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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	12,935	7,781	5,079	72	3	0	129,588	75,432	53,544	585	27	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	1	0	1	0	0	0	6	0	6	0	0	0
15-20	21	0	19	0	2	0	223	0	200	0	23	0
21-44	2,127	2	2,073	52	0	0	22,600	13	22,161	426	0	0
45-64	2,952	0	2,934	18	0	0	30,768	0	30,624	144	0	0
65-74	2,009	1,955	52	2	0	0	20,269	19,701	553	15	0	0
75-84	2,471	2,471	0	0	0	0	23,952	23,952	0	0	0	0
85 and older	3,354	3,353	0	0	1	0	31,770	31,766	0	0	4	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	8,107	5,499	2,558	48	2	0	81,756	54,180	27,166	395	15	0
Male	4,828	2,282	2,521	24	1	0	47,832	21,252	26,378	190	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,786	7,226	4,497	61	2	0	117,794	69,828	47,475	475	16	0
African American	56	14	42	0	0	0	492	138	354	0	0	0
Other/unknown	1,093	541	540	11	1	0	11,302	5,466	5,715	110	11	0
Use of Nursing Facilities^c												
Entire year	3,670	3,399	271	0	0	0	35,952	33,038	2,914	0	0	0
Part year	1,242	1,081	161	0	0	0	11,534	9,849	1,685	0	0	0
None	8,023	3,301	4,647	72	3	0	82,102	32,545	48,945	585	27	0
Maintenance Assistance Status												
Cash	4,135	1,733	2,370	32	0	0	46,443	19,404	26,749	290	0	0
Medically needy	7,632	5,675	1,926	30	1	0	71,644	52,530	18,888	214	12	0
Poverty-related	762	373	381	7	1	0	7,058	3,498	3,502	47	11	0
Other/unknown	406	0	402	3	1	0	4,443	0	4,405	34	4	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,934	7,781	5,078	72	3	0	129,584	75,432	53,540	585	27	0
FFS part year, with Rx claims	1	0	1	0	0	0	4	0	4	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 North Dakota, 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx	Mean Number of Rx				FFS \$ ^c	FFS \$ ^d	
All	38.0	3.3	\$137	\$41	\$22,294	0.6	12,935	
Age								
5 and younger	0.0	0.0	0	0	0	0.0	0	
6-14	100.0	37.0	1,105	30	1,105	100.0	1	
15-20	76.2	22.2	1,945	88	26,794	7.3	21	
21-44	37.9	4.0	264	67	19,608	1.3	2,127	
45-64	39.4	4.4	205	47	23,351	0.9	2,952	
65-74	34.6	3.6	153	43	17,719	0.9	2,009	
75-84	36.7	2.5	48	20	20,800	0.2	2,471	
85 and older	39.7	2.3	40	18	26,888	0.1	3,354	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	37.4	2.6	69	26	22,561	0.3	7,781	
Disabled	38.8	4.2	232	55	22,136	1.0	5,079	
Adults	55.6	12.5	797	64	5,052	15.8	72	
Children	33.3	6.7	342	51	13,372	2.6	3	
Unknown	0.0	0.0	0	0	0	0.0	0	
Gender								
Female	40.5	3.5	127	37	21,904	0.6	8,107	
Male	33.9	3.0	154	51	22,950	0.7	4,828	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	38.2	3.3	128	39	23,247	0.6	11,786	
African American	37.5	7.1	417	59	6,836	6.1	56	
Other/unknown	36.4	3.5	215	62	12,809	1.7	1,093	
Use of Nursing Facilities^f								
Entire year	45.6	3.5	82	23	38,028	0.2	3,670	
Part year	46.5	3.3	92	28	24,024	0.4	1,242	
None	33.3	3.2	169	53	14,829	1.1	8,023	
Maintenance Assistance Status								
Cash	41.7	4.5	242	54	11,663	2.1	4,135	
Medically needy	38.1	2.8	81	28	30,471	0.3	7,632	
Poverty related	16.4	1.4	89	62	1,645	5.4	762	
Other/unknown	38.9	3.6	212	58	15,622	1.4	406	

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 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.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	\$14	0.6	62.0	33.2	2.8	1.3	0.5	0.1	\$2,225	12,935	129,588
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	6.2	184	100.0	0.0	0.0	0.0	0.0	100.0	0.0	184	1	6
15-20	2.1	183	7.3	23.8	23.8	23.8	19.0	4.8	4.8	2,523	21	223
21-44	0.4	25	1.3	62.1	31.0	3.5	2.3	0.9	0.1	1,845	2,127	22,600
45-64	0.4	20	0.9	60.6	33.0	3.2	1.9	1.1	0.2	2,240	2,952	30,768
65-74	0.4	15	0.9	65.4	29.6	3.2	1.3	0.3	0.2	1,756	2,009	20,269
75-84	0.3	5	0.2	63.3	33.3	2.7	0.7	0.0	0.0	2,146	2,471	23,952
85 and older	0.2	4	0.1	60.3	37.1	1.8	0.5	0.2	0.0	2,839	3,354	31,770
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	7	0.3	62.6	33.9	2.4	0.8	0.2	0.0	2,327	7,781	75,432
Disabled	0.4	22	1.0	61.2	32.2	3.4	2.0	1.0	0.2	2,100	5,079	53,544
Adults	1.5	98	15.8	44.4	33.3	4.2	11.1	6.9	0.0	622	72	585
Children	0.7	38	2.6	66.7	0.0	33.3	0.0	0.0	0.0	1,486	3	27
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.3	13	0.6	59.5	35.6	3.0	1.2	0.5	0.1	2,172	8,107	81,756
Male	0.3	16	0.7	66.1	29.3	2.5	1.5	0.6	0.1	2,317	4,828	47,832
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	13	0.6	61.8	33.5	2.8	1.3	0.5	0.1	2,326	11,786	117,794
African American	0.8	47	6.1	62.5	21.4	3.6	5.4	5.4	1.8	778	56	492
Other/unknown	0.3	21	1.7	63.6	30.8	3.4	1.6	0.5	0.1	1,239	1,093	11,302
Use of Nursing Facilities^f												
Entire year	0.4	8	0.2	54.4	40.1	3.9	1.2	0.4	0.0	3,882	3,670	35,952
Part year	0.4	10	0.4	53.5	42.4	2.7	1.0	0.4	0.1	2,587	1,242	11,534
None	0.3	17	1.1	66.7	28.7	2.4	1.5	0.6	0.1	1,449	8,023	82,102
Maintenance Assistance Status												
Cash	0.4	22	2.1	58.3	35.5	3.0	2.1	0.9	0.2	1,038	4,135	46,443
Medically needy	0.3	9	0.3	61.9	33.9	2.9	0.9	0.4	0.0	3,246	7,632	71,644
Poverty related	0.2	10	5.4	83.6	13.6	1.0	1.6	0.1	0.0	178	762	7,058
Other/unknown	0.3	19	1.4	61.1	34.0	2.2	2.0	0.5	0.2	1,428	406	4,443

