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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	80,002	121	11,586	8,164	59,957	174	707,132	672	117,600	55,912	531,462	1,486
Age												
5 and younger	27,536	0	696	2	26,838	0	240,733	0	7,164	3	233,566	0
6-14	23,978	1	1,269	0	22,708	0	224,002	12	13,892	0	210,098	0
15-20	12,584	0	1,206	1,069	10,304	5	106,051	0	12,755	5,886	87,395	15
21-44	10,275	1	3,143	6,988	107	36	81,417	12	31,928	48,860	403	214
45-64	5,480	10	5,236	103	0	131	54,180	120	51,684	1,139	0	1,237
65-74	57	19	35	1	0	2	313	114	167	12	0	20
75-84	35	33	1	1	0	0	187	165	10	12	0	0
85 and older	57	57	0	0	0	0	249	249	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	43,686	72	5,737	7,705	29,998	174	377,267	361	58,877	50,960	265,583	1,486
Male	36,316	49	5,849	459	29,959	0	329,865	311	58,723	4,952	265,879	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	55,413	103	9,099	6,138	39,906	167	480,897	529	91,159	40,556	347,218	1,435
African American	922	0	105	43	774	0	7,952	0	1,028	298	6,626	0
Other/unknown	23,667	18	2,382	1,983	19,277	7	218,283	143	25,413	15,058	177,618	51
Use of Nursing Facilities^c												
Entire year	161	21	139	1	0	0	1,640	187	1,441	12	0	0
Part year	223	10	201	10	1	1	2,271	88	2,041	118	12	12
None	79,618	90	11,246	8,153	59,956	173	703,221	397	114,118	55,782	531,450	1,474
Maintenance Assistance Status												
Cash	27,689	21	10,375	1,496	15,797	0	265,775	176	108,530	13,519	143,550	0
Medically needy	670	76	574	19	1	0	3,806	333	3,434	27	12	0
Poverty-related	34,684	0	0	4,584	29,926	174	288,118	0	0	24,647	261,985	1,486
Other/unknown	16,959	24	637	2,065	14,233	0	149,433	163	5,636	17,719	125,915	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	79,995	121	11,585	8,164	59,951	174	707,107	672	117,595	55,912	531,442	1,486
FFS part year, with Rx claims	4	0	1	0	3	0	16	0	5	0	11	0
FFS part year, no Rx claims	3	0	0	0	3	0	9	0	0	0	9	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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, MONTANA, 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	55.6	7.5	\$650	\$87	\$4,537	14.3	80,002
Age							
5 and younger	52.7	2.4	137	58	2,437	5.6	27,536
6-14	48.2	4.0	398	99	3,066	13.0	23,978
15-20	55.9	6.1	561	91	5,015	11.2	12,584
21-44	69.6	13.3	1,321	99	7,886	16.8	10,275
45-64	75.7	40.5	3,288	81	13,989	23.5	5,480
65-74	50.9	17.1	1,215	71	9,060	13.4	57
75-84	22.9	3.1	98	31	8,995	1.1	35
85 and older	14.0	2.2	96	44	12,049	0.8	57
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	26.4	5.7	242	43	12,640	1.9	121
Disabled	73.3	29.2	3,004	103	14,840	20.2	11,586
Adults	67.9	7.7	445	58	4,935	9.0	8,164
Children	50.5	3.2	219	68	2,448	8.9	59,957
Unknown	76.4	29.0	2,582	89	13,908	18.6	174
Gender							
Female	57.3	8.3	629	76	4,454	14.1	43,686
Male	53.5	6.6	676	103	4,637	14.6	36,316
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	61.5	9.0	784	87	4,702	16.7	55,413
African American	57.6	6.2	486	78	3,223	15.1	922
Other/unknown	41.5	4.0	343	86	4,200	8.2	23,667
Use of Nursing Facilities^f							
Entire year	85.7	66.7	5,731	86	58,926	9.7	161
