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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	12,453	7,295	5,082	69	7	0	126,658	71,502	54,516	574	66	0
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	0
15-20	28	0	21	0	7	0	311	0	245	0	66	0
21-44	2,079	0	2,032	47	0	0	22,418	0	22,021	397	0	0
45-64	2,999	0	2,977	22	0	0	31,885	0	31,708	177	0	0
65-74	1,834	1,782	52	0	0	0	18,963	18,421	542	0	0	0
75-84	2,249	2,249	0	0	0	0	22,239	22,239	0	0	0	0
85 and older	3,264	3,264	0	0	0	0	30,842	30,842	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	7,769	5,150	2,575	42	2	0	79,462	51,101	27,983	358	20	0
Male	4,684	2,145	2,507	27	5	0	47,196	20,401	26,533	216	46	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,292	6,788	4,449	49	6	0	114,610	66,230	47,900	422	58	0
African American	63	10	51	2	0	0	617	113	493	11	0	0
Other/unknown	1,098	497	582	18	1	0	11,431	5,159	6,123	141	8	0
Use of Nursing Facilities^c												
Entire year	3,507	3,246	261	0	0	0	34,640	31,716	2,924	0	0	0
Part year	1,205	1,067	137	1	0	0	11,185	9,725	1,448	12	0	0
None	7,741	2,982	4,684	68	7	0	80,833	30,061	50,144	562	66	0
Maintenance Assistance Status												
Cash	4,063	1,631	2,403	28	1	0	45,815	18,471	27,085	251	8	0
Medically needy	7,170	5,342	1,800	26	2	0	67,777	49,576	17,989	194	18	0
Poverty-related	737	321	408	8	0	0	7,651	3,443	4,146	62	0	0
Other/unknown	483	1	471	7	4	0	5,415	12	5,296	67	40	0
Dual Medicare Status^d												
Full dual, all year	11,364	6,769	4,522	66	7	0	115,245	65,907	48,734	538	66	0
Full dual, part year	1,089	526	560	3	0	0	11,413	5,595	5,782	36	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,453	7,295	5,082	69	7	0	126,658	71,502	54,516	574	66	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	28.9	2.9	\$105	\$36	\$23,497	0.4	12,453
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	0.0	0.0	0	0	0	0.0	0
15-20	89.3	12.4	1,152	93	27,003	4.3	28
21-44	28.2	3.9	263	68	20,707	1.3	2,079
45-64	30.7	3.8	151	40	24,336	0.6	2,999
65-74	27.9	3.1	86	28	18,945	0.5	1,834
75-84	29.0	2.3	25	11	22,467	0.1	2,249
85 and older	27.7	1.8	20	11	27,741	0.1	3,264
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	28.1	2.3	36	16	23,962	0.2	7,295
Disabled	29.6	3.6	185	51	23,097	0.8	5,082
Adults	52.2	21.4	1,449	68	5,562	26.0	69
Children	85.7	13.9	909	66	5,350	17.0	7
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	31.1	3.1	97	31	23,051	0.4	7,769
Male	25.3	2.6	119	45	24,237	0.5	4,684
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	28.2	2.8	98	35	24,597	0.4	11,292
African American	33.3	6.3	302	48	10,047	3.0	63
Other/unknown	36.0	4.4	167	38	12,953	1.3	1,098
Use of Nursing Facilities^f							
Entire year	35.4	3.0	38	13	40,006	0.1	3,507
Part year	36.4	2.7	55	20	24,871	0.2	1,205
None	24.8	2.9	144	49	15,804	0.9	7,741
Maintenance Assistance Status							
Cash	32.4	4.1	188	45	12,008	1.6	4,063
Medically needy	29.1	2.4	58	25	32,698	0.2	7,170
Poverty related	8.7	1.5	73	50	1,792	4.1	737
Other/unknown	28.0	3.4	158	46	16,673	0.9	483

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

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	\$10	0.4	71.1	24.8	2.5	1.1	0.5	0.1	\$2,310	12,453	126,658
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
15-20	1.1	104	4.3	10.7	50.0	25.0	14.3	0.0	0.0	2,431	28	311
21-44	0.4	24	1.3	71.8	21.9	3.0	2.1	1.1	0.1	1,920	2,079	22,418
45-64	0.4	14	0.6	69.3	25.3	2.8	1.5	0.9	0.2	2,289	2,999	31,885
65-74	0.3	8	0.5	72.1	23.1	2.7	1.5	0.4	0.1	1,832	1,834	18,963
75-84	0.2	3	0.1	71.0	26.2	2.3	0.5	0.0	0.0	2,272	2,249	22,239
85 and older	0.2	2	0.1	72.3	26.0	1.5	0.2	0.0	0.0	2,936	3,264	30,842
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.2	4	0.2	71.9	25.3	2.1	0.6	0.1	0.0	2,445	7,295	71,502
Disabled	0.3	17	0.8	70.4	24.2	2.9	1.6	0.8	0.1	2,153	5,082	54,516
Adults	2.6	174	26.0	47.8	13.0	7.2	14.5	14.5	2.9	669	69	574
Children	1.5	96	17.0	14.3	42.9	14.3	28.6	0.0	0.0	567	7	66
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	10	0.4	68.9	27.0	2.4	1.1	0.5	0.1	2,254	7,769	79,462
Male	0.3	12	0.5	74.7	21.1	2.6	1.1	0.5	0.1	2,405	4,684	47,196
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	10	0.4	71.8	24.5	2.4	0.9	0.4	0.1	2,423	11,292	114,610
African American	0.6	31	3.0	66.7	23.8	1.6	4.8	3.2	0.0	1,026	63	617
Other/unknown	0.4	16	1.3	64.0	28.2	3.5	3.0	1.1	0.2	1,244	1,098	11,431
Use of Nursing Facilities^f												
Entire year	0.3	4	0.1	64.6	31.1	3.5	0.7	0.2	0.0	4,050	3,507	34,640
Part year	0.3	6	0.2	63.6	32.9	2.3	0.8	0.3	0.0	2,679	1,205	11,185
None	0.3	14	0.9	75.2	20.7	2.0	1.4	0.6	0.1	1,514	7,741	80,833
Maintenance Assistance Status												
Cash	0.4	17	1.6	67.6	26.6	2.7	1.9	1.0	0.2	1,065	4,063	45,815
Medically needy	0.3	6	0.2	70.9	25.8	2.5	0.6	0.1	0.0	3,459	7,170	67,777
Poverty related	0.1	7	4.1	91.3	6.4	0.7	1.1	0.4	0.1	173	737	7,651
Other/unknown	0.3	14	0.9	72.0	23.0	2.9	1.4	0.4	0.2	1,487	483	5,415