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 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 1 of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	\$14	\$41	0.1	\$9	\$144	0.0	\$1	\$73	0.3	\$4	\$16
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	6.2	184	30	1.8	120	65	0.5	16	31	3.8	49	13
15-20	2.1	183	88	0.8	136	165	0.1	16	105	1.1	31	28
21-44	0.4	25	67	0.1	19	173	0.0	1	85	0.3	5	20
45-64	0.4	20	47	0.1	13	148	0.0	1	81	0.3	6	18
65-74	0.4	15	43	0.1	10	140	0.0	1	67	0.3	4	16
75-84	0.3	5	20	0.0	2	89	0.0	0	47	0.2	3	11
85 and older	0.2	4	18	0.0	2	76	0.0	0	57	0.2	2	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	7	26	0.0	4	112	0.0	0	57	0.2	3	13
Disabled	0.4	22	55	0.1	16	162	0.0	1	82	0.3	5	18
Adults	1.5	98	64	0.6	75	124	0.0	5	111	0.9	18	20
Children	0.7	38	51	0.3	33	98	0.0	1	17	0.4	5	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.3	13	37	0.1	8	133	0.0	1	74	0.3	4	15
Male	0.3	16	51	0.1	11	160	0.0	1	71	0.2	4	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	13	39	0.1	8	140	0.0	1	71	0.3	4	15
African American	0.8	47	59	0.3	36	120	0.0	3	123	0.5	9	18
Other/unknown	0.3	21	62	0.1	14	189	0.0	1	88	0.3	6	25
Use of Nursing Facilities^e												
Entire year	0.4	8	23	0.0	4	111	0.0	0	59	0.3	4	12
Part year	0.4	10	28	0.1	6	110	0.0	0	47	0.3	4	13
None	0.3	17	53	0.1	12	155	0.0	1	80	0.2	4	18
Maintenance Assistance Status												
Cash	0.4	22	54	0.1	15	156	0.0	1	79	0.3	5	19
Medically needy	0.3	9	28	0.0	5	124	0.0	0	63	0.3	3	13
Poverty related	0.2	10	62	0.1	7	143	0.0	1	79	0.1	2	19
Other/unknown	0.3	19	58	0.1	13	162	0.0	1	77	0.2	5	23

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 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, NORTH DAKOTA, 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	0.2	0.0	0.0	0.2	\$14	\$10	\$0	\$4	\$74	\$265	\$65	\$25	926	\$68,062	440	3.4	4,750
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	0.2	0.1	0.0	0.2	66	61	0	4	274	685	0	30	59	16,162	25	0.2	246
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	15	11	0	3	55	104	33	22	2,011	109,926	660	5.1	7,254
Cardiovascular Agents	0.4	0.1	0.0	0.3	14	10	1	3	37	79	83	14	4,194	154,953	997	7.7	10,752
Respiratory Agents	0.3	0.1	0.0	0.2	13	10	0	3	51	110	59	16	2,356	118,988	818	6.3	9,100
Gastrointestinal Agents	0.2	0.1	0.0	0.1	13	9	0	3	59	133	69	21	653	38,551	287	2.2	3,064
Genitourinary Agents	0.2	0.1	0.0	0.0	14	9	3	1	77	92	82	36	278	21,417	140	1.1	1,568
CNS Drugs	0.6	0.1	0.0	0.5	22	14	1	7	38	179	86	14	18,090	688,953	2,869	22.2	30,817
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	49	48	0	1	148	162	0	26	153	22,637	40	0.3	466
Miscellaneous Psychological/Neurological Agents	0.1	0.1	0.0	0.0	40	39	0	0	312	318	63	62	120	37,428	84	0.6	944
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	15	7	1	7	52	155	125	30	1,779	92,189	569	4.4	6,072
Neuromuscular Agents	0.6	0.1	0.0	0.5	27	18	1	8	46	181	114	16	5,720	260,545	875	6.8	9,640
Nutritional Products	0.3	0.0	0.0	0.3	6	0	1	5	18	11	27	18	1,265	23,216	352	2.7	3,758
Hematological Agents	0.5	0.0	0.0	0.5	8	3	0	5	15	106	19	9	4,463	66,968	750	5.8	8,143
Topical Products	0.2	0.1	0.0	0.1	7	4	0	3	40	63	35	26	574	22,989	314	2.4	3,482
Miscellaneous Products	0.3	0.2	0.0	0.1	86	77	6	3	295	386	206	44	85	25,050	26	0.2	290
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	9	0	0	0	63	0	0	0	40	2,520	28	0.2	289
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.	42,766	1,770,554	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 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 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	
ANTIPSYCHOTICS	\$366,058	413	3.2	4,548	0.3	\$260	\$80	
ANTICONVULSANT	245,634	822	6.4	9,120	0.6	47	27	
ANTIANKXIETY AGENTS	154,932	2,092	16.2	22,335	0.5	13	7	
ANTIDEPRESSANTS	119,088	767	5.9	8,432	0.3	56	14	
ANTIASTHMATIC	87,361	350	2.7	3,746	0.3	91	23	
ANTI-DIABETIC	79,617	438	3.4	4,879	0.2	70	16	
ANTIHYPERLIPIDEMIC	69,657	315	2.4	3,546	0.2	83	20	
HEMATOPOIETIC AGENTS	51,158	809	6.3	8,882	0.6	10	6	
HYPNOTICS	47,628	362	2.8	4,021	0.6	19	12	
ULCER DRUGS	44,118	514	4.0	5,612	0.2	43	8	
Total	1,265,251	6,882	n.a.	75,121	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 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per 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	32,316	\$1,265,251	413	3.2	4,548	0.3	\$81	822	6.4	9,120	0.6	\$27					
Female																	
All Females	21,380	729,772	220	2.7	2,435	0.3	74	514	6.3	5,712	0.6	23					
Female, Disabled																	
All Ages	8,631	427,131	115	4.5	1,282	0.4	96	302	11.8	3,381	0.5	30					
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	107	8,782	1	9.1	12	0.8	120	4	36.4	48	0.8	60					
21-44	2,897	151,662	49	5.1	553	0.3	55	131	13.5	1,410	0.5	37					
45-64	5,408	248,574	61	3.9	669	0.4	128	163	10.5	1,875	0.5	24					
65-74	219	18,113	4	16.0	48	0.5	116	4	16.0	48	0.6	11					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Female, Other Eligibles																	
All Ages	12,749	302,641	105	1.9	1,153	0.2	50	212	3.8	2,331	0.6	14					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	264	23,252	4	10.0	46	0.4	64	7	17.5	77	0.7	98					
45-64	84	7,044	1	12.5	12	0.8	117	1	12.5	12	0.9	99					
65-74	3,179	132,725	32	2.8	370	0.4	113	64	5.6	745	0.6	17					
75-84	4,052	64,553	22	1.3	239	0.1	20	77	4.6	851	0.6	7					
85 and older	5,170	75,067	46	1.7	486	0.1	14	63	2.3	646	0.5	7					
Male																	
All Males	10,936	535,479	193	4.0	2,113	0.3	88	308	6.4	3,408	0.6	33					
Male, Disabled																	
All Ages	6,635	414,552	144	5.7	1,608	0.4	100	224	8.9	2,544	0.6	40					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	4	119	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	144	11,630	2	25.0	24	1.3	180	4	50.0	48	0.6	81					
21-44	2,732	231,790	92	8.3	995	0.4	117	116	10.5	1,308	0.6	44					
45-64	3,713	169,469	50	3.6	589	0.3	68	104	7.5	1,188	0.7	35					
65-74	42	1,544	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

