75,583	70,259	14,179	114	2
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	5	0	4	0	1	0	54	0	48	0	6	0
15-20	33	0	24	0	9	0	364	0	261	0	103	0
21-44	3,026	1	2,451	573	1	0	31,795	12	25,088	6,690	5	0
45-64	4,400	5	3,860	534	0	1	43,234	45	36,895	6,292	0	2
65-74	3,299	2,554	676	69	0	0	31,384	23,739	6,831	814	0	0
75-84	2,871	2,750	94	27	0	0	26,704	25,392	988	324	0	0
85 and older	2,924	2,903	16	5	0	0	26,602	26,395	148	59	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	10,414	5,931	3,890	588	4	1	100,940	55,545	38,478	6,867	48	2
Male	6,144	2,282	3,235	620	7	0	59,197	20,038	31,781	7,312	66	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,688	7,412	6,153	1,112	10	1	140,523	67,424	59,960	13,035	102	2
African American	60	18	37	5	0	0	630	195	375	60	0	0
Other/unknown	1,810	783	935	91	1	0	18,984	7,964	9,924	1,084	12	0
Use of Nursing Facilities^c												
Entire year	3,145	2,843	301	1	0	0	31,709	28,424	3,273	12	0	0
Part year	1,493	1,244	225	23	1	0	12,557	10,167	2,123	255	12	0
None	11,920	4,126	6,599	1,184	10	1	115,871	36,992	64,863	13,912	102	2
Maintenance Assistance Status												
Cash	6,341	1,900	4,427	14	0	0	69,035	20,844	48,051	140	0	0
Medically needy	7,102	5,275	1,827	0	0	0	57,423	44,224	13,199	0	0	0
Poverty related	13	0	0	11	1	1	81	0	0	73	6	2
Other/unknown	3,102	1,038	871	1,183	10	0	33,598	10,515	9,009	13,966	108	0
Dual Status^d												
Full dual, all year	16,558	8,213	7,125	1,208	11	1	160,137	75,583	70,259	14,179	114	2
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	16,558	8,213	7,125	1,208	11	1	160,137	75,583	70,259	14,179	114	2
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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	16,558	160,137	16,558	160,137	0	0
Fee-for-service (FFS) all year	16,558	160,137	16,558	160,137	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 2006 file for Montana, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries