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STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
MONTANA

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>16,239</b>	<b>7,925</b>	<b>7,080</b>	<b>1,222</b>	<b>10</b>	<b>2</b>	<b>159,074</b>	<b>73,958</b>	<b>70,636</b>	<b>14,352</b>	<b>104</b>	<b>24</b>		
<b>Age</b>														
5 and younger	2	0	2	0	0	0	19	0	19	0	0	0		
6-14	4	0	3	0	1	0	37	0	35	0	2	0		
15-20	37	0	29	0	8	0	428	0	332	0	96	0		
21-44	2,943	1	2,366	575	1	0	31,241	12	24,529	6,694	6	0		
45-64	4,436	9	3,881	544	0	2	44,273	103	37,704	6,442	0	24		
65-74	3,237	2,486	678	73	0	0	31,423	23,689	6,878	856	0	0		
75-84	2,750	2,624	100	26	0	0	25,545	24,287	946	312	0	0		
85 and older	2,830	2,805	21	4	0	0	26,108	25,867	193	48	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Gender</b>														
Female	10,149	5,670	3,879	596	2	2	99,768	53,907	38,896	6,927	14	24		
Male	6,090	2,255	3,201	626	8	0	59,306	20,051	31,740	7,425	90	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	14,330	7,091	6,106	1,125	7	1	139,144	65,489	60,343	13,232	68	12		
African American	69	21	43	4	1	0	649	201	391	45	12	0		
Other/unknown	1,840	813	931	93	2	1	19,281	8,268	9,902	1,075	24	12		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	3,089	2,772	314	3	0	0	30,552	27,237	3,279	36	0	0		
Part year	1,470	1,210	238	22	0	0	12,583	10,022	2,306	255	0	0		
None	11,680	3,943	6,528	1,197	10	2	115,939	36,699	65,051	14,061	104	24		
<b>Maintenance Assistance Status</b>														
Cash	6,392	1,900	4,485	6	1	0	69,602	20,871	48,668	61	2	0		
Medically needy	6,762	5,045	1,717	0	0	0	55,623	42,814	12,809	0	0	0		
Poverty-related	22	0	0	19	1	2	143	0	0	107	12	24		
Other/unknown	3,063	980	878	1,197	8	0	33,706	10,273	9,159	14,184	90	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	16,239	7,925	7,080	1,222	10	2	159,074	73,958	70,636	14,352	104	24		
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Managed Care (MC) Status</b>														
Fee-for-service (FFS) all year	16,239	7,925	7,080	1,222	10	2	159,074	73,958	70,636	14,352	104	24		
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 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage	Number of Beneficiaries
						of All Medicaid FFS <sup>d</sup>	
<b>All</b>	<b>30.3</b>	<b>3.2</b>	<b>\$172</b>	<b>\$54</b>	<b>\$14,045</b>	<b>1.2</b>	<b>16,239</b>
<b>Age</b>							
5 and younger	50.0	24.5	3,700	151	13,442	27.5	2
6-14	50.0	45.5	16,148	355	31,318	51.6	4
15-20	64.9	16.1	1,667	103	15,035	11.1	37
21-44	34.4	4.1	406	99	7,326	5.5	2,943
45-64	36.7	4.5	196	43	9,882	2.0	4,436
65-74	27.9	3.2	135	42	11,437	1.2	3,237
75-84	24.5	1.7	32	19	18,679	0.2	2,750
85 and older	24.0	1.6	27	18	26,004	0.1	2,830
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	25.5	2.0	53	26	19,690	0.3	7,925
Disabled	35.4	4.5	295	65	9,335	3.2	7,080
Adults	31.8	3.3	221	67	4,675	4.7	1,222
Children	60.0	16.5	1,710	104	18,973	9.0	10
Unknown	100.0	25.5	1,011	40	23,768	4.3	2
<b>Gender</b>							
Female	32.9	3.5	143	41	14,787	1.0	10,149
Male	25.9	2.8	222	79	12,809	1.7	6,090
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	30.6	3.2	177	55	14,458	1.2	14,330
African American	34.8	5.6	443	79	11,371	3.9	69
Other/unknown	27.8	2.9	123	42	10,930	1.1	1,840
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	30.5	2.9	77	26	37,032	0.2	3,089
Part year	37.7	2.8	90	32	22,441	0.4	1,470
None	29.3	3.3	208	62	6,909	3.0	11,680
<b>Maintenance Assistance Status</b>							
Cash	31.5	3.8	260	68	4,850	5.4	6,392
Medically needy	28.0	2.5	92	36	22,918	0.4	6,762
Poverty related	22.7	3.2	146	45	3,593	4.1	22
Other/unknown	33.0	3.4	167	49	13,724	1.2	3,063

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
			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				
<b>All</b>	<b>0.3</b>	<b>\$18</b>	<b>1.2</b>	<b>69.7</b>	<b>25.6</b>	<b>2.5</b>	<b>1.5</b>	<b>0.6</b>	<b>0.1</b>	<b>\$1,434</b>	<b>16,239</b>	<b>159,074</b>
<b>Age</b>												
5 and younger	2.6	389	27.5	50.0	0.0	0.0	50.0	0.0	0.0	1,415	2	19
6-14	4.9	1,746	51.6	50.0	0.0	0.0	25.0	0.0	25.0	3,386	4	37
15-20	1.4	144	11.1	35.1	37.8	5.4	13.5	8.1	0.0	1,300	37	428
21-44	0.4	38	5.5	65.6	28.1	3.1	2.0	1.0	0.2	690	2,943	31,241
45-64	0.5	20	2.0	63.3	30.0	3.0	2.3	1.1	0.2	990	4,436	44,273
65-74	0.3	14	1.2	72.1	23.4	2.3	1.4	0.7	0.1	1,178	3,237	31,423
75-84	0.2	4	0.2	75.5	22.0	1.9	0.5	0.1	0.0	2,011	2,750	25,545
85 and older	0.2	3	0.1	76.0	21.8	1.7	0.4	0.1	0.1	2,819	2,830	26,108
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.2	6	0.3	74.5	22.6	1.9	0.7	0.2	0.1	2,110	7,925	73,958
Disabled	0.5	30	3.2	64.6	28.4	3.2	2.4	1.1	0.3	936	7,080	70,636
Adults	0.3	19	4.7	68.2	28.2	1.4	1.2	1.0	0.0	398	1,222	14,352
Children	1.6	165	9.0	40.0	30.0	10.0	10.0	10.0	0.0	1,824	10	104
Unknown	2.1	84	4.3	0.0	50.0	0.0	50.0	0.0	0.0	1,981	2	24
<b>Gender</b>												
Female	0.4	15	1.0	67.1	27.9	2.8	1.5	0.6	0.1	1,504	10,149	99,768
Male	0.3	23	1.7	74.1	21.7	2.0	1.4	0.6	0.1	1,315	6,090	59,306
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.3	18	1.2	69.4	25.8	2.4	1.5	0.6	0.1	1,489	14,330	139,144
African American	0.6	47	3.9	65.2	24.6	7.2	1.4	0.0	1.4	1,209	69	649
Other/unknown	0.3	12	1.1	72.2	23.6	2.5	1.0	0.6	0.2	1,043	1,840	19,281
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.3	8	0.2	69.5	25.7	3.0	1.1	0.5	0.1	3,744	3,089	30,552
Part year	0.3	11	0.4	62.3	33.9	2.4	1.0	0.3	0.2	2,622	1,470	12,583
None	0.3	21	3.0	70.7	24.5	2.3	1.6	0.7	0.2	696	11,680	115,939
<b>Maintenance Assistance Status</b>												
Cash	0.4	24	5.4	68.5	25.9	2.6	1.9	1.0	0.1	445	6,392	69,602
Medically needy	0.3	11	0.4	72.0	23.9	2.5	1.0	0.4	0.2	2,786	6,762	55,623
Poverty related	0.5	23	4.1	77.3	18.2	0.0	4.5	0.0	0.0	553	22	143
Other/unknown	0.3	15	1.2	67.0	28.8	2.0	1.5	0.6	0.1	1,247	3,063	33,706