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, NORTH DAKOTA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS						ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per 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	4,301	120,927	49	2.1	505	0.2	49	84	3.6	864	0.6	13	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	24	1,225	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
45-64	22	1,655	0	0.0	0	0.0	0	1	10.0	12	0.1	7	
65-74	2,023	80,634	24	2.9	268	0.4	75	46	5.6	500	0.6	18	
75-84	1,131	19,071	14	1.8	140	0.1	14	22	2.8	217	0.6	6	
85 and older	1,101	18,342	11	1.7	97	0.2	28	15	2.3	135	0.3	7	
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 North Dakota, 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTIDEPRESSANTS					ANTI-ASTHMATIC				
	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	2,092	16.2	22,335	0.5	\$7	767	5.9	8,432	0.3	\$14	350	2.7	3,746	0.3	\$23
Female															
All Females	1,450	17.9	15,522	0.5	7	522	6.4	5,748	0.2	14	224	2.8	2,376	0.3	24
Female, Disabled															
All Ages	442	17.3	5,044	0.5	7	268	10.5	2,954	0.3	18	107	4.2	1,197	0.3	27
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	2	18.2	16	1.1	12	4	36.4	33	0.5	51	2	18.2	24	0.3	9
21-44	152	15.7	1,740	0.4	6	114	11.8	1,261	0.3	20	28	2.9	312	0.4	29
45-64	280	18.0	3,192	0.6	8	146	9.4	1,612	0.3	15	75	4.8	837	0.3	22
65-74	8	32.0	96	0.4	6	4	16.0	48	0.2	19	2	8.0	24	1.5	203
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	1,008	18.2	10,478	0.6	7	254	4.6	2,794	0.2	11	117	2.1	1,179	0.2	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	20.0	76	0.3	4	16	40.0	181	0.5	44	6	15.0	65	0.1	9
45-64	0	0.0	0	0.0	0	5	62.5	59	0.8	52	0	0.0	0	0.0	0
65-74	172	15.1	1,932	0.6	9	62	5.4	699	0.2	12	41	3.6	464	0.3	35
75-84	316	18.9	3,337	0.6	7	60	3.6	668	0.1	6	31	1.9	296	0.1	10
85 and older	512	19.0	5,133	0.5	5	111	4.1	1,187	0.1	5	39	1.4	354	0.1	9
Male															
All Males	642	13.3	6,813	0.5	7	245	5.1	2,684	0.3	14	126	2.6	1,370	0.2	23
Male, Disabled															
All Ages	308	12.2	3,535	0.5	8	162	6.4	1,783	0.3	17	64	2.5	714	0.3	22
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	5	62.5	60	0.6	33	0	0.0	0	0.0	0
21-44	113	10.2	1,311	0.5	9	99	9.0	1,101	0.3	18	20	1.8	220	0.3	23
45-64	190	13.8	2,168	0.5	8	57	4.1	610	0.3	15	43	3.1	482	0.3	20
65-74	5	18.5	56	0.5	6	1	3.7	12	0.2	2	1	3.7	12	1.1	94
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.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTIDEPRESSANTS					ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	334	14.5	3,278	0.5	7	83	3.6	901	0.2	8	62	2.7	656	0.2	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	3	21.4	33	0.2	13	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	2	20.0	23	0.4	24	0	0.0	0	0.0	0
65-74	102	12.5	1,090	0.6	9	26	3.2	302	0.3	12	24	2.9	277	0.3	40
75-84	111	13.9	1,070	0.4	5	23	2.9	253	0.1	5	20	2.5	213	0.1	12
85 and older	121	18.3	1,118	0.5	6	29	4.4	290	0.1	5	18	2.7	166	0.1	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 North Dakota, 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					HEMATOPOIETIC AGENTS				
	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	438	3.4	4,879	0.2	\$16	315	2.4	3,546	0.2	\$20	809	6.3	8,882	0.6	\$6
Female															
All Females	280	3.5	3,130	0.2	14	189	2.3	2,108	0.2	17	581	7.2	6,367	0.6	6
Female, Disabled															
All Ages	97	3.8	1,106	0.3	18	86	3.4	947	0.2	20	130	5.1	1,511	0.5	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18.2	24	0.3	58
21-44	33	3.4	376	0.2	18	20	2.1	215	0.2	16	45	4.6	536	0.5	4
45-64	63	4.1	718	0.3	17	64	4.1	708	0.2	20	81	5.2	936	0.6	6
65-74	1	4.0	12	0.8	57	2	8.0	24	0.7	57	2	8.0	15	0.3	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	183	3.3	2,024	0.2	11	103	1.9	1,161	0.2	15	451	8.1	4,856	0.6	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4	10.0	38	0.4	33	5	12.5	49	0.5	29	3	7.5	34	0.5	2
45-64	1	12.5	11	1.4	127	0	0.0	0	0.0	0	1	12.5	12	0.3	1
65-74	65	5.7	731	0.2	18	49	4.3	555	0.2	19	93	8.2	1,030	0.6	5
75-84	63	3.8	701	0.1	6	29	1.7	337	0.1	9	143	8.6	1,504	0.6	7
85 and older	50	1.9	543	0.1	6	20	0.7	220	0.1	11	211	7.8	2,276	0.6	5
Male															
All Males	158	3.3	1,749	0.3	21	126	2.6	1,438	0.3	23	228	4.7	2,515	0.5	6
Male, Disabled															
All Ages	87	3.5	965	0.3	30	75	3.0	852	0.3	27	71	2.8	821	0.5	6
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	100.0	6	0.2	6	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	12.5	12	0.5	39	2	25.0	24	0.6	11
21-44	25	2.3	292	0.4	31	27	2.4	316	0.3	21	21	1.9	246	0.4	4
45-64	62	4.5	673	0.3	29	46	3.3	518	0.4	31	48	3.5	551	0.5	7
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, NORTH DAKOTA, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					HEMATOPOIETIC AGENTS				
	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
Male, Other Eligibles															
All Ages	71	3.1	784	0.2	11	51	2.2	586	0.2	17	157	6.8	1,694	0.6	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	7.1	11	0.3	3	2	14.3	23	0.4	32	2	14.3	15	0.2	1
45-64	1	10.0	12	0.1	15	1	10.0	12	0.5	8	0	0.0	0	0.0	0
65-74	35	4.3	391	0.2	17	28	3.4	332	0.2	22	55	6.7	638	0.5	6
75-84	23	2.9	268	0.1	5	10	1.3	109	0.1	7	50	6.3	513	0.6	5
85 and older	11	1.7	102	0.1	7	10	1.5	110	0.1	8	50	7.5	528	0.6	5
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 North Dakota, 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	HYPNOTICS					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 Beneficiaries	Number of Benefit Months
All	362	2.8	4,021	0.6	\$12	514	4.0	5,612	0.2	\$8	12,935	129,588
Female												
All Females	243	3.0	2,705	0.6	12	321	4.0	3,489	0.2	8	8,107	81,756
Female, Disabled												
All Ages	120	4.7	1,342	0.6	13	124	4.8	1,385	0.2	12	2,558	27,166
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	3	27.3	36	0.3	28	11	115
21-44	36	3.7	415	0.5	16	45	4.6	515	0.2	12	968	10,384
45-64	80	5.1	888	0.6	12	71	4.6	774	0.2	9	1,554	16,401
65-74	4	16.0	39	0.5	12	5	20.0	60	0.5	52	25	266
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	123	2.2	1,363	0.7	11	197	3.6	2,104	0.1	5	5,549	54,590
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
21-44	2	5.0	24	0.2	19	6	15.0	66	0.3	11	40	332
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	52
65-74	32	2.8	372	0.6	7	46	4.0	526	0.2	8	1,138	11,685
75-84	41	2.5	439	0.7	10	51	3.1	552	0.1	3	1,671	16,601
85 and older	48	1.8	528	0.7	13	94	3.5	960	0.1	3	2,691	25,909
Male												
All Males	119	2.5	1,316	0.6	12	193	4.0	2,123	0.2	8	4,828	47,832
Male, Disabled												
All Ages	67	2.7	759	0.6	11	109	4.3	1,212	0.2	9	2,521	26,378
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	1	100.0	6	0.5	14	1	6
15-20	0	0.0	0	0.0	0	4	50.0	48	0.6	14	8	85
21-44	21	1.9	231	0.5	9	43	3.9	474	0.2	7	1,105	11,777
45-64	46	3.3	528	0.7	13	60	4.3	672	0.2	10	1,380	14,223
65-74	0	0.0	0	0.0	0	1	3.7	12	0.1	4	27	287
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Dual 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	HYPNOTICS					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 Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	52	2.3	557	0.6	13	84	3.6	911	0.1	7	2,307	21,454
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	1	7.1	9	0.1	2	0	0.0	0	0.0	0	14	107
45-64	1	10.0	12	0.1	3	1	10.0	12	0.3	61	10	92
65-74	23	2.8	264	0.7	20	32	3.9	362	0.2	12	819	8,031
75-84	16	2.0	160	0.6	7	27	3.4	296	0.1	2	800	7,351
85 and older	11	1.7	112	0.6	5	24	3.6	241	0.1	2	663	5,861
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 North Dakota, 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.