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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
	0.3	\$10	\$36	0.0	\$7	\$167	0.0	\$1	\$83	0.2	\$3	\$13
All	0.3	\$10	\$36	0.0	\$7	\$167	0.0	\$1	\$83	0.2	\$3	\$13
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	1.1	104	93	0.4	68	155	0.1	11	136	0.6	26	42
21-44	0.4	24	68	0.1	18	227	0.0	1	90	0.3	5	19
45-64	0.4	14	40	0.1	9	152	0.0	1	94	0.3	4	15
65-74	0.3	8	28	0.0	4	112	0.0	1	70	0.2	3	13
75-84	0.2	3	11	0.0	0	54	0.0	0	43	0.2	2	9
85 and older	0.2	2	11	0.0	0	65	0.0	0	9	0.2	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	4	16	0.0	1	88	0.0	0	60	0.2	2	10
Disabled	0.3	17	51	0.1	12	191	0.0	1	98	0.3	4	16
Adults	2.6	174	68	0.7	128	171	0.1	9	72	1.7	31	18
Children	1.5	96	66	0.6	70	112	0.1	8	77	0.7	19	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.3	10	31	0.0	6	146	0.0	1	86	0.3	3	13
Male	0.3	12	45	0.0	8	200	0.0	1	79	0.2	3	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	10	35	0.0	6	172	0.0	1	88	0.2	3	13
African American	0.6	31	48	0.1	21	151	0.0	3	96	0.5	7	15
Other/unknown	0.4	16	38	0.1	9	140	0.0	1	67	0.3	6	16
Use of Nursing Facilities^e												
Entire year	0.3	4	13	0.0	1	66	0.0	0	51	0.3	3	9
Part year	0.3	6	20	0.0	3	113	0.0	0	48	0.3	3	10
None	0.3	14	49	0.1	9	183	0.0	1	88	0.2	4	16
Maintenance Assistance Status												
Cash	0.4	17	45	0.1	11	160	0.0	1	79	0.3	4	15
Medically needy	0.3	6	25	0.0	3	209	0.0	0	78	0.2	3	11
Poverty related	0.1	7	50	0.0	4	105	0.0	1	111	0.1	2	24
Other/unknown	0.3	14	46	0.1	9	148	0.0	1	113	0.2	4	16

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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, 2007

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
		Generic	Generic	Generic		Generic	Generic	Generic		Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$10	\$1	\$5	\$62	\$181	\$139	\$26	609	\$37,994	213	1.7	2,322
Biologicals	0.1	0.1	0.0	0.0	8	8	0	0	74	74	0	0	5	369	4	0.0	47
Antineoplastic Agents	0.3	0.2	0.0	0.1	48	45	0	3	145	216	0	26	32	4,628	9	0.1	96
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	36	28	0	7	54	111	22	18	1,280	68,964	179	1.4	1,937
Cardiovascular Agents	1.0	0.2	0.1	0.7	35	19	6	10	36	86	66	15	2,354	84,698	223	1.8	2,422
Respiratory Agents	0.3	0.1	0.0	0.2	14	9	1	3	47	108	116	17	2,299	108,213	689	5.5	7,865
Gastrointestinal Agents	0.4	0.1	0.0	0.2	30	17	4	9	83	183	154	36	415	34,274	102	0.8	1,128
Genitourinary Agents	0.3	0.1	0.0	0.2	24	14	1	10	74	94	95	57	124	9,234	35	0.3	380
CNS Drugs	0.7	0.1	0.0	0.6	17	10	1	7	26	166	113	11	16,605	431,665	2,313	18.6	24,854
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	55	46	5	4	108	120	120	44	159	17,138	28	0.2	312
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	205	201	0	4	406	437	0	86	56	22,714	10	0.1	111
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	25	10	0	15	46	200	89	30	1,413	65,491	243	2.0	2,596
Neuromuscular Agents	0.8	0.1	0.0	0.7	32	22	2	8	42	213	134	13	5,448	229,606	637	5.1	7,067
Nutritional Products	0.5	0.1	0.0	0.4	6	1	1	5	14	12	17	14	1,077	15,167	222	1.8	2,358
Hematological Agents	0.6	0.0	0.0	0.6	22	18	0	5	35	677	17	8	4,238	146,653	602	4.8	6,527
Topical Products	0.3	0.1	0.0	0.2	15	9	1	5	55	98	100	30	339	18,480	109	0.9	1,231
Miscellaneous Products	0.3	0.2	0.0	0.1	61	50	0	11	229	298	0	112	46	10,545	16	0.1	173
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	25	0	0	0	107	0	0	0	56	5,966	23	0.2	242
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.	36,555	1,311,799	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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, 0.3 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	\$ per Rx	Rx \$ per Benefit Month	
ANTICONVULSANT	\$214,830	622	5.0	6,923	0.7	\$42	\$31	
ANTIPSYCHOTICS	193,934	109	0.9	1,206	0.6	271	161	
ANTIANKIETY AGENTS	123,851	1,992	16.0	21,376	0.6	10	6	
MISC. HEMATOLOGICAL	107,393	14	0.1	159	0.4	1,820	675	
ANTIDEPRESSANTS	78,634	283	2.3	3,168	0.5	52	25	
ANTIASTHMATIC	77,705	156	1.3	1,730	0.5	97	45	
ANTIDIABETIC	50,893	126	1.0	1,399	0.5	79	36	
ANTIHYPERLIPIDEMIC	41,826	115	0.9	1,294	0.4	72	32	
HEMATOPOIETIC AGENTS	41,678	770	6.2	8,451	0.6	8	5	
ANALGESICS - Narcotic	38,472	282	2.3	3,018	0.3	38	13	
Total	969,216	4,469	n.a.	48,724	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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.

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					ANTIPSYCHOTICS				
	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
All	27,564	\$969,216	622	5.0	6,923	0.7	\$31	109	0.9	1,206	0.6	\$161
Female												
All Females	18,495	519,055	398	5.1	4,430	0.7	26	66	0.8	748	0.6	149
Female, Disabled												
All Ages	7,674	336,219	243	9.4	2,746	0.7	32	53	2.1	606	0.6	161
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	29	927	1	12.5	12	0.7	8	1	12.5	12	0.2	20
21-44	2,808	141,938	112	11.7	1,244	0.7	41	27	2.8	304	0.5	127
45-64	4,664	180,916	128	8.1	1,466	0.7	24	22	1.4	254	0.7	195
65-74	173	12,438	2	5.9	24	0.4	2	3	8.8	36	0.6	263
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	10,821	182,836	155	3.0	1,684	0.7	18	13	0.3	142	0.4	99
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	9	449	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	466	34,487	13	37.1	129	0.9	114	3	8.6	22	0.9	205
45-64	81	9,886	2	28.6	17	0.9	209	1	14.3	12	0.9	197
65-74	2,523	61,921	45	4.3	511	0.8	12	6	0.6	72	0.3	65
75-84	3,309	33,297	50	3.3	571	0.7	5	1	0.1	12	0.1	1
85 and older	4,433	42,796	45	1.7	456	0.7	6	2	0.1	24	0.4	106
Male												
All Males	9,069	450,161	224	4.8	2,493	0.8	40	43	0.9	458	0.6	179
Male, Disabled												
All Ages	5,473	390,776	168	6.7	1,919	0.8	48	37	1.5	399	0.7	197
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	121	15,792	6	46.2	71	0.7	135	4	30.8	47	0.5	86
21-44	2,162	231,560	81	7.5	939	0.7	48	21	1.9	234	0.6	183
45-64	3,186	143,399	81	5.8	909	0.8	41	12	0.9	118	0.8	270
65-74	4	25	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
Male, Other Eligibles												
All Ages	3,596	59,385	56	2.6	574	0.7	12	6	0.3	59	0.6	60
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	30	3,025	0	0.0	0	0.0	0	1	20.0	12	1.0	151
21-44	174	5,861	4	33.3	46	0.8	17	2	16.7	22	0.9	59
45-64	87	4,393	2	13.3	15	0.2	15	1	6.7	12	0.1	9
65-74	1,429	29,465	27	3.6	306	0.8	15	2	0.3	13	0.2	24
75-84	1,017	8,890	17	2.3	151	0.7	6	0	0.0	0	0.0	0
85 and older	859	7,751	6	0.9	56	0.7	5	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	ANTIANXIETY AGENTS					MISC. HEMATOLOGICAL					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,992	16.0	21,376	0.6	\$6	14	0.1	159	0.4	\$675	283	2.3	3,168	0.5	\$25
Female															
All Females	1,377	17.7	14,766	0.6	6	6	0.1	70	0.4	40	190	2.4	2,144	0.5	25
Female, Disabled															
All Ages	434	16.9	5,016	0.6	6	4	0.2	46	0.3	38	132	5.1	1,519	0.4	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	12.5	12	0.2	4	0	0.0	0	0.0	0	1	12.5	12	0.7	21
21-44	141	14.8	1,631	0.5	6	0	0.0	0	0.0	0	70	7.3	816	0.5	25
45-64	284	18.0	3,277	0.6	6	4	0.3	46	0.3	38	58	3.7	655	0.4	19
65-74	8	23.5	96	0.6	6	0	0.0	0	0.0	0	3	8.8	36	0.6	19
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	943	18.2	9,750	0.6	5	2	0.0	24	0.4	42	58	1.1	625	0.5	32
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	28.6	110	0.4	4	0	0.0	0	0.0	0	24	68.6	250	0.5	35
45-64	1	14.3	12	0.6	6	0	0.0	0	0.0	0	3	42.9	36	0.8	102
65-74	165	15.9	1,785	0.6	6	2	0.2	24	0.4	42	23	2.2	258	0.5	21
75-84	293	19.6	3,128	0.6	6	0	0.0	0	0.0	0	4	0.3	42	0.4	23
85 and older	474	18.1	4,715	0.5	5	0	0.0	0	0.0	0	4	0.2	39	0.6	26
Male															
All Males	615	13.1	6,610	0.6	6	8	0.2	89	0.4	1,176	93	2.0	1,024	0.5	24
Male, Disabled															
All Ages	294	11.7	3,339	0.6	7	6	0.2	65	0.5	1,607	78	3.1	861	0.5	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	7.7	12	0.4	3	0	0.0	0	0.0	0	5	38.5	60	0.4	34
21-44	107	9.9	1,202	0.6	7	2	0.2	20	0.9	5,157	44	4.1	490	0.5	19
45-64	186	13.3	2,125	0.6	7	4	0.3	45	0.3	29	29	2.1	311	0.5	29
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	321	14.7	3,271	0.5	5	2	0.1	24	0.2	8	15	0.7	163	0.7	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	20.0	10	0.1	1	0	0.0	0	0.0	0	1	20.0	12	1.3	100
21-44	2	16.7	24	0.9	5	1	8.3	12	0.1	4	2	16.7	24	1.5	48
45-64	1	6.7	12	0.3	2	0	0.0	0	0.0	0	4	26.7	41	0.3	24
65-74	111	14.9	1,184	0.5	5	1	0.1	12	0.3	12	8	1.1	86	0.6	15
75-84	99	13.1	986	0.6	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	107	16.6	1,055	0.5	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	156	1.3	1,730	0.5	\$45	126	1.0	1,399	0.5	\$36	115	0.9	1,294	0.4	\$32
Female															
All Females	113	1.5	1,287	0.4	45	67	0.9	757	0.5	30	59	0.8	669	0.5	28
Female, Disabled															
All Ages	64	2.5	738	0.4	51	44	1.7	496	0.4	26	43	1.7	495	0.5	29
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	25.0	20	0.2	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	22	2.3	258	0.4	36	8	0.8	87	0.3	21	6	0.6	62	0.4	28
45-64	40	2.5	460	0.5	60	34	2.2	385	0.5	26	35	2.2	409	0.5	29
65-74	0	0.0	0	0.0	0	2	5.9	24	0.5	35	2	5.9	24	0.6	16
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	49	0.9	549	0.4	38	23	0.4	261	0.5	37	16	0.3	174	0.4	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	100.0	24	0.2	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	25.7	97	0.3	31	2	5.7	24	0.6	23	3	8.6	26	0.2	7
45-64	1	14.3	12	0.3	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	31	3.0	364	0.4	41	21	2.0	237	0.5	39	12	1.2	136	0.4	31
75-84	4	0.3	48	0.7	54	0	0.0	0	0.0	0	1	0.1	12	0.6	27