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

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
<b>All</b>	<b>0.3</b>	<b>\$18</b>	<b>\$54</b>	<b>0.0</b>	<b>\$10</b>	<b>\$233</b>	<b>0.0</b>	<b>\$1</b>	<b>\$133</b>	<b>0.3</b>	<b>\$6</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	2.6	389	151	0.5	339	715	0.0	0	0	2.1	51	24
6-14	4.9	1,746	355	2.2	1,675	747	0.1	8	98	2.5	59	23
15-20	1.4	144	103	0.6	110	192	0.1	16	137	0.7	18	25
21-44	0.4	38	99	0.1	29	358	0.0	2	155	0.3	8	26
45-64	0.5	20	43	0.1	9	157	0.0	2	132	0.4	9	23
65-74	0.3	14	42	0.0	6	153	0.0	2	133	0.3	6	21
75-84	0.2	4	19	0.0	1	95	0.0	0	35	0.2	3	16
85 and older	0.2	3	18	0.0	1	84	0.0	0	71	0.2	2	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.2	6	26	0.0	2	129	0.0	0	97	0.2	3	17
Disabled	0.5	30	65	0.1	19	259	0.0	2	146	0.4	9	24
Adults	0.3	19	67	0.1	13	228	0.0	1	112	0.2	5	24
Children	1.6	165	104	0.8	121	155	0.2	24	154	0.7	20	31
Unknown	2.1	84	40	0.2	55	265	0.0	0	0	1.9	29	15
<b>Gender</b>												
Female	0.4	15	41	0.0	7	168	0.0	1	125	0.3	6	20
Male	0.3	23	79	0.0	16	338	0.0	2	146	0.2	6	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.3	18	55	0.0	11	241	0.0	1	138	0.3	6	21
African American	0.6	47	79	0.1	34	330	0.0	5	143	0.5	8	18
Other/unknown	0.3	12	42	0.0	5	153	0.0	1	86	0.2	5	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.3	8	26	0.0	2	123	0.0	1	98	0.3	5	18
Part year	0.3	11	32	0.0	4	120	0.0	1	99	0.3	5	19
None	0.3	21	62	0.1	13	252	0.0	2	142	0.3	6	23
<b>Maintenance Assistance Status</b>												
Cash	0.4	24	68	0.1	16	281	0.0	2	131	0.3	7	23
Medically needy	0.3	11	36	0.0	5	162	0.0	1	120	0.3	5	20
Poverty related	0.5	23	45	0.0	13	258	0.0	1	82	0.4	9	20
Other/unknown	0.3	15	49	0.0	8	189	0.0	1	157	0.3	5	21

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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	0.1	0.0	0.3	\$20	\$13	\$0	\$7	\$67	\$262	\$152	\$27	1,109	\$74,327	332	2.0	3,626
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	33	33	0	0	1	33	1	0.0	12
Antineoplastic Agents	0.4	0.1	0.0	0.3	78	42	26	10	192	374	5,798	36	91	17,474	20	0.1	224
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	156	148	1	7	219	555	33	18	2,240	491,356	296	1.8	3,144
Cardiovascular Agents	1.1	0.2	0.1	0.8	44	13	17	14	41	81	118	18	3,683	149,848	324	2.0	3,415
Respiratory Agents	0.3	0.1	0.0	0.2	14	10	1	4	51	113	89	21	3,153	162,284	1,000	6.2	11,260
Gastrointestinal Agents	0.4	0.1	0.0	0.3	32	23	2	6	74	195	305	21	810	59,940	177	1.1	1,879
Genitourinary Agents	0.4	0.2	0.0	0.2	23	19	1	3	64	99	86	21	318	20,434	81	0.5	873
CNS Drugs	0.7	0.1	0.0	0.6	26	13	1	12	37	204	104	19	24,115	893,795	3,307	20.4	34,844
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	73	65	2	6	154	208	113	39	195	30,070	38	0.2	412
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	60	59	0	1	279	281	0	164	400	111,435	171	1.1	1,864
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	46	11	13	22	72	258	302	40	2,974	213,272	439	2.7	4,618
Neuromuscular Agents	0.7	0.1	0.0	0.7	31	12	3	16	43	224	163	25	9,318	402,878	1,204	7.4	12,915
Nutritional Products	0.5	0.0	0.1	0.4	7	1	1	6	15	29	16	14	1,343	20,201	254	1.6	2,738
Hematological Agents	0.6	0.0	0.0	0.5	14	10	0	4	25	226	29	9	1,857	47,313	314	1.9	3,364
Topical Products	0.3	0.1	0.0	0.2	15	8	0	7	51	89	48	36	522	26,702	158	1.0	1,745
Miscellaneous Products	0.6	0.5	0.0	0.1	378	347	7	24	625	771	265	187	109	68,103	17	0.1	180
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	24	0	0	0	99	0	0	0	89	8,851	31	0.2	364
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>52,327</b>	<b>2,798,316</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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

For information about this classification method, see Wolters Kluwer Health, <http://www.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 2007.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
MISC. ENDOCRINE	\$394,796	39	0.2	390	0.5	\$1,845	\$1,012
ANTICONVULSANT	374,117	1,186	7.3	12,740	0.7	43	29
ANTIPSYCHOTICS	347,350	215	1.3	2,353	0.5	274	148
ANTIANSXIETY AGENTS	329,776	2,655	16.3	27,883	0.6	21	12
ULCER DRUGS	206,386	1,163	7.2	12,694	0.6	28	16
ANALGESICS - Narcotic	153,535	463	2.9	4,938	0.4	73	31
ANTIDEPRESSANTS	143,250	430	2.6	4,579	0.5	68	31
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	115,007	223	1.4	2,440	0.2	238	47
ANTIASTHMATIC	96,793	272	1.7	2,894	0.4	95	33
ANTIDIABETIC	79,458	190	1.2	2,069	0.5	75	38
Total	2,240,468	6,836	n.a.	72,980	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		MISC. ENDOCRINE					ANTICONVULSANT				
	Number of Rx	Rx \$	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
<b>All</b>	<b>40,100</b>	<b>\$2,240,468</b>	<b>39</b>	<b>0.2</b>	<b>390</b>	<b>0.5</b>	<b>\$1,012</b>	<b>1,186</b>	<b>7.3</b>	<b>12,740</b>	<b>0.7</b>	<b>\$29</b>
<b>Female</b>												
All Females	26,925	1,108,592	32	0.3	320	0.5	129	778	7.7	8,324	0.7	23
<b>Female, Disabled</b>												
All Ages	14,533	738,145	24	0.6	236	0.5	161	523	13.5	5,608	0.7	26
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	27,812	2	100.0	23	0.2	1,206	0	0.0	0	0.0	0
15-20	123	11,379	0	0.0	0	0.0	0	1	20.0	11	0.2	60
21-44	4,086	254,351	2	0.2	24	0.3	33	175	16.2	1,853	0.6	31
45-64	9,016	376,266	12	0.5	107	0.5	55	313	13.6	3,401	0.7	22
65-74	1,248	67,207	8	2.0	82	0.5	42	33	8.1	338	0.6	36
75-84	46	1,130	0	0.0	0	0.0	0	1	1.5	5	0.6	17
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	12,392	370,447	8	0.1	84	0.5	38	255	4.1	2,716	0.7	17
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	742	46,167	1	0.3	12	0.6	42	24	8.2	280	0.7	23
45-64	727	23,017	0	0.0	0	0.0	0	18	6.8	201	0.6	22
65-74	4,032	165,339	7	0.4	72	0.5	38	96	6.0	1,071	0.6	22
75-84	3,159	64,353	0	0.0	0	0.0	0	71	3.9	721	0.7	10
85 and older	3,732	71,571	0	0.0	0	0.0	0	46	2.0	443	0.7	9
<b>Male</b>												
All Males	13,175	1,131,876	7	0.1	70	0.9	5,052	408	6.7	4,416	0.7	42
<b>Male, Disabled</b>												
All Ages	8,276	864,316	6	0.2	58	0.9	6,086	294	9.2	3,155	0.6	33
5 and younger	4	216	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	147	25,588	0	0.0	0	0.0	0	5	20.8	60	1.1	304
21-44	3,223	600,208	2	0.2	24	1.0	14,616	132	10.3	1,410	0.6	29
45-64	4,289	201,538	4	0.3	34	0.9	65	146	9.3	1,568	0.6	25
65-74	587	36,480	0	0.0	0	0.0	0	11	4.0	117	0.8	59
75-84	25	269	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	4,899	267,560	1	0.0	12	0.8	57	114	3.9	1,261	0.7	62
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	88	13,436	0	0.0	0	0.0	0	4	57.1	48	0.4	68
21-44	1,064	118,995	1	0.4	12	0.8	57	31	11.0	372	0.8	88
45-64	861	51,740	0	0.0	0	0.0	0	20	6.9	238	0.8	144
65-74	1,402	45,934	0	0.0	0	0.0	0	38	4.0	424	0.6	14
75-84	890	21,657	0	0.0	0	0.0	0	16	2.0	137	0.8	12
85 and older	594	15,798	0	0.0	0	0.0	0	5	0.9	42	0.5	6
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTIANSIETY AGENTS					ULCER DRUGS				
	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
<b>All</b>	<b>215</b>	<b>1.3</b>	<b>2,353</b>	<b>0.5</b>	<b>\$148</b>	<b>2,655</b>	<b>16.3</b>	<b>27,883</b>	<b>0.6</b>	<b>\$12</b>	<b>1,163</b>	<b>7.2</b>	<b>12,694</b>	<b>0.6</b>	<b>\$16</b>
<b>Female</b>															
All Females	109	1.1	1,199	0.5	129	1,863	18.4	19,552	0.6	12	768	7.6	8,427	0.6	16
<b>Female, Disabled</b>															
All Ages	83	2.1	890	0.5	121	789	20.3	8,545	0.6	12	329	8.5	3,703	0.5	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	0	0.0	0	0.0	0	1	50.0	12	0.8	7
15-20	3	60.0	35	1.0	153	1	20.0	11	0.1	2	2	40.0	23	0.4	13
21-44	39	3.6	410	0.5	146	229	21.2	2,507	0.5	11	88	8.1	1,008	0.4	11
45-64	37	1.6	397	0.5	79	496	21.5	5,324	0.6	12	194	8.4	2,156	0.5	17
65-74	4	1.0	48	0.8	220	60	14.8	674	0.6	11	42	10.3	480	0.4	15
75-84	0	0.0	0	0.0	0	3	4.4	29	0.7	17	2	2.9	24	1.0	22
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	26	0.4	309	0.6	152	1,074	17.1	11,007	0.6	12	439	7.0	4,724	0.6	16
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	7	2.4	81	0.5	81	43	14.6	505	0.4	15	15	5.1	175	0.7	15
45-64	1	0.4	12	0.2	60	59	22.3	700	0.4	12	26	9.8	304	0.8	21
65-74	18	1.1	216	0.6	184	282	17.5	3,003	0.6	15	120	7.5	1,311	0.6	16
75-84	0	0.0	0	0.0	0	305	16.5	2,993	0.6	12	102	5.5	1,099	0.6	15
85 and older	0	0.0	0	0.0	0	385	17.0	3,806	0.5	8	176	7.8	1,835	0.7	17
<b>Male</b>															
All Males	106	1.7	1,154	0.5	167	792	13.0	8,331	0.6	12	395	6.5	4,267	0.6	17
<b>Male, Disabled</b>															
All Ages	76	2.4	808	0.5	150	407	12.7	4,389	0.6	14	195	6.1	2,130	0.6	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	0.1	9
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	12.5	36	0.5	104	1	4.2	12	0.2	2	1	4.2	12	1.2	26
21-44	59	4.6	616	0.5	159	148	11.5	1,647	0.6	14	75	5.8	840	0.5	16
45-64	11	0.7	126	0.6	138	230	14.6	2,434	0.7	15	102	6.5	1,098	0.6	20
65-74	3	1.1	30	0.5	63	24	8.8	257	0.4	9	14	5.1	148	0.6	14
75-84	0	0.0	0	0.0	0	3	9.4	27	0.8	8	1	3.1	8	0.4	8
85 and older	0	0.0	0	0.0	0	1	12.5	12	0.1	1	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	30	1.0	346	0.7	209	385	13.3	3,942	0.5	10	200	6.9	2,137	0.6	17
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	28.6	24	1.0	279	0	0.0	0	0.0	0	1	14.3	12	0.4	6
21-44	19	6.7	228	0.8	255	39	13.8	465	0.4	9	23	8.1	273	0.7	26
45-64	0	0.0	0	0.0	0	50	17.2	593	0.5	12	32	11.0	383	0.9	22
65-74	6	0.6	71	0.3	89	110	11.6	1,182	0.5	9	58	6.1	634	0.6	15
75-84	2	0.2	13	0.5	70	102	12.6	938	0.5	11	47	5.8	486	0.6	14
85 and older	1	0.2	10	0.2	7	84	15.3	764	0.5	9	39	7.1	349	0.6	13
<b>Unknown</b>	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 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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
<b>All</b>	<b>463</b>	<b>2.9</b>	<b>4,938</b>	<b>0.4</b>	<b>\$31</b>	<b>430</b>	<b>2.6</b>	<b>4,579</b>	<b>0.5</b>	<b>\$31</b>	<b>223</b>	<b>1.4</b>	<b>2,440</b>	<b>0.2</b>	<b>\$47</b>
<b>Female</b>															
All Females	295	2.9	3,172	0.4	24	288	2.8	3,099	0.5	30	157	1.5	1,713	0.2	51
<b>Female, Disabled</b>															
All Ages	239	6.2	2,602	0.4	26	243	6.3	2,616	0.4	28	126	3.2	1,350	0.2	51
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	60.0	33	0.6	43	5	100.0	57	0.6	27	1	20.0	11	0.3	39
21-44	81	7.5	900	0.3	17	88	8.1	968	0.5	29	42	3.9	464	0.2	69
45-64	124	5.4	1,307	0.5	31	130	5.6	1,365	0.4	29	74	3.2	779	0.2	45
65-74	31	7.6	362	0.3	28	20	4.9	226	0.4	18	9	2.2	96	0.2	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	56	0.9	570	0.4	16	45	0.7	483	0.5	37	31	0.5	363	0.2	49
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	10	3.4	117	0.5	15	7	2.4	81	0.8	111	2	0.7	24	0.5	405
45-64	6	2.3	66	0.3	4	4	1.5	42	0.2	13	0	0.0	0	0.0	0
65-74	28	1.7	299	0.3	14	29	1.8	333	0.5	24	21	1.3	246	0.2	19
75-84	6	0.3	43	1.0	14	3	0.2	13	0.2	2	8	0.4	93	0.3	38
85 and older	6	0.3	45	0.9	55	2	0.1	14	0.9	28	0	0.0	0	0.0	0
<b>Male</b>															
All Males	168	2.8	1,766	0.4	44	142	2.3	1,480	0.5	35	66	1.1	727	0.2	38
<b>Male, Disabled</b>															
All Ages	144	4.5	1,506	0.5	48	118	3.7	1,207	0.5	34	50	1.6	566	0.2	43
5 and younger	1	50.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	16.7	48	0.3	11	8	33.3	96	0.4	29	0	0.0	0	0.0	0
21-44	62	4.8	668	0.3	30	53	4.1	568	0.5	36	21	1.6	245	0.2	78
45-64	56	3.6	541	0.6	71	47	3.0	444	0.4	34	25	1.6	276	0.2	17
65-74	21	7.7	237	0.5	52	10	3.7	99	0.4	21	4	1.5	45	0.1	9
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
<b>Male, Other Eligibles</b>															
All Ages	24	0.8	260	0.3	23	24	0.8	273	0.6	40	16	0.6	161	0.2	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	1	14.3	12	1.0	80	1	14.3	12	0.3	19
21-44	12	4.2	143	0.2	2	16	5.7	191	0.6	44	0	0.0	0	0.0	0
45-64	3	1.0	22	1.1	60	3	1.0	29	0.9	28	0	0.0	0	0.0	0
65-74	5	0.5	59	0.2	9	2	0.2	23	0.5	23	10	1.1	103	0.2	14
75-84	2	0.2	24	0.1	1	1	0.1	8	0.1	9	5	0.6	46	0.3	41
85 and older	2	0.4	12	1.7	323	1	0.2	10	0.1	2	0	0.0	0	0.0	0
<b>Unknown</b>	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 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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 2007. 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 2007. 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.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	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		
<b>All</b>	<b>272</b>	<b>1.7</b>	<b>2,894</b>	<b>0.4</b>	<b>\$33</b>	<b>190</b>	<b>1.2</b>	<b>2,069</b>	<b>0.5</b>	<b>\$38</b>	<b>16,239</b>	<b>159,074</b>
<b>Female</b>												
All Females	166	1.6	1,756	0.3	28	131	1.3	1,403	0.5	40	10,149	99,768
<b>Female, Disabled</b>												
All Ages	131	3.4	1,389	0.3	28	93	2.4	987	0.6	45	3,879	38,896
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	2	23
15-20	1	20.0	12	1.3	135	0	0.0	0	0.0	0	5	57
21-44	43	4.0	477	0.2	19	23	2.1	264	0.4	45	1,081	10,988
45-64	70	3.0	716	0.4	30	55	2.4	551	0.7	52	2,304	22,728
65-74	17	4.2	184	0.3	36	15	3.7	172	0.4	22	406	4,273
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	68	713
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	114
<b>Female, Other Eligibles</b>												
All Ages	35	0.6	367	0.3	30	38	0.6	416	0.5	30	6,270	60,872
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	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	6	2.0	72	0.2	21	3	1.0	36	0.4	11	294	3,349
45-64	2	0.8	12	0.5	33	4	1.5	36	0.4	48	264	3,128
65-74	25	1.6	263	0.3	33	27	1.7	306	0.4	27	1,608	15,542
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,843	17,466
85 and older	2	0.1	20	0.3	23	4	0.2	38	0.8	50	2,259	21,373
<b>Male</b>												
All Males	106	1.7	1,138	0.4	41	59	1.0	666	0.5	34	6,090	59,306
<b>Male, Disabled</b>												
All Ages	72	2.2	745	0.4	40	47	1.5	527	0.5	35	3,201	31,740
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	24	275
21-44	25	1.9	246	0.3	29	15	1.2	179	0.5	37	1,285	13,541
45-64	31	2.0	339	0.4	45	26	1.6	279	0.5	41	1,577	14,976
65-74	16	5.9	160	0.5	49	6	2.2	69	0.4	8	272	2,605
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	32	233
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	79
<b>Male, Other Eligibles</b>												
All Ages	34	1.2	393	0.5	43	12	0.4	139	0.4	31	2,889	27,566
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	7	100.0	84	0.3	26	0	0.0	0	0.0	0	7	84
21-44	11	3.9	129	0.6	56	2	0.7	24	0.7	14	283	3,363
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	291	3,441
65-74	13	1.4	150	0.5	46	9	0.9	108	0.3	36	951	9,003
75-84	1	0.1	8	0.1	5	0	0.0	0	0.0	0	807	7,133
85 and older	2	0.4	22	0.4	32	1	0.2	7	0.1	11	550	4,542
<b>Unknown</b>	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 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

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
<b>All</b>	<b>\$8</b>	<b>0.3</b>	<b>3,089</b>	<b>30,552</b>
<b>Age</b>				
0-64	28	0.7	275	2,879
65-74	15	0.5	445	4,532
75-84	5	0.3	901	8,696
85 and older	3	0.2	1,468	14,445
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	7	0.3	2,145	21,564
Male	9	0.3	944	8,988
Unknown	0	0.0	0	0
<b>Race</b>				
White	7	0.3	2,919	28,819
African American	9	0.7	5	56
Other/unknown	19	0.5	165	1,677
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	5	0.2	2,772	27,237
Disabled	33	0.8	314	3,279
Adults	0	0.0	3	36
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 1,470 beneficiaries who were in nursing facilities for part of their enrollment and their 12,583 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.

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

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	0.5	0.0	0.0	0.4	\$19	\$11	\$0	\$8	\$40	\$310	\$0	\$18	92	\$3,690	19	0.6	199
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	0.1	0.0	0.0	23	23	0	0	172	172	0	0	3	516	2	0.1	22
Endocrine/Metabolic Drugs	1.0	0.3	0.0	0.6	33	24	0	10	34	71	10	15	195	6,662	20	0.6	199
Cardiovascular Agents	1.3	0.1	0.2	1.0	47	8	21	19	36	76	113	18	334	11,969	27	0.9	252
Respiratory Agents	0.2	0.1	0.0	0.2	8	4	0	3	37	81	86	20	256	9,353	110	3.6	1,240
Gastrointestinal Agents	0.7	0.0	0.0	0.7	16	1	0	15	22	112	0	21	63	1,411	11	0.4	88
Genitourinary Agents	0.6	0.4	0.0	0.1	40	36	0	3	70	89	37	21	54	3,777	8	0.3	95
CNS Drugs	0.7	0.0	0.0	0.7	18	5	0	12	25	148	64	18	5,165	128,831	708	22.9	7,307
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/ Neurological Agents	1.3	1.3	0.0	0.0	225	225	0	0	169	169	0	0	12	2,025	1	0.0	9
Analgesics and Anesthetics	1.1	0.0	0.2	0.8	64	0	39	25	59	6	163	30	257	15,157	25	0.8	236
Neuromuscular Agents	0.9	0.1	0.0	0.9	24	6	0	17	26	113	216	20	1,286	33,482	131	4.2	1,412
Nutritional Products	0.6	0.0	0.1	0.5	8	0	1	6	13	7	16	13	308	4,132	53	1.7	542
Hematological Agents	0.7	0.0	0.0	0.7	9	4	0	5	12	219	0	7	951	11,886	117	3.8	1,288
Topical Products	0.5	0.0	0.0	0.5	40	4	0	36	76	84	13	79	66	5,046	11	0.4	125
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	0.1	0.0	0.0	0.0	6	0	0	0	48	0	0	0	9	435	6	0.2	69
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>9,051</b>	<b>238,372</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

- 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 2007. A total of 1,470 beneficiaries who were in nursing facilities for part of their enrollment and their 12,583 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 2007. 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, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

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	
ANTIANKXIETY AGENTS	\$73,004	616	19.9	6,333	0.6	\$19	\$12	
ULCER DRUGS	45,386	254	8.2	2,748	0.7	25	17	
ANTICONVULSANT	32,399	134	4.3	1,463	0.8	26	22	
ANTIPSYCHOTICS	24,714	18	0.6	203	0.5	227	122	
HYPNOTICS	24,404	126	4.1	1,347	0.8	24	18	
ANALGESICS - Narcotic	14,581	34	1.1	328	0.7	62	44	
HEMATOPOIETIC AGENTS	10,802	117	3.8	1,308	0.7	12	8	
ANTIHISTAMINES	9,438	100	3.2	1,130	0.4	19	8	
COUGH/COLD/ALLERGY	7,120	124	4.0	1,394	0.2	28	5	
ANTIDEPRESSANTS	6,709	26	0.8	272	0.5	46	25	
Total	248,557	1,549	n.a.	16,526	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 1,470 beneficiaries who were in nursing facilities for part of their enrollment and their 12,583 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 2007. 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 2007 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.

**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<sup>a</sup>, b, c, d**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIANKXIETY 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 \$
<b>All</b>	<b>10,103</b>	<b>\$248,557</b>	<b>616</b>	<b>19.9</b>	<b>6,333</b>	<b>0.6</b>	<b>\$12</b>	<b>254</b>	<b>8.2</b>	<b>2,748</b>	<b>0.7</b>	<b>\$17</b>
<b>Female</b>												
All Females	7,445	170,281	449	20.9	4,619	0.6	11	194	9.0	2,119	0.7	17
<b>Female, Disabled</b>												
All Ages	1,007	39,406	40	27.4	425	0.6	12	15	10.3	171	0.5	16
64 or younger	874	29,899	36	28.3	386	0.7	13	13	10.2	147	0.5	14
65-74	133	9,507	4	23.5	39	0.1	1	2	11.8	24	0.8	30
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
<b>Female, Other Eligibles</b>												
All Ages	6,438	130,875	409	20.5	4,194	0.6	11	179	9.0	1,948	0.7	18
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,248	32,382	63	28.0	676	0.7	14	20	8.9	235	0.7	19
75-84	2,087	38,210	134	22.8	1,315	0.7	14	49	8.3	532	0.6	15
85 and older	3,103	60,283	212	17.9	2,203	0.6	8	110	9.3	1,181	0.7	18
<b>Male</b>												
All Males	2,658	78,276	167	17.7	1,714	0.6	13	60	6.4	629	0.5	14
<b>Male, Disabled</b>												
All Ages	1,104	47,218	36	21.4	400	0.8	21	10	6.0	110	0.4	12
64 or younger	922	36,904	32	21.9	352	0.8	22	8	5.5	89	0.4	12
65-74	169	10,237	3	15.8	36	0.3	15	2	10.5	21	0.5	7
75-84	13	77	1	33.3	12	1.1	6	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
<b>Male, Other Eligibles</b>												
All Ages	1,554	31,058	131	16.9	1,314	0.5	10	50	6.4	519	0.6	14
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	456	9,329	31	16.8	335	0.5	11	11	6.0	102	0.7	16
75-84	608	12,763	53	17.2	509	0.6	12	20	6.5	220	0.5	15
85 and older	490	8,966	47	16.5	470	0.5	8	19	6.7	197	0.5	13
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 1,470 beneficiaries who were in nursing facilities for part of their enrollment and their 12,583 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 2007. 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 2007 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

Beneficiary Characteristics	ANTICONVULSANT					ANTIPSYCHOTICS					HYPNOTICS				
	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 \$
<b>All</b>	<b>134</b>	<b>4.3</b>	<b>1,463</b>	<b>0.8</b>	<b>\$22</b>	<b>18</b>	<b>0.6</b>	<b>203</b>	<b>0.5</b>	<b>\$122</b>	<b>126</b>	<b>4.1</b>	<b>1,347</b>	<b>0.8</b>	<b>\$18</b>
<b>Female</b>															
All Females	90	4.2	971	0.9	16	9	0.4	107	0.6	142	84	3.9	917	0.8	18
<b>Female, Disabled</b>															
All Ages	19	13.0	223	0.9	25	6	4.1	71	0.6	121	16	11.0	176	0.9	23
64 or younger	16	12.6	187	0.9	22	3	2.4	35	0.4	47	14	11.0	152	0.9	25
65-74	3	17.6	36	1.0	41	3	17.6	36	0.8	192	2	11.8	24	1.1	8
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
<b>Female, Other Eligibles</b>															
All Ages	71	3.6	748	0.8	13	3	0.2	36	0.6	185	68	3.4	741	0.7	17
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	21	9.3	247	0.7	16	3	1.3	36	0.6	185	18	8.0	189	0.7	7
75-84	23	3.9	239	1.2	14	0	0.0	0	0.0	0	26	4.4	277	0.8	13
85 and older	27	2.3	262	0.6	10	0	0.0	0	0.0	0	24	2.0	275	0.7	30
<b>Male</b>															
All Males	44	4.7	492	0.8	34	9	1.0	96	0.5	99	42	4.4	430	0.7	18
<b>Male, Disabled</b>															
All Ages	25	14.9	294	0.9	50	6	3.6	66	0.6	137	19	11.3	217	0.8	16
64 or younger	21	14.4	249	0.8	37	3	2.1	36	0.8	198	15	10.3	169	0.9	16
65-74	4	21.1	45	1.4	122	3	15.8	30	0.5	63	4	21.1	48	0.6	18
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
<b>Male, Other Eligibles</b>															
All Ages	19	2.4	198	0.7	11	3	0.4	30	0.2	15	23	3.0	213	0.7	19
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	10	5.4	116	0.8	11	1	0.5	12	0.3	25	4	2.2	48	0.9	35
75-84	7	2.3	58	0.6	12	1	0.3	8	0.1	11	11	3.6	85	0.6	11
85 and older	2	0.7	24	0.6	7	1	0.4	10	0.2	7	8	2.8	80	0.6	17
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 1,470 beneficiaries who were in nursing facilities for part of their enrollment and their 12,583 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 2007. 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 2007 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

Beneficiary Characteristics	ANALGESICS - Narcotic					HEMATOPOIETIC AGENTS					ANTI-HISTAMINES				
	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 \$
<b>All</b>	<b>34</b>	<b>1.1</b>	<b>328</b>	<b>0.7</b>	<b>\$45</b>	<b>117</b>	<b>3.8</b>	<b>1,308</b>	<b>0.7</b>	<b>\$8</b>	<b>100</b>	<b>3.2</b>	<b>1,130</b>	<b>0.4</b>	<b>\$8</b>
<b>Female</b>															
All Females	24	1.1	229	0.7	44	84	3.9	956	0.7	10	71	3.3	807	0.4	9
<b>Female, Disabled</b>															
All Ages	9	6.2	105	0.6	48	7	4.8	84	0.7	55	15	10.3	180	0.4	8
64 or younger	9	7.1	105	0.6	48	6	4.7	72	0.8	65	14	11.0	168	0.4	8
65-74	0	0.0	0	0.0	0	1	5.9	12	0.1	0	1	5.9	12	0.7	8
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
<b>Female, Other Eligibles</b>															
All Ages	15	0.8	124	0.9	40	77	3.9	872	0.7	5	56	2.8	627	0.5	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	3	1.3	36	0.6	52	13	5.8	144	0.8	8	12	5.3	139	0.4	9
75-84	6	1.0	43	1.0	14	21	3.6	247	0.7	5	13	2.2	156	0.5	9
85 and older	6	0.5	45	0.9	55	43	3.6	481	0.7	5	31	2.6	332	0.4	9
<b>Male</b>															
All Males	10	1.1	99	0.7	46	33	3.5	352	0.7	5	29	3.1	323	0.4	8
<b>Male, Disabled</b>															
All Ages	9	5.4	98	0.7	46	7	4.2	75	0.8	7	13	7.7	156	0.4	7
64 or younger	8	5.5	86	0.7	52	6	4.1	63	0.8	7	12	8.2	144	0.4	8
65-74	1	5.3	12	0.8	8	1	5.3	12	1.0	6	1	5.3	12	0.1	1
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
<b>Male, Other Eligibles</b>															
All Ages	1	0.1	1	2.0	28	26	3.4	277	0.6	4	16	2.1	167	0.4	8
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	0	0.0	0	0.0	0	5	2.7	60	0.5	4	5	2.7	57	0.6	9
75-84	0	0.0	0	0.0	0	12	3.9	109	0.7	6	6	1.9	68	0.4	8
85 and older	1	0.4	1	2.0	28	9	3.2	108	0.6	3	5	1.8	42	0.3	7
<b>Unknown</b>	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 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 1,470 beneficiaries who were in nursing facilities for part of their enrollment and their 12,583 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>124</b>	<b>4.0</b>	<b>1,394</b>	<b>0.2</b>	<b>\$5</b>	<b>26</b>	<b>0.8</b>	<b>272</b>	<b>0.5</b>	<b>\$25</b>	<b>3,089</b>	<b>30,552</b>
<b>Female</b>												
All Females	89	4.1	1,019	0.2	6	13	0.6	130	0.6	20	2,145	21,564
<b>Female, Disabled</b>												
All Ages	5	3.4	57	0.3	19	5	3.4	60	0.5	20	146	1,491
64 or younger	5	3.9	57	0.3	19	4	3.1	48	0.4	23	127	1,301
65-74	0	0.0	0	0.0	0	1	5.9	12	0.7	7	17	175
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
<b>Female, Other Eligibles</b>												
All Ages	84	4.2	962	0.2	5	8	0.4	70	0.7	21	1,999	20,073
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
65-74	14	6.2	164	0.3	6	4	1.8	46	0.7	22	225	2,362
75-84	28	4.8	317	0.2	7	2	0.3	10	0.2	2	589	5,844
85 and older	42	3.6	481	0.2	4	2	0.2	14	0.9	28	1,183	11,843
<b>Male</b>												
All Males	35	3.7	375	0.1	3	13	1.4	142	0.5	29	944	8,988
<b>Male, Disabled</b>												
All Ages	6	3.6	69	0.1	3	11	6.5	124	0.6	32	168	1,788
64 or younger	4	2.7	48	0.1	1	9	6.2	103	0.5	29	146	1,554
65-74	2	10.5	21	0.2	5	2	10.5	21	0.7	49	19	207
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	29	3.7	306	0.1	3	2	0.3	18	0.1	5	776	7,200
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	3.8	67	0.2	1	0	0.0	0	0.0	0	184	1,788
75-84	12	3.9	132	0.1	4	1	0.3	8	0.1	9	308	2,813
85 and older	10	3.5	107	0.1	3	1	0.4	10	0.1	2	284	2,599
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 1,470 beneficiaries who were in nursing facilities for part of their enrollment and their 12,583 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 2007. 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 2007 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<sup>a,b</sup>**  
**MONTANA, 2007**