Dual Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	\$8	0.4	3,670	35,952
Age				
0-64	16	0.6	263	2,829
65-74	25	0.6	390	4,021
75-84	7	0.4	970	9,613
85 and older	5	0.3	2,047	19,489
Unknown	0	0.0	0	0
Gender				
Female	8	0.4	2,597	25,775
Male	10	0.4	1,073	10,177
Unknown	0	0.0	0	0
Race				
White	8	0.4	3,572	34,945
African American	0	0	0	0
Other/unknown	28	0.7	98	1,007
Basis of Eligibility^c				
Aged	7	0.3	3,399	33,038
Disabled	21	0.7	271	2,914
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for North Dakota, 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 1,242 beneficiaries who were in nursing facilities for part of their enrollment and their 11,534 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.

Benef(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, NORTH DAKOTA, 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 Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.1	0.0	0.0	0.1	\$5	\$3	\$0	\$2	\$41	\$145	\$38	\$23	132	\$5,363	105	2.9	1,098
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	0.1	0.0	0.0	0.1	7	0	0	7	60	0	0	60	5	300	5	0.1	46
Endocrine/Metabolic Drugs	0.2	0.1	0.0	0.1	10	6	0	3	50	78	42	30	358	17,894	174	4.7	1,863
Cardiovascular Agents	0.2	0.0	0.0	0.2	6	3	1	2	25	64	87	12	761	19,101	295	8.0	3,149
Respiratory Agents	0.2	0.1	0.0	0.1	13	10	0	2	62	147	70	18	447	27,701	197	5.4	2,074
Gastrointestinal Agents	0.2	0.0	0.0	0.2	9	5	0	3	42	177	0	18	152	6,403	72	2.0	748
Genitourinary Agents	0.2	0.1	0.0	0.0	13	11	1	1	81	87	87	33	69	5,589	40	1.1	441
CNS Drugs	0.6	0.0	0.0	0.5	12	5	1	6	20	118	72	11	6,509	128,753	1,073	29.2	11,099
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	54	54	0	0	190	203	0	9	15	2,857	5	0.1	53
Miscellaneous Psychological/Neurological Agents	0.1	0.1	0.0	0.0	24	24	0	0	191	191	0	0	64	12,220	47	1.3	517
Analgesics and Anesthetics	0.2	0.0	0.0	0.1	8	3	0	4	50	104	70	36	200	9,949	126	3.4	1,275
Neuromuscular Agents	0.6	0.0	0.0	0.6	13	5	0	8	21	136	43	13	1,280	26,879	198	5.4	2,116
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	15	9	20	16	432	6,618	143	3.9	1,455
Hematological Agents	0.6	0.0	0.0	0.6	7	2	0	4	11	96	19	7	2,367	25,822	358	9.8	3,869
Topical Products	0.1	0.0	0.0	0.1	5	4	0	2	40	73	26	20	122	4,835	87	2.4	916
Miscellaneous Products	0.1	0.0	0.0	0.1	4	1	0	4	32	22	0	35	5	161	3	0.1	36
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	38	0	0	0	9	339	9	0.2	80
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.	12,927	300,784	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 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 1,242 beneficiaries who were in nursing facilities for part of their enrollment and their 11,534 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 North Dakota, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	\$56,220	849	23.1	8,651	0.6	\$11	\$6	
ANTI-PSYCHOTICS	47,274	113	3.1	1,205	0.2	214	39	
ANTI-CONVULSANTS	22,885	186	5.1	1,994	0.6	19	11	
ANTI-ASTHMATIC	22,064	105	2.9	1,025	0.2	122	22	
HEMATOPOIETIC AGENTS	21,523	316	8.6	3,423	0.7	10	6	
ANTI-DEPRESSANTS	15,031	211	5.7	2,322	0.1	46	6	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	12,220	53	1.4	589	0.1	191	21	
ANTI-DIABETIC	11,112	126	3.4	1,385	0.2	52	8	
HYPNOTICS	10,233	88	2.4	954	0.8	14	11	
ULCER DRUGS	8,664	154	4.2	1,599	0.1	37	5	
Total	227,226	2,201	n.a.	23,147	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 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 1,242 beneficiaries who were in nursing facilities for part of their enrollment and their 11,534 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIANXIETY AGENTS					ANTIPSYCHOTICS				
	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	10,662	\$227,226	849	23.1	8,651	0.6	\$7	113	3.1	1,205	0.2	\$39					
Female																	
All Females	7,710	153,545	620	23.9	6,427	0.6	6	70	2.7	746	0.2	35					
Female, Disabled																	
All Ages	783	29,128	40	30.3	461	0.6	6	4	3.0	48	0.5	116					
64 or younger	682	15,067	40	31.0	461	0.6	6	1	0.8	12	0.1	1					
65-74	101	14,061	0	0.0	0	0.0	0	3	100.0	36	0.7	154					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Female, Other Eligibles																	
All Ages	6,927	124,417	580	23.5	5,966	0.6	6	66	2.7	698	0.1	29					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	1,011	29,481	48	24.7	508	0.8	8	13	6.7	143	0.3	77					
75-84	2,333	38,515	186	29.1	1,979	0.6	7	14	2.2	153	0.1	22					
85 and older	3,583	56,421	346	21.2	3,479	0.6	6	39	2.4	402	0.1	15					
Male																	
All Males	2,952	73,681	229	21.3	2,224	0.6	7	43	4.0	459	0.2	47					
Male, Disabled																	
All Ages	720	13,605	39	28.1	417	0.8	11	4	2.9	48	0.1	34					
64 or younger	709	13,467	38	28.4	405	0.8	11	4	3.0	48	0.1	34					
65-74	11	138	1	20.0	12	0.9	12	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Male, Other Eligibles																	
All Ages	2,232	60,076	190	20.3	1,807	0.5	6	39	4.2	411	0.2	48					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	871	34,915	47	25.0	470	0.7	8	16	8.5	187	0.4	82					
75-84	665	11,956	66	20.0	605	0.5	6	13	3.9	138	0.1	14					
85 and older	696	13,205	77	18.5	732	0.5	6	10	2.4	86	0.1	30					
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 North Dakota, 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 1,242 beneficiaries who were in nursing facilities for part of their enrollment and their 11,534 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	ANTICONVULSANT						ANTIASTHMATIC						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 \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	186	5.1	1,994	0.6	\$12		105	2.9	1,025	0.2	\$22		316	8.6	3,423	0.7	\$6	
Female																		
All Females	133	5.1	1,457	0.6	11		67	2.6	635	0.2	20		240	9.2	2,601	0.7	7	
Female, Disabled																		
All Ages	29	22.0	339	0.6	17		8	6.1	74	0.6	77		10	7.6	117	0.9	8	
64 or younger	27	20.9	315	0.6	18		6	4.7	50	0.1	17		10	7.8	117	0.9	8	
65-74	2	66.7	24	0.8	9		2	66.7	24	1.5	203		0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Female, Other Eligibles																		