Part year	93.3	68.1	5,633	83	50,281	11.2	223
None	55.4	7.2	626	87	4,299	14.6	79,618
Maintenance Assistance Status							
Cash	56.8	12.8	1,246	97	6,720	18.5	27,689
Medically needy	60.6	20.8	1,732	83	18,417	9.4	670
Poverty related	52.7	3.1	174	57	1,967	8.8	34,684
Other/unknown	59.1	7.3	609	84	5,681	10.7	16,959

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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ ^d	Number	
			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		Beneficiaries	Benefit Months
All	0.8	\$74	14.3	44.4	42.7	4.8	5.1	2.2	0.7	\$513	80,002	707,132
Age												
5 and younger	0.3	16	5.6	47.3	50.5	1.6	0.6	0.0	0.0	279	27,536	240,733
6-14	0.4	43	13.0	51.8	40.5	4.0	3.3	0.4	0.0	328	23,978	224,002
15-20	0.7	67	11.2	44.1	42.5	6.5	5.8	1.0	0.1	595	12,584	106,051
21-44	1.7	167	16.8	30.4	41.7	10.5	11.7	4.7	1.0	995	10,275	81,417
45-64	4.1	333	23.5	24.3	17.0	9.9	21.9	19.1	7.9	1,415	5,480	54,180
65-74	3.1	221	13.4	49.1	10.5	5.3	12.3	19.3	3.5	1,650	57	313
75-84	0.6	18	1.1	77.1	14.3	2.9	5.7	0.0	0.0	1,684	35	187
85 and older	0.5	22	0.8	86.0	8.8	3.5	1.8	0.0	0.0	2,758	57	249
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	1.0	44	1.9	73.6	13.2	5.8	5.8	1.7	0.0	2,276	121	672
Disabled	2.9	296	20.2	26.7	26.4	10.3	19.5	12.5	4.6	1,462	11,586	117,600
Adults	1.1	65	9.0	32.1	48.3	10.0	7.4	2.0	0.2	721	8,164	55,912
Children	0.4	25	8.9	49.5	45.2	3.1	2.0	0.2	0.0	276	59,957	531,462
Unknown	3.4	302	18.6	23.6	21.8	9.8	32.2	9.8	2.9	1,629	174	1,486
Gender												
Female	1.0	73	14.1	42.7	43.5	5.1	5.2	2.6	0.9	516	43,686	377,267
Male	0.7	74	14.6	46.5	41.8	4.5	5.0	1.8	0.4	511	36,316	329,865
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.0	90	16.7	38.5	46.0	5.6	6.2	2.8	0.9	542	55,413	480,897
African American	0.7	56	15.1	42.4	46.9	4.9	4.1	1.3	0.4	374	922	7,952
Other/unknown	0.4	37	8.2	58.5	34.8	3.0	2.6	0.9	0.2	455	23,667	218,283
Use of Nursing Facilities^f												
Entire year	6.5	563	9.7	14.3	6.2	5.0	20.5	36.0	18.0	5,785	161	1,640
Part year	6.7	553	11.2	6.7	10.3	8.5	25.1	29.1	20.2	4,937	223	2,271
None	0.8	71	14.6	44.6	42.9	4.8	5.0	2.1	0.6	487	79,618	703,221
Maintenance Assistance Status												
Cash	1.3	130	18.5	43.2	36.1	6.0	8.5	4.6	1.6	700	27,689	265,775
Medically needy	3.7	305	9.4	39.4	13.6	8.2	18.7	14.9	5.2	3,242	670	3,806
Poverty related	0.4	21	8.8	47.3	46.9	3.6	2.0	0.2	0.0	237	34,684	288,118
Other/unknown	0.8	69	10.7	40.9	46.2	5.3	5.5	1.8	0.4	645	16,959	149,433

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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL 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
All	0.8	\$74	\$87	0.3	\$53	\$200	0.0	\$5	\$141	0.5	\$15	\$28
Age												
5 and younger	0.3	16	58	0.1	11	197	0.0	1	69	0.2	4	21
6-14	0.4	43	99	0.2	36	174	0.0	1	102	0.2	6	26
15-20	0.7	67	91	0.3	52	190	0.0	3	122	0.4	11	26
21-44	1.7	167	99	0.5	123	258	0.1	11	158	1.1	33	29
45-64	4.1	333	81	1.1	209	187	0.2	39	161	2.7	83	31
65-74	3.1	221	71	0.7	139	194	0.3	30	100	2.1	52	25
75-84	0.6	18	31	0.2	10	51	0.0	2	114	0.4	6	17