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	
<b>All</b>	<b>5,490</b>	<b>33.8</b>	<b>3.1</b>	<b>49,701</b>	<b>\$55</b>	<b>\$893,864</b>	<b>\$18</b>	<b>31.9</b>	<b>16,239</b>	
<b>Age</b>										
5 and younger	1	50.0	0.5	1	4	8	8	0.1	2	
6-14	2	50.0	7.3	29	181	723	25	1.1	4	
15-20	10	27.0	2.1	77	30	1,123	15	1.8	37	
21-44	1,057	35.9	3.1	9,121	58	170,538	19	14.3	2,943	
45-64	1,809	40.8	4.4	19,723	77	342,507	17	39.4	4,436	
65-74	989	30.6	2.7	8,814	52	168,600	19	38.6	3,237	
75-84	790	28.7	2.2	6,064	39	106,119	17	120.1	2,750	
85 and older	832	29.4	2.1	5,872	37	104,246	18	135.1	2,830	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	2,342	29.6	2.3	18,102	42	330,671	18	78.4	7,925	
Disabled	2,550	36.0	3.3	23,205	64	450,119	19	21.6	7,080	
Adults	594	48.6	6.8	8,370	92	112,798	13	41.8	1,222	
Children	2	20.0	2.1	21	25	245	12	1.4	10	
Unknown	2	100.0	1.5	3	16	31	10	1.5	2	
<b>Gender</b>										
Female	3,706	36.5	3.3	33,243	60	607,138	18	41.9	10,149	
Male	1,784	29.3	2.7	16,458	47	286,726	17	21.2	6,090	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	4,920	34.3	3.1	44,896	57	811,972	18	31.9	14,330	
African American	23	33.3	3.6	246	52	3,589	15	11.7	69	
Other/unknown	547	29.7	2.5	4,559	43	78,303	17	34.7	1,840	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	1,065	34.5	2.8	8,610	57	176,695	21	74.1	3,089	
Part year	621	42.2	2.7	3,951	49	72,660	18	55.1	1,470	
None	3,804	32.6	3.2	37,140	55	644,509	17	26.5	11,680	
<b>Maintenance Assistance Status</b>										
Cash	2,061	32.2	2.7	17,525	52	335,165	19	20.2	6,392	
Medically needy	2,145	31.7	2.6	17,254	48	326,511	19	52.4	6,762	
Poverty related	4	18.2	0.5	11	6	133	12	4.1	22	
Other/unknown	1,280	41.8	4.9	14,911	76	232,055	16	45.3	3,063	

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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.

Benef(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<sup>a,b</sup>**  
**MONTANA, 2007**

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$6</b>	<b>\$18</b>	<b>\$0</b>	<b>\$3</b>	<b>159,074</b>
<b>Age</b>						
5 and younger	0.1	0	8	0	0	19
6-14	0.8	20	25	0	0	37
15-20	0.2	3	15	0	0	428
21-44	0.3	5	19	0	3	31,241
45-64	0.4	8	17	0	4	44,273
65-74	0.3	5	19	0	3	31,423
75-84	0.2	4	17	0	2	25,545
85 and older	0.2	4	18	0	2	26,108
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	4	18	0	3	73,958
Disabled	0.3	6	19	0	4	70,636
Adults	0.6	8	13	0	2	14,352
Children	0.2	2	12	0	0	104
Unknown	0.1	1	10	0	0	24
<b>Gender</b>						
Female	0.3	6	18	0	4	99,768
Male	0.3	5	17	0	3	59,306
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	6	18	0	3	139,144
African American	0.4	6	15	0	3	649
Other/unknown	0.2	4	17	0	2	19,281
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	6	21	0	4	30,552
Part year	0.3	6	18	0	3	12,583
None	0.3	6	17	0	3	115,939
<b>Maintenance Assistance Status</b>						
Cash	0.3	5	19	0	3	69,602
Medically needy	0.3	6	19	0	4	55,623
Poverty related	0.1	1	12	0	1	143
Other/unknown	0.4	7	16	0	3	33,706

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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<sup>a,b,c</sup>**  
**MONTANA, 2007**

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	
<b>All</b>	<b>7,122</b>	<b>\$126</b>	<b>\$893,864</b>	<b>100.0</b>	<b>49,701</b>	<b>\$18</b>	<b>100.0</b>
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	1	9	9	0.0	1	9	0.0
Cough and cold medications	769	55	42,374	4.7	1,699	25	3.4
Vitamins and minerals	225	74	16,628	1.9	1,161	14	2.3
Non-prescription drugs	2,370	128	303,218	33.9	19,438	16	39.1
Barbiturates	107	131	13,972	1.6	1,207	12	2.4
Benzodiazepines	3,587	142	507,844	56.8	25,926	20	52.2
Other Part D Excl Rx Drugs	63	156	9,819	1.1	269	37	0.5

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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<sup>a, b</sup>  
 MONTANA, 2007

Total Number of Dual Eligible Beneficiaries: 16,239  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$2,798,316  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$172

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,318	69.7	\$0	0.0
1-500	4,253	26.2	459,559	16.4
501-1,000	274	1.7	188,761	6.7
1,001-1,500	82	0.5	99,980	3.6
1,501-2,000	49	0.3	83,941	3.0
2,001-2,500	42	0.3	93,359	3.3
2,501-3,000	41	0.3	113,078	4.0
3,001-3,500	14	0.1	44,790	1.6
3,501-4,000	15	0.1	58,481	2.1
4,001-4,500	12	0.1	51,180	1.8
4,501-5,000	17	0.1	80,998	2.9
5,001-5,500	20	0.1	104,594	3.7
5,501-6,000	15	0.1	86,522	3.1
6,001-6,500	8	0.0	50,404	1.8
6,501-7,000	7	0.0	46,726	1.7
7,001-7,500	11	0.1	79,454	2.8
7,501-8,000	6	0.0	45,827	1.6
8,001-8,500	5	0.0	40,878	1.5
8,501-9,000	2	0.0	17,327	0.6
9,001-9,500	4	0.0	37,355	1.3
9,501-10,000	4	0.0	38,384	1.4
10,001+	40	0.2	976,718	34.9

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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<sup>a, b, c</sup>  
 MONTANA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 6,281  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$1,909,205  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$304