All Ages	104	4.2	1,118	0.6	9		59	2.4	561	0.1	12		230	9.3	2,484	0.6	7	
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	24	12.4	276	0.6	15		6	3.1	72	0.2	31		29	14.9	321	0.7	5	
75-84	37	5.8	404	0.6	7		16	2.5	149	0.1	12		73	11.4	760	0.7	9	
85 and older	43	2.6	438	0.5	7		37	2.3	340	0.1	8		128	7.8	1,403	0.6	6	
Male																		
All Males	53	4.9	537	0.7	13		38	3.5	390	0.2	25		76	7.1	822	0.7	6	
Male, Disabled																		
All Ages	18	12.9	192	0.8	13		2	1.4	24	0.1	6		7	5.0	84	0.6	4	
64 or younger	18	13.4	192	0.8	13		2	1.5	24	0.1	6		7	5.2	84	0.6	4	
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Male, Other Eligibles																		
All Ages	35	3.7	345	0.6	13		36	3.9	366	0.2	26		69	7.4	738	0.7	6	
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	14	7.4	157	0.7	18		10	5.3	111	0.4	57		16	8.5	191	0.7	7	
75-84	11	3.3	104	0.8	8		10	3.0	113	0.1	13		25	7.6	245	0.7	5	
85 and older	10	2.4	84	0.3	9		16	3.8	142	0.1	12		28	6.7	302	0.6	5	
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 North Dakota, 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 1,242 beneficiaries who were in nursing facilities for part of their enrollment and their 11,534 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	211	5.7	2,322	0.1	\$7	53	1.4	589	0.1	\$21	126	3.4	1,385	0.2	\$8
Female															
All Females	155	6.0	1,717	0.1	6	45	1.7	503	0.1	23	86	3.3	963	0.1	6
Female, Disabled															
All Ages	14	10.6	165	0.1	4	2	1.5	24	0.1	118	10	7.6	120	0.2	11
64 or younger	13	10.1	153	0.1	5	2	1.6	24	0.1	118	9	7.0	108	0.1	6
65-74	1	33.3	12	0.1	2	0	0.0	0	0.0	0	1	33.3	12	0.8	57
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	141	5.7	1,552	0.1	6	43	1.7	479	0.1	18	76	3.1	843	0.1	6
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	14	7.2	168	0.2	11	5	2.6	47	0.1	43	13	6.7	156	0.2	9
75-84	38	5.9	421	0.1	6	12	1.9	144	0.1	21	32	5.0	366	0.1	5
85 and older	89	5.5	963	0.1	5	26	1.6	288	0.1	13	31	1.9	321	0.1	6
Male															
All Males	56	5.2	605	0.2	8	8	0.7	86	0.1	8	40	3.7	422	0.2	12
Male, Disabled															
All Ages	9	6.5	108	0.4	17	0	0.0	0	0.0	0	4	2.9	40	0.5	21
64 or younger	9	6.7	108	0.4	17	0	0.0	0	0.0	0	4	3.0	40	0.5	21
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	47	5.0	497	0.2	6	8	0.9	86	0.1	8	36	3.9	382	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	12	6.4	139	0.4	10	1	0.5	12	0.1	12	11	5.9	120	0.3	20
75-84	12	3.6	137	0.1	5	4	1.2	48	0.1	10	14	4.2	160	0.1	6
85 and older	23	5.5	221	0.1	5	3	0.7	26	0.1	3	11	2.6	102	0.1	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 North Dakota, 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 1,242 beneficiaries who were in nursing facilities for part of their enrollment and their 11,534 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	HYPNOTICS					ULCER DRUGS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	88	2.4	954	0.8	\$11	154	4.2	1,599	0.1	\$5	3,670	35,952
Female												
All Females	59	2.3	633	0.8	12	106	4.1	1,099	0.1	6	2,597	25,775
Female, Disabled												
All Ages	5	3.8	57	0.7	6	7	5.3	83	0.3	40	132	1,476
64 or younger	4	3.1	45	0.9	7	6	4.7	71	0.2	10	129	1,440
65-74	1	33.3	12	0.1	5	1	33.3	12	1.0	223	3	36
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	54	2.2	576	0.8	13	99	4.0	1,016	0.1	3	2,465	24,299
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	11	5.7	124	0.8	6	12	6.2	136	0.1	3	194	2,071
75-84	16	2.5	166	0.9	15	24	3.8	254	0.1	3	640	6,418
85 and older	27	1.7	286	0.7	14	63	3.9	626	0.1	3	1,631	15,810
Male												
All Males	29	2.7	321	0.8	8	48	4.5	500	0.2	4	1,073	10,177
Male, Disabled												
All Ages	10	7.2	117	0.8	10	8	5.8	76	0.4	7	139	1,438
64 or younger	10	7.5	117	0.8	10	8	6.0	76	0.4	7	134	1,389
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	49
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	19	2.0	204	0.8	7	40	4.3	424	0.2	4	934	8,739
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	3.7	73	1.0	9	9	4.8	96	0.4	10	188	1,865
75-84	8	2.4	93	0.6	6	12	3.6	134	0.1	3	330	3,195
85 and older	4	1.0	38	0.7	6	19	4.6	194	0.1	2	416	3,679
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 North Dakota, 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 1,242 beneficiaries who were in nursing facilities for part of their enrollment and their 11,534 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}
 NORTH DAKOTA, 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	3,974	30.7	2.1	26,944	\$25	\$325,122	\$12	18.4	12,935	
Age										
5 and younger	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	1	
15-20	10	47.6	5.0	106	86	1,801	17	4.4	21	
21-44	586	27.6	1.7	3,578	27	57,058	16	10.2	2,127	
45-64	941	31.9	2.5	7,415	33	96,759	13	16.0	2,952	
65-74	637	31.7	2.5	4,960	29	58,604	12	19.0	2,009	
75-84	793	32.1	2.1	5,251	22	53,888	10	45.0	2,471	
85 and older	1,007	30.0	1.7	5,634	17	57,012	10	42.7	3,354	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	2,417	31.1	2.0	15,644	22	167,677	11	31.3	7,781	
Disabled	1,533	30.2	2.2	11,182	31	155,786	14	13.3	5,079	
Adults	22	30.6	1.5	108	22	1,569	15	2.7	72	
Children	2	66.7	3.3	10	30	90	9	8.8	3	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	2,672	33.0	2.2	18,177	27	219,325	12	21.3	8,107	
Male	1,302	27.0	1.8	8,767	22	105,797	12	14.3	4,828	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	3,545	30.1	2.0	23,990	24	278,125	12	18.4	11,786	
African American	21	37.5	2.4	135	25	1,420	11	6.1	56	
Other/unknown	408	37.3	2.6	2,819	42	45,577	16	19.4	1,093	
Use of Nursing Facilities^d										
Entire year	1,225	33.4	2.1	7,876	24	89,029	11	29.6	3,670	
Part year	490	39.5	2.3	2,836	24	30,321	11	26.5	1,242	
None	2,259	28.2	2.0	16,232	26	205,772	13	15.2	8,023	
Maintenance Assistance Status										
Cash	1,527	36.9	2.8	11,431	35	146,381	13	14.6	4,135	
Medically needy	2,279	29.9	1.9	14,600	22	166,142	11	26.9	7,632	
Poverty related	59	7.7	0.3	198	4	3,047	15	4.5	762	
Other/unknown	109	26.8	1.8	715	24	9,552	13	11.1	406	