85 and older	2	0.1	4	0.5	59	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	43	0.9	443	0.5	44	59	1.3	642	0.5	44	56	1.2	625	0.4	37
Male, Disabled															
All Ages	29	1.2	292	0.5	39	47	1.9	516	0.4	51	47	1.9	520	0.4	37
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	13	1.2	115	0.6	22	16	1.5	173	0.4	28	12	1.1	136	0.6	57
45-64	16	1.1	177	0.5	51	31	2.2	343	0.5	62	35	2.5	384	0.3	30
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	14	0.6	151	0.6	52	12	0.6	126	0.5	19	9	0.4	105	0.5	37
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	8.3	10	1.1	53	0	0.0	0	0.0	0	3	25.0	36	0.6	41
45-64	0	0.0	0	0.0	0	3	20.0	29	0.6	9	1	6.7	12	0.6	13
65-74	12	1.6	136	0.5	53	9	1.2	97	0.5	22	5	0.7	57	0.4	40
75-84	1	0.1	5	0.2	5	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
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 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic							
	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	770	6.2	8,451	0.6	\$5	282	2.3	3,018	0.3	\$13	12,453	126,658	
Female													
All Females	545	7.0	6,046	0.6	5	163	2.1	1,788	0.3	11	7,769	79,462	
Female, Disabled													
All Ages	124	4.8	1,392	0.6	5	116	4.5	1,315	0.3	10	2,575	27,983	
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	2	25.0	24	0.2	2	8	92	
21-44	42	4.4	476	0.5	5	54	5.7	611	0.3	11	955	10,471	
45-64	81	5.1	904	0.6	5	55	3.5	620	0.3	10	1,578	17,058	
65-74	1	2.9	12	0.1	1	5	14.7	60	0.5	7	34	362	
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	421	8.1	4,654	0.6	5	47	0.9	473	0.4	13	5,194	51,479	
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	2	100.0	16	0.3	3	2	20	
21-44	5	14.3	56	0.2	1	19	54.3	179	0.6	13	35	290	
45-64	2	28.6	24	0.4	2	4	57.1	41	0.2	3	7	68	
65-74	79	7.6	869	0.6	4	16	1.5	188	0.3	12	1,035	10,806	
75-84	116	7.8	1,294	0.7	6	2	0.1	21	0.3	17	1,496	15,285	
85 and older	219	8.4	2,411	0.6	5	4	0.2	28	0.8	45	2,619	25,010	
Male													
All Males	225	4.8	2,405	0.6	5	119	2.5	1,230	0.3	15	4,684	47,196	
Male, Disabled													
All Ages	67	2.7	781	0.5	4	91	3.6	954	0.3	13	2,507	26,533	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
15-20	1	7.7	12	0.9	6	1	7.7	11	0.1	1	13	153	
21-44	18	1.7	212	0.4	4	32	3.0	296	0.2	25	1,077	11,550	
45-64	47	3.4	552	0.5	4	58	4.1	647	0.3	8	1,399	14,650	
65-74	1	5.6	5	0.8	5	0	0.0	0	0.0	0	18	180	
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	158	7.3	1,624	0.6	5	28	1.3	276	0.5	23	2,177	20,663	
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	1	20.0	10	0.1	1	5	46	
21-44	0	0.0	0	0.0	0	7	58.3	80	0.4	6	12	107	
45-64	0	0.0	0	0.0	0	9	60.0	85	0.5	31	15	109	
65-74	56	7.5	609	0.6	5	8	1.1	80	0.6	35	747	7,615	
75-84	54	7.2	538	0.6	5	3	0.4	21	0.3	16	753	6,954	
85 and older	48	7.4	477	0.6	4	0	0.0	0	0.0	0	645	5,832	
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 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
All	\$4	0.3	3,507	34,640
Age				
0-64	11	0.6	253	2,835
65-74	9	0.5	366	3,883
75-84	3	0.3	912	9,022
85 and older	2	0.2	1,976	18,900
Unknown	0	0.0	0	0
Gender				
Female	4	0.3	2,479	24,742
Male	5	0.3	1,028	9,898
Unknown	0	0.0	0	0
Race				
White	4	0.3	3,407	33,672
African American	377	8.8	1	12
Other/unknown	11	0.6	99	956
Basis of Eligibility^c				
Aged	3	0.3	3,246	31,716
Disabled	11	0.6	261	2,924
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 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 1,205 beneficiaries who were in nursing facilities for part of their enrollment and their 11,185 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^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
																		Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.3	\$16	\$10	\$0	\$6	\$46	\$130	\$0	\$23	28	\$1,292	9	0.3	81			
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	0.5	0.2	0.0	0.3	42	35	0	7	85	158	0	26	9	763	2	0.1	18			
Endocrine/Metabolic Drugs	0.6	0.0	0.0	0.6	9	3	0	6	14	81	0	10	35	504	6	0.2	56			
Cardiovascular Agents	1.0	0.1	0.2	0.7	26	8	9	9	27	120	55	12	111	3,010	10	0.3	114			
Respiratory Agents	0.2	0.0	0.0	0.2	7	3	2	2	31	92	199	12	284	8,816	117	3.3	1,281			
Gastrointestinal Agents	0.9	0.2	0.0	0.7	42	32	0	10	48	189	0	15	62	3,003	6	0.2	72			
Genitourinary Agents	0.2	0.2	0.0	0.1	20	18	0	2	85	106	0	30	11	939	4	0.1	48			
CNS Drugs	0.7	0.0	0.0	0.6	7	1	0	6	10	35	8	9	5,872	59,397	862	24.6	8,783			
Stimulants/Anti-obesity/Anorexia	0.7	0.7	0.0	0.0	39	39	0	0	58	58	0	0	16	935	2	0.1	24			
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	95	95	0	0	142	142	0	0	16	2,268	2	0.1	24			
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	39	7	5	27	60	100	141	50	55	3,307	8	0.2	85			
Neuromuscular Agents	0.9	0.0	0.0	0.8	14	5	0	9	16	119	9	10	1,192	18,919	125	3.6	1,351			
Nutritional Products	0.5	0.1	0.0	0.4	7	1	0	6	14	10	19	15	394	5,546	77	2.2	782			
Hematological Agents	0.7	0.0	0.0	0.7	7	1	0	5	9	66	17	7	2,414	21,316	302	8.6	3,249			
Topical Products	0.6	0.3	0.0	0.3	27	22	0	4	43	72	0	14	46	1,967	7	0.2	74			
Miscellaneous Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0			
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	47	0	0	0	16	749	8	0.2	74			
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.	10,561	132,731	n.a.	n.a.	n.a.			