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	3,990	63.5	\$0	0.0	
1-500	1,864	29.7	232,712	12.2	
501-1,000	170	2.7	116,079	6.1	
1,001-1,500	52	0.8	63,459	3.3	
1,501-2,000	28	0.4	48,418	2.5	
2,001-2,500	28	0.4	62,702	3.3	
2,501-3,000	30	0.5	83,178	4.4	
3,001-3,500	10	0.2	31,849	1.7	
3,501-4,000	9	0.1	35,138	1.8	
4,001-4,500	7	0.1	30,110	1.6	
4,501-5,000	10	0.2	48,378	2.5	
5,001-5,500	13	0.2	68,090	3.6	
5,501-6,000	11	0.2	63,834	3.3	
6,001-6,500	5	0.1	31,472	1.6	
6,501-7,000	4	0.1	26,637	1.4	
7,001-7,500	8	0.1	57,867	3.0	
7,501-8,000	4	0.1	30,484	1.6	
8,001-8,500	3	0.0	24,193	1.3	
8,501-9,000	0	0.0	0	0.0	
9,001-9,500	2	0.0	18,918	1.0	
9,501-10,000	1	0.0	9,589	0.5	
10,001+	32	0.5	826,098	43.3	

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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

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

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 MONTANA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 8,817  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$602,163  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$68

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,561	74.4	\$0	0.0
1-500	2,081	23.6	198,023	32.9
501-1,000	81	0.9	56,464	9.4
1,001-1,500	23	0.3	28,114	4.7
1,501-2,000	17	0.2	28,549	4.7
2,001-2,500	9	0.1	19,365	3.2
2,501-3,000	8	0.1	21,337	3.5
3,001-3,500	2	0.0	6,629	1.1
3,501-4,000	3	0.0	11,507	1.9
4,001-4,500	3	0.0	12,812	2.1
4,501-5,000	6	0.1	27,941	4.6
5,001-5,500	5	0.1	25,810	4.3
5,501-6,000	4	0.0	22,688	3.8
6,001-6,500	2	0.0	12,609	2.1
6,501-7,000	1	0.0	6,582	1.1
7,001-7,500	1	0.0	7,088	1.2
7,501-8,000	1	0.0	7,526	1.2
8,001-8,500	2	0.0	16,685	2.8
8,501-9,000	1	0.0	8,564	1.4
9,001-9,500	1	0.0	9,415	1.6
9,501-10,000	2	0.0	19,070	3.2
10,001+	3	0.0	55,385	9.2

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
MEDIICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
MONTANA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 3,237  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$436,641  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$134

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,333	72.1	\$0	0.0
1-500	778	24.0	86,814	19.9
501-1,000	45	1.4	31,315	7.2
1,001-1,500	17	0.5	20,871	4.8
1,501-2,000	14	0.4	23,597	5.4
2,001-2,500	8	0.2	17,216	3.9
2,501-3,000	8	0.2	21,337	4.9
3,001-3,500	1	0.0	3,325	0.8
3,501-4,000	3	0.1	11,507	2.6
4,001-4,500	3	0.1	12,812	2.9
4,501-5,000	6	0.2	27,941	6.4
5,001-5,500	5	0.2	25,810	5.9
5,501-6,000	2	0.1	11,172	2.6
6,001-6,500	2	0.1	12,609	2.9
6,501-7,000	1	0.0	6,582	1.5
7,001-7,500	1	0.0	7,088	1.6
7,501-8,000	1	0.0	7,526	1.7
8,001-8,500	2	0.1	16,685	3.8
8,501-9,000	1	0.0	8,564	2.0
9,001-9,500	1	0.0	9,415	2.2
9,501-10,000	2	0.1	19,070	4.4
10,001+	3	0.1	55,385	12.7

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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<sup>a, b</sup>  
 MONTANA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,750  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$88,336  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$32

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,076	75.5	\$0	0.0
1-500	643	23.4	60,456	68.4
501-1,000	24	0.9	16,221	18.4
1,001-1,500	5	0.2	6,206	7.0
1,501-2,000	0	0.0	0	0.0
2,001-2,500	1	0.0	2,149	2.4
2,501-3,000	0	0.0	0	0.0
3,001-3,500	1	0.0	3,304	3.7
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 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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<sup>a, b</sup>  
 MONTANA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 2,830  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$77,186  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$27

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,152	76.0	\$0	0.0
1-500	660	23.3	50,753	65.8
501-1,000	12	0.4	8,928	11.6
1,001-1,500	1	0.0	1,037	1.3
1,501-2,000	3	0.1	4,952	6.4
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	2	0.1	11,516	14.9
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 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

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
<b>All</b>	<b>16,239</b>	<b>7,925</b>	<b>7,080</b>	<b>1,222</b>	<b>10</b>	<b>2</b>	<b>159,074</b>	<b>73,958</b>	<b>70,636</b>	<b>14,352</b>	<b>104</b>	<b>24</b>
<b>Age</b>												
5 and younger	2	0	2	0	0	0	19	0	19	0	0	0
6-14	4	0	3	0	1	0	37	0	35	0	2	0
15-20	37	0	29	0	8	0	428	0	332	0	96	0
21-44	2,943	1	2,366	575	1	0	31,241	12	24,529	6,694	6	0
45-64	4,436	9	3,881	544	0	2	44,273	103	37,704	6,442	0	24
65-74	3,237	2,486	678	73	0	0	31,423	23,689	6,878	856	0	0
75-84	2,750	2,624	100	26	0	0	25,545	24,287	946	312	0	0
85 and older	2,830	2,805	21	4	0	0	26,108	25,867	193	48	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	10,149	5,670	3,879	596	2	2	99,768	53,907	38,896	6,927	14	24
Male	6,090	2,255	3,201	626	8	0	59,306	20,051	31,740	7,425	90	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	14,330	7,091	6,106	1,125	7	1	139,144	65,489	60,343	13,232	68	12
African American	69	21	43	4	1	0	649	201	391	45	12	0
Other/unknown	1,840	813	931	93	2	1	19,281	8,268	9,902	1,075	24	12
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,089	2,772	314	3	0	0	30,552	27,237	3,279	36	0	0
Part year	1,470	1,210	238	22	0	0	12,583	10,022	2,306	255	0	0
None	11,680	3,943	6,528	1,197	10	2	115,939	36,699	65,051	14,061	104	24
<b>Maintenance Assistance Status</b>												
Cash	6,392	1,900	4,485	6	1	0	69,602	20,871	48,668	61	2	0
Medically needy	6,762	5,045	1,717	0	0	0	55,623	42,814	12,809	0	0	0
Poverty related	22	0	0	19	1	2	143	0	0	107	12	24
Other/unknown	3,063	980	878	1,197	8	0	33,706	10,273	9,159	14,184	90	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	16,239	7,925	7,080	1,222	10	2	159,074	73,958	70,636	14,352	104	24
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	16,239	7,925	7,080	1,222	10	2	159,074	73,958	70,636	14,352	104	24
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
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MONTANA, 2007**

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
<b>All</b>	<b>16,239</b>	<b>159,074</b>	<b>16,239</b>	<b>159,074</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	16,239	159,074	16,239	159,074	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 2007 file for Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.

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.