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 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}
 NORTH DAKOTA, 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	0.2	\$3	\$12	\$0	\$2	129,588
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	6
15-20	0.5	8	17	0	2	223
21-44	0.2	3	16	0	2	22,600
45-64	0.2	3	13	0	2	30,768
65-74	0.2	3	12	0	2	20,269
75-84	0.2	2	10	0	2	23,952
85 and older	0.2	2	10	0	1	31,770
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	11	0	1	75,432
Disabled	0.2	3	14	0	2	53,544
Adults	0.2	3	15	0	1	585
Children	0.4	3	9	0	0	27
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	3	12	0	2	81,756
Male	0.2	2	12	0	1	47,832
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	12	0	2	117,794
African American	0.3	3	11	0	1	492
Other/unknown	0.2	4	16	0	2	11,302
Use of Nursing Facilities^d						
Entire year	0.2	2	11	0	2	35,952
Part year	0.2	3	11	0	2	11,534
None	0.2	3	13	0	1	82,102
Maintenance Assistance Status						
Cash	0.2	3	13	0	2	46,443
Medically needy	0.2	2	11	0	2	71,644
Poverty related	0.0	0	15	0	0	7,058
Other/unknown	0.2	2	13	0	1	4,443

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 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}
NORTH DAKOTA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Total Number Rx. \$ per Rx
All	4,815	\$68	\$325,122	100.0	26,944	\$12	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	553	36	19,908	6.1	1,146	17	4.3
Vitamins and minerals	324	65	21,035	6.5	1,122	19	4.2
Non-prescription drugs	1,350	44	59,920	18.4	6,923	9	25.7
Barbiturates	129	89	11,454	3.5	1,388	8	5.2
Benzodiazepines	2,431	86	209,498	64.4	16,285	13	60.4
Other Part D Excl Rx Drugs	28	118	3,307	1.0	80	41	0.3

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 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.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 12,935
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,770,554
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$136

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,017	62.0	\$0	0.0
1-500	4,397	34.0	449,521	25.4
501-1,000	220	1.7	148,220	8.4
1,001-1,500	82	0.6	101,253	5.7
1,501-2,000	45	0.3	79,144	4.5
2,001-2,500	22	0.2	49,064	2.8
2,501-3,000	22	0.2	59,714	3.4
3,001-3,500	20	0.2	65,350	3.7
3,501-4,000	14	0.1	52,137	2.9
4,001-4,500	14	0.1	59,847	3.4
4,501-5,000	12	0.1	56,719	3.2
5,001-5,500	10	0.1	51,846	2.9
5,501-6,000	9	0.1	51,801	2.9
6,001-6,500	6	0.0	37,973	2.1
6,501-7,000	3	0.0	20,279	1.1
7,001-7,500	6	0.0	44,066	2.5
7,501-8,000	4	0.0	30,299	1.7
8,001-8,500	3	0.0	24,699	1.4
8,501-9,000	1	0.0	8,532	0.5
9,001-9,500	4	0.0	36,803	2.1
9,501-10,000	2	0.0	19,881	1.1
10,001+	22	0.2	323,406	18.3

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. 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}
 NORTH DAKOTA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 5,027
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$1,150,731
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$228