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,205 beneficiaries who were in nursing facilities for part of their enrollment and their 11,185 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 North Dakota, 0.3 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, 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	\$47,003	808	23.0	8,206	0.6	\$9	\$6	
HEMATOPOIETIC AGENTS	20,035	316	9.0	3,404	0.7	8	6	
ANTICONVULSANT	15,397	122	3.5	1,325	0.9	13	12	
HYPNOTICS	6,081	66	1.9	716	0.9	10	8	
ANTIASTHMATIC	4,812	3	0.1	34	1.6	89	142	
COUGH/COLD/ALLERGY	4,386	145	4.1	1,604	0.2	16	3	
ANTIPARKINSONIAN	3,522	6	0.2	72	0.4	130	49	
ANTIPSYCHOTICS	3,460	4	0.1	48	0.5	138	72	
ANALGESICS - Narcotic	2,886	10	0.3	108	0.4	64	27	
ANTIDEPRESSANTS	2,853	13	0.4	148	0.6	30	19	
Total	110,435	1,493	n.a.	15,665	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,205 beneficiaries who were in nursing facilities for part of their enrollment and their 11,185 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					HEMATOPOIETIC AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	9,834	\$110,435	808	23.0	8,206	0.6	\$6	316	9.0	3,404	0.7	\$6
Female												
All Females	7,094	73,312	589	23.8	6,004	0.6	6	233	9.4	2,563	0.7	6
Female, Disabled												
All Ages	750	11,811	48	34.8	547	0.6	5	10	7.2	105	0.9	6
64 or younger	747	11,786	47	34.8	535	0.6	5	10	7.4	105	0.9	6
65-74	3	25	1	33.3	12	0.2	1	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
Female, Other Eligibles												
All Ages	6,344	61,501	541	23.1	5,457	0.6	6	223	9.5	2,458	0.7	6
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	953	11,893	52	29.1	538	0.8	7	25	14.0	273	0.6	5
75-84	2,177	19,681	166	28.3	1,731	0.7	7	59	10.1	647	0.8	8
85 and older	3,214	29,927	323	20.5	3,188	0.6	5	139	8.8	1,538	0.6	6
Male												
All Males	2,740	37,123	219	21.3	2,202	0.6	6	83	8.1	841	0.8	6
Male, Disabled												
All Ages	721	12,472	40	32.5	436	0.8	10	7	5.7	73	0.9	6
64 or younger	717	12,447	40	33.9	436	0.8	10	6	5.1	68	0.9	6
65-74	4	25	0	0.0	0	0.0	0	1	20.0	5	0.8	5
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	2,019	24,651	179	19.8	1,766	0.6	5	76	8.4	768	0.7	6
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	732	13,721	51	28.5	525	0.5	5	18	10.1	190	0.9	8
75-84	674	5,495	61	18.7	578	0.6	5	28	8.6	288	0.7	5
85 and older	613	5,435	67	16.8	663	0.5	5	30	7.5	290	0.7	5
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 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,205 beneficiaries who were in nursing facilities for part of their enrollment and their 11,185 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	ANTICONVULSANT					HYPNOTICS					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	122	3.5	1,325	0.9	\$12	66	1.9	716	0.9	\$9	3	0.1	34	1.6	\$142
Female															
All Females	87	3.5	956	0.8	8	45	1.8	479	0.8	8	0	0.0	0	0.0	0
Female, Disabled															
All Ages	19	13.8	221	1.0	14	5	3.6	57	0.9	6	0	0.0	0	0.0	0
64 or younger	19	14.1	221	1.0	14	5	3.7	57	0.9	6	0	0.0	0	0.0	0
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
Female, Other Eligibles															
All Ages	68	2.9	735	0.8	6	40	1.7	422	0.8	9	0	0.0	0	0.0	0
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	16	8.9	183	1.0	8	10	5.6	114	0.9	6	0	0.0	0	0.0	0
75-84	24	4.1	269	0.7	5	13	2.2	145	1.0	7	0	0.0	0	0.0	0
85 and older	28	1.8	283	0.8	6	17	1.1	163	0.6	11	0	0.0	0	0.0	0
Male															
All Males	35	3.4	369	1.0	21	21	2.0	237	0.9	9	3	0.3	34	1.6	142
Male, Disabled															
All Ages	12	9.8	133	1.2	40	5	4.1	60	1.1	7	1	0.8	12	2.2	18
64 or younger	12	10.2	133	1.2	40	5	4.2	60	1.1	7	1	0.8	12	2.2	18
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	23	2.5	236	0.9	10	16	1.8	177	0.9	10	2	0.2	22	1.3	209
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9	5.0	107	1.0	15	9	5.0	107	0.9	12	2	1.1	22	1.3	209
75-84	9	2.8	82	0.8	6	4	1.2	45	0.8	5	0	0.0	0	0.0	0
85 and older	5	1.3	47	0.7	5	3	0.8	25	1.0	8	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,205 beneficiaries who were in nursing facilities for part of their enrollment and their 11,185 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTIPARKINSONIAN					ANTIPSYCHOTICS				
	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	145	4.1	1,604	0.2	\$3	6	0.2	72	0.4	\$49	4	0.1	48	0.5	\$72
Female															
All Females	109	4.4	1,219	0.2	3	5	0.2	60	0.4	50	4	0.2	48	0.5	72
Female, Disabled															
All Ages	3	2.2	33	0.1	1	1	0.7	12	0.2	19	4	2.9	48	0.5	72
64 or younger	2	1.5	21	0.1	2	1	0.7	12	0.2	19	4	3.0	48	0.5	72
65-74	1	33.3	12	0.1	1	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
Female, Other Eligibles															
All Ages	106	4.5	1,186	0.2	3	4	0.2	48	0.4	57	0	0.0	0	0.0	0
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	15	8.4	180	0.1	2	4	2.2	48	0.4	57	0	0.0	0	0.0	0
75-84	29	4.9	339	0.2	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	62	3.9	667	0.2	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	36	3.5	385	0.2	3	1	0.1	12	0.3	46	0	0.0	0	0.0	0
Male, Disabled															
All Ages	5	4.1	60	0.3	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	5	4.2	60	0.3	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	31	3.4	325	0.2	2	1	0.1	12	0.3	46	0	0.0	0	0.0	0
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	7	3.9	84	0.1	1	1	0.6	12	0.3	46	0	0.0	0	0.0	0
75-84	11	3.4	97	0.2	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	13	3.3	144	0.2	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,205 beneficiaries who were in nursing facilities for part of their enrollment and their 11,185 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					All-Year Nursing Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
	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	0.3	108	0.4	\$27	13	0.4	148	0.6	\$19	3,507	34,640
Female												
All Females	7	0.3	74	0.4	26	8	0.3	96	0.5	15	2,479	24,742
Female, Disabled												
All Ages	3	2.2	36	0.3	22	3	2.2	36	0.6	13	138	1,584
64 or younger	3	2.2	36	0.3	22	3	2.2	36	0.6	13	135	1,548
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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	4	0.2	38	0.6	30	5	0.2	60	0.5	15	2,341	23,158
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	3	1.7	36	0.6	32	4	2.2	48	0.6	18	179	1,920
75-84	0	0.0	0	0.0	0	1	0.2	12	0.3	5	586	5,981
85 and older	1	0.1	2	0.5	4	0	0.0	0	0.0	0	1,576	15,257
Male												
All Males	3	0.3	34	0.4	28	5	0.5	52	0.8	28	1,028	9,898
Male, Disabled												
All Ages	1	0.8	12	0.4	57	2	1.6	18	0.9	27	123	1,340
64 or younger	1	0.8	12	0.4	57	2	1.7	18	0.9	27	118	1,287
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	53
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	0.2	22	0.5	12	3	0.3	34	0.8	29	905	8,558
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2	1.1	22	0.5	12	3	1.7	34	0.8	29	179	1,874
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	326	3,041
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	400	3,643
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 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,205 beneficiaries who were in nursing facilities for part of their enrollment and their 11,185 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^{a,b}
NORTH DAKOTA, 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
All	3,442	27.6	2.0	25,218	\$19	\$240,308	\$10	18.3	12,453
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	0
15-20	8	28.6	1.8	50	26	723	14	2.2	28
21-44	520	25.0	1.8	3,684	20	41,861	11	7.7	2,079
45-64	930	31.0	2.5	7,517	25	75,619	10	16.7	2,999
65-74	539	29.4	2.4	4,414	22	40,299	9	25.7	1,834
75-84	661	29.4	2.1	4,787	18	40,192	8	70.3	2,249
85 and older	784	24.0	1.5	4,766	13	41,614	9	64.2	3,264
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	1,969	27.0	1.9	13,853	17	120,850	9	45.6	7,295
Disabled	1,444	28.4	2.2	11,165	23	117,069	10	12.4	5,082
Adults	26	37.7	2.7	185	31	2,139	12	2.1	69
Children	3	42.9	2.1	15	36	250	17	3.9	7
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	2,291	29.5	2.2	16,850	20	157,965	9	20.9	7,769
Male	1,151	24.6	1.8	8,368	18	82,343	10	14.8	4,684
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	3,001	26.6	1.9	21,844	19	212,541	10	19.1	11,292
African American	17	27.0	1.9	120	17	1,065	9	5.6	63
Other/unknown	424	38.6	3.0	3,254	24	26,702	8	14.6	1,098
Use of Nursing Facilities^d									
Entire year	1,009	28.8	2.0	7,130	19	67,112	9	50.6	3,507
Part year	417	34.6	2.0	2,366	17	20,107	8	30.5	1,205
None	2,016	26.0	2.0	15,722	20	153,089	10	13.8	7,741
Maintenance Assistance Status									
Cash	1,380	34.0	2.7	11,103	25	101,456	9	13.3	4,063
Medically needy	1,874	26.1	1.8	12,927	17	124,570	10	29.8	7,170
Poverty related	58	7.9	0.3	241	4	2,896	12	5.3	737
Other/unknown	130	26.9	2.0	947	24	11,386	12	14.9	483