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	3,084	61.3	\$0	0.0	
1-500	1,598	31.8	183,371	15.9	
501-1,000	122	2.4	83,979	7.3	
1,001-1,500	57	1.1	70,124	6.1	
1,501-2,000	32	0.6	56,174	4.9	
2,001-2,500	18	0.4	39,918	3.5	
2,501-3,000	19	0.4	51,292	4.5	
3,001-3,500	15	0.3	48,702	4.2	
3,501-4,000	8	0.2	29,571	2.6	
4,001-4,500	11	0.2	46,666	4.1	
4,501-5,000	9	0.2	41,943	3.6	
5,001-5,500	6	0.1	31,047	2.7	
5,501-6,000	8	0.2	45,903	4.0	
6,001-6,500	3	0.1	18,705	1.6	
6,501-7,000	2	0.0	13,388	1.2	
7,001-7,500	4	0.1	29,324	2.5	
7,501-8,000	3	0.1	22,661	2.0	
8,001-8,500	3	0.1	24,699	2.1	
8,501-9,000	1	0.0	8,532	0.7	
9,001-9,500	4	0.1	36,803	3.2	
9,501-10,000	2	0.0	19,881	1.7	
10,001+	18	0.4	248,048	21.6	

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. 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}
 NORTH DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 7,834
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$661,239
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$71

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,901	62.6	\$0	0.0
1-500	2,777	35.4	263,290	46.9
501-1,000	93	1.2	60,578	10.8
1,001-1,500	22	0.3	27,686	4.9
1,501-2,000	10	0.1	17,562	3.1
2,001-2,500	4	0.1	9,146	1.6
2,501-3,000	2	0.0	5,907	1.1
3,001-3,500	4	0.1	13,202	2.4
3,501-4,000	5	0.1	18,982	3.4
4,001-4,500	2	0.0	8,776	1.6
4,501-5,000	3	0.0	14,776	2.6
5,001-5,500	2	0.0	10,254	1.8
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,451	1.1
6,501-7,000	1	0.0	6,891	1.2
7,001-7,500	2	0.0	14,742	2.6
7,501-8,000	1	0.0	7,638	1.4
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+	4	0.1	75,358	13.4

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. 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}
 NORTH DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 2,009
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$308,167
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$153

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,314	65.4	\$0	0.0
1-500	611	30.4	70,454	22.9
501-1,000	33	1.6	22,460	7.3
1,001-1,500	16	0.8	20,009	6.5
1,501-2,000	6	0.3	10,523	3.4
2,001-2,500	4	0.2	9,146	3.0
2,501-3,000	1	0.0	2,970	1.0
3,001-3,500	4	0.2	13,202	4.3
3,501-4,000	5	0.2	18,982	6.2
4,001-4,500	1	0.0	4,311	1.4
4,501-5,000	3	0.1	14,776	4.8
5,001-5,500	2	0.1	10,254	3.3
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,451	2.1
6,501-7,000	1	0.0	6,891	2.2
7,001-7,500	2	0.1	14,742	4.8
7,501-8,000	1	0.0	7,638	2.5
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+	4	0.2	75,358	24.5

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. 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}
 NORTH DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,471
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$119,690
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$48

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,563	63.3	\$0	0.0
1-500	866	35.0	82,035	68.5
501-1,000	34	1.4	21,174	17.7
1,001-1,500	3	0.1	3,996	3.3
1,501-2,000	3	0.1	5,083	4.2
2,001-2,500	0	0.0	0	0.0
2,501-3,000	1	0.0	2,937	2.5
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,465	3.7
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 North Dakota, 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}
 NORTH DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,354
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$133,382
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$39

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,024	60.3	\$0	0.0
1-500	1,300	38.8	110,801	83.1
501-1,000	26	0.8	16,944	12.7
1,001-1,500	3	0.1	3,681	2.8
1,501-2,000	1	0.0	1,956	1.5
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 North Dakota, 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, NORTH DAKOTA, 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	12,935	7,781	5,079	72	3	0	129,596	75,432	53,552	585	27	0
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	1	0	1	0	0	0	6	0	6	0	0	0
15-20	21	0	19	0	2	0	231	0	208	0	23	0
21-44	2,127	2	2,073	52	0	0	22,600	13	22,161	426	0	0
45-64	2,952	0	2,934	18	0	0	30,768	0	30,624	144	0	0
65-74	2,009	1,955	52	2	0	0	20,269	19,701	553	15	0	0
75-84	2,471	2,471	0	0	0	0	23,952	23,952	0	0	0	0
85 and older	3,354	3,353	0	0	1	0	31,770	31,766	0	0	4	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	8,107	5,499	2,558	48	2	0	81,764	54,180	27,174	395	15	0
Male	4,828	2,282	2,521	24	1	0	47,832	21,252	26,378	190	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,786	7,226	4,497	61	2	0	117,794	69,828	47,475	475	16	0
African American	56	14	42	0	0	0	500	138	362	0	0	0
Other/unknown	1,093	541	540	11	1	0	11,302	5,466	5,715	110	11	0
Use of Nursing Facilities^c												
Entire year	3,670	3,399	271	0	0	0	35,952	33,038	2,914	0	0	0
Part year	1,242	1,081	161	0	0	0	11,534	9,849	1,685	0	0	0
None	8,023	3,301	4,647	72	3	0	82,110	32,545	48,953	585	27	0
Maintenance Assistance Status												
Cash	4,135	1,733	2,370	32	0	0	46,451	19,404	26,757	290	0	0
Medically needy	7,632	5,675	1,926	30	1	0	71,644	52,530	18,888	214	12	0
Poverty related	762	373	381	7	1	0	7,058	3,498	3,502	47	11	0
Other/unknown	406	0	402	3	1	0	4,443	0	4,405	34	4	0
Dual Status^d												
Full dual, all year	11,836	7,194	4,571	69	2	0	119,044	69,722	48,749	550	23	0
Full dual, part year	1,099	587	508	3	1	0	10,552	5,710	4,803	35	4	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,934	7,781	5,078	72	3	0	129,584	75,432	53,540	585	27	0
FFS part year, with Rx claims	1	0	1	0	0	0	12	0	12	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 North Dakota, 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, NORTH DAKOTA, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F 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	12,935	129,596	12,935	129,588	0	8
Fee-for-service (FFS) all year	12,934	129,584	12,934	129,584	0	0
FFS part year, with Rx claims	1	12	1	4	0	8
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 North Dakota, 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