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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.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, 2007

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	\$2	\$10	\$0	\$1	126,658
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	0
15-20	0.2	2	14	1	0	311
21-44	0.2	2	11	0	1	22,418
45-64	0.2	2	10	0	2	31,885
65-74	0.2	2	9	0	1	18,963
75-84	0.2	2	8	0	1	22,239
85 and older	0.2	1	9	0	1	30,842
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	9	0	1	71,502
Disabled	0.2	2	10	0	1	54,516
Adults	0.3	4	12	0	2	574
Children	0.2	4	17	0	0	66
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	2	9	0	1	79,462
Male	0.2	2	10	0	1	47,196
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	10	0	1	114,610
African American	0.2	2	9	0	1	617
Other/unknown	0.3	2	8	0	1	11,431
Use of Nursing Facilities^d						
Entire year	0.2	2	9	0	2	34,640
Part year	0.2	2	8	0	1	11,185
None	0.2	2	10	0	1	80,833
Maintenance Assistance Status						
Cash	0.2	2	9	0	1	45,815
Medically needy	0.2	2	10	0	1	67,777
Poverty related	0.0	0	12	0	0	7,651
Other/unknown	0.2	2	12	0	1	5,415

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a,b,c}
NORTH DAKOTA, 2007

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	
All	4,097	\$59	\$240,308	100.0	25,218	\$10	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	568	34	19,307	8.0	1,210	16	4.8
Vitamins and minerals	187	67	12,565	5.2	925	14	3.7
Non-prescription drugs	921	39	36,355	15.1	5,801	6	23.0
Barbiturates	114	84	9,566	4.0	1,291	7	5.1
Benzodiazepines	2,284	71	161,058	67.0	15,936	10	63.2
Other Part D Excl Rx Drugs	23	63	1,457	0.6	55	26	0.2

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b}
 NORTH DAKOTA, 2007

Total Number of Dual Eligible Beneficiaries: 12,453
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,311,799
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$105

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,852	71.1	\$0	0.0
1-500	3,282	26.4	246,238	18.8
501-1,000	86	0.7	57,816	4.4
1,001-1,500	48	0.4	59,158	4.5
1,501-2,000	38	0.3	66,115	5.0
2,001-2,500	25	0.2	56,912	4.3
2,501-3,000	15	0.1	41,290	3.1
3,001-3,500	20	0.2	64,934	4.9
3,501-4,000	11	0.1	41,527	3.2
4,001-4,500	9	0.1	38,235	2.9
4,501-5,000	19	0.2	90,847	6.9
5,001-5,500	10	0.1	52,029	4.0
5,501-6,000	2	0.0	11,386	0.9
6,001-6,500	4	0.0	24,923	1.9
6,501-7,000	2	0.0	13,256	1.0
7,001-7,500	4	0.0	29,469	2.2
7,501-8,000	1	0.0	7,981	0.6
8,001-8,500	2	0.0	16,309	1.2
8,501-9,000	1	0.0	8,858	0.7
9,001-9,500	1	0.0	9,446	0.7
9,501-10,000	4	0.0	39,046	3.0
10,001+	17	0.1	336,024	25.6

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b, c}
 NORTH DAKOTA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 5,030
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$926,692
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$184

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			Age < 65		
\$0	3,540		70.4	\$0	0.0
1-500	1,272		25.3	116,277	12.5
501-1,000	52		1.0	35,151	3.8
1,001-1,500	33		0.7	39,775	4.3
1,501-2,000	24		0.5	42,463	4.6
2,001-2,500	18		0.4	41,132	4.4
2,501-3,000	13		0.3	35,410	3.8
3,001-3,500	14		0.3	45,533	4.9
3,501-4,000	7		0.1	26,173	2.8
4,001-4,500	7		0.1	29,662	3.2
4,501-5,000	14		0.3	66,876	7.2
5,001-5,500	8		0.2	41,500	4.5
5,501-6,000	1		0.0	5,573	0.6
6,001-6,500	3		0.1	18,767	2.0
6,501-7,000	0		0.0	0	0.0
7,001-7,500	3		0.1	22,054	2.4
7,501-8,000	1		0.0	7,981	0.9
8,001-8,500	2		0.0	16,309	1.8
8,501-9,000	0		0.0	0	0.0
9,001-9,500	1		0.0	9,446	1.0
9,501-10,000	2		0.0	19,413	2.1
10,001+	15		0.3	307,197	33.1

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NORTH DAKOTA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 7,347
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$278,788
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$37

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,278	71.8	\$0	0.0
1-500	1,999	27.2	128,858	46.2
501-1,000	29	0.4	18,934	6.8
1,001-1,500	8	0.1	10,456	3.8
1,501-2,000	11	0.1	18,435	6.6
2,001-2,500	5	0.1	11,366	4.1
2,501-3,000	1	0.0	2,924	1.0
3,001-3,500	4	0.1	13,087	4.7
3,501-4,000	2	0.0	7,734	2.8
4,001-4,500	0	0.0	0	0.0
4,501-5,000	4	0.1	19,113	6.9
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,813	2.1
6,001-6,500	1	0.0	6,156	2.2
6,501-7,000	1	0.0	6,676	2.4
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	1	0.0	8,858	3.2
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,753	3.5
10,001+	1	0.0	10,625	3.8

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NORTH DAKOTA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 1,834
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$156,838
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$85

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,323	72.1	\$0	0.0
1-500	462	25.2	34,065	21.7
501-1,000	14	0.8	9,418	6.0
1,001-1,500	8	0.4	10,456	6.7
1,501-2,000	9	0.5	15,028	9.6
2,001-2,500	3	0.2	6,668	4.3
2,501-3,000	1	0.1	2,924	1.9
3,001-3,500	4	0.2	13,087	8.3
3,501-4,000	2	0.1	7,734	4.9
4,001-4,500	0	0.0	0	0.0
4,501-5,000	2	0.1	9,577	6.1
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.1	5,813	3.7
6,001-6,500	1	0.1	6,156	3.9
6,501-7,000	1	0.1	6,676	4.3
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	1	0.1	8,858	5.6
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.1	9,753	6.2
10,001+	1	0.1	10,625	6.8

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b}
 NORTH DAKOTA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,249
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$57,142
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$25

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,596	71.0	\$0	0.0
1-500	641	28.5	43,881	76.8
501-1,000	8	0.4	5,156	9.0
1,001-1,500	0	0.0	0	0.0
1,501-2,000	2	0.1	3,407	6.0
2,001-2,500	2	0.1	4,698	8.2
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 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^{a, b}
 NORTH DAKOTA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,264
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$64,808
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$19

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,359	72.3	\$0	0.0
1-500	896	27.5	50,912	78.6
501-1,000	7	0.2	4,360	6.7
1,001-1,500	0	0.0	0	0.0
1,501-2,000	0	0.0	0	0.0
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	2	0.1	9,536	14.7
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 North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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, 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
All	12,453	7,295	5,082	69	7	0	126,658	71,502	54,516	574	66	0
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	0
15-20	28	0	21	0	7	0	311	0	245	0	66	0
21-44	2,079	0	2,032	47	0	0	22,418	0	22,021	397	0	0
45-64	2,999	0	2,977	22	0	0	31,885	0	31,708	177	0	0
65-74	1,834	1,782	52	0	0	0	18,963	18,421	542	0	0	0
75-84	2,249	2,249	0	0	0	0	22,239	22,239	0	0	0	0
85 and older	3,264	3,264	0	0	0	0	30,842	30,842	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	7,769	5,150	2,575	42	2	0	79,462	51,101	27,983	358	20	0
Male	4,684	2,145	2,507	27	5	0	47,196	20,401	26,533	216	46	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,292	6,788	4,449	49	6	0	114,610	66,230	47,900	422	58	0
African American	63	10	51	2	0	0	617	113	493	11	0	0
Other/unknown	1,098	497	582	18	1	0	11,431	5,159	6,123	141	8	0
Use of Nursing Facilities^c												
Entire year	3,507	3,246	261	0	0	0	34,640	31,716	2,924	0	0	0
Part year	1,205	1,067	137	1	0	0	11,185	9,725	1,448	12	0	0
None	7,741	2,982	4,684	68	7	0	80,833	30,061	50,144	562	66	0
Maintenance Assistance Status												
Cash	4,063	1,631	2,403	28	1	0	45,815	18,471	27,085	251	8	0
Medically needy	7,170	5,342	1,800	26	2	0	67,777	49,576	17,989	194	18	0
Poverty related	737	321	408	8	0	0	7,651	3,443	4,146	62	0	0
Other/unknown	483	1	471	7	4	0	5,415	12	5,296	67	40	0
Dual Status^d												
Full dual, all year	11,364	6,769	4,522	66	7	0	115,245	65,907	48,734	538	66	0
Full dual, part year	1,089	526	560	3	0	0	11,413	5,595	5,782	36	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,453	7,295	5,082	69	7	0	126,658	71,502	54,516	574	66	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 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^a
 DUAL ELIGIBLE BENEFICIARIES, NORTH DAKOTA, 2007

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		Benefit Months		Benefit Months	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	12,453	126,658	12,453	126,658	0	0
Fee-for-service (FFS) all year	12,453	126,658	12,453	126,658	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 North Dakota, released by CMS in 5/2010. This table was produced on 10/06/2010.

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