85 and older	0.5	22	44	0.1	16	152	0.0	0	11	0.4	6	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.0	44	43	0.3	24	92	0.0	4	117	0.7	16	22
Disabled	2.9	296	103	0.9	213	239	0.2	25	158	1.8	58	32
Adults	1.1	65	58	0.3	40	158	0.0	6	139	0.8	19	23
Children	0.4	25	68	0.1	18	146	0.0	1	91	0.2	5	23
Unknown	3.4	302	89	1.0	226	223	0.2	19	117	2.2	58	26
Gender												
Female	1.0	73	76	0.3	50	184	0.0	6	138	0.6	17	26
Male	0.7	74	103	0.3	56	219	0.0	5	146	0.4	13	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.0	90	87	0.3	65	196	0.0	7	140	0.7	18	28
African American	0.7	56	78	0.2	42	177	0.0	3	94	0.5	12	26
Other/unknown	0.4	37	86	0.1	27	222	0.0	2	150	0.3	8	27
Use of Nursing Facilities^e												
Entire year	6.5	563	86	1.8	377	206	0.3	43	136	4.4	140	32
Part year	6.7	553	83	1.7	359	214	0.4	58	154	4.6	135	29
None	0.8	71	87	0.3	51	199	0.0	5	141	0.5	14	28
Maintenance Assistance Status												
Cash	1.3	130	97	0.4	94	230	0.1	10	152	0.9	26	30
Medically needy	3.7	305	83	1.0	200	201	0.2	31	151	2.5	74	30
Poverty related	0.4	21	57	0.1	15	134	0.0	1	96	0.2	5	21
Other/unknown	0.8	69	84	0.3	50	171	0.0	5	130	0.5	14	28

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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>.

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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Patented Brand-Name Total	Off-Patent Brand-Name Generic	Generic	Patented Brand-Name Total	Off-Patent Brand-Name Generic	Generic	Patented Brand-Name Total	Off-Patent Brand-Name Generic	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months			
Anti-infective Agents	0.2	0.0	0.0	\$11	\$5	\$1	\$6	\$47	\$267	\$96	\$27	67,692	\$3,208,321	28,550	35.7	292,588	
Biologicals	0.3	0.3	0.0	0.0	379	379	0	0	1166	1,166	0	0	597	696,271	205	0.3	1,837
Antineoplastic Agents	0.7	0.3	0.0	0.4	198	174	0	23	294	620	225	60	2,212	649,461	307	0.4	3,274
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	37	27	1	10	64	140	37	27	50,626	3,245,999	8,689	10.9	87,503
Cardiovascular Agents	1.1	0.1	0.1	0.8	43	13	15	15	41	98	118	19	60,108	2,468,101	5,338	6.7	56,818
Respiratory Agents	0.4	0.2	0.0	0.2	32	27	2	4	76	116	102	23	60,549	4,626,088	13,699	17.1	142,953
Gastrointestinal Agents	0.4	0.1	0.0	0.3	45	32	6	7	106	230	261	28	19,904	2,104,689	4,552	5.7	47,099
Genitourinary Agents	0.3	0.1	0.0	0.2	19	13	1	5	61	96	68	31	7,231	439,662	2,296	2.9	22,816
CNS Drugs	1.1	0.5	0.0	0.6	133	109	5	19	125	238	122	33	113,034	14,118,138	10,164	12.7	105,992
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	86	80	1	4	111	126	62	36	30,644	3,391,231	3,698	4.6	39,662
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	102	102	0	1	380	384	0	127	2,462	935,181	839	1.0	9,135
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	33	10	8	15	59	318	377	29	70,479	4,134,656	12,646	15.8	124,750
Neuromuscular Agents	0.9	0.4	0.1	0.5	98	67	9	22	110	186	160	47	56,532	6,204,584	5,849	7.3	63,089
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	4	14	32	16	13	17,927	251,679	6,168	7.7	62,281
Hematological Agents	0.6	0.2	0.0	0.4	374	367	1	6	650	2,029	27	17	5,949	3,867,114	1,042	1.3	10,341
Topical Products	0.2	0.0	0.0	0.1	8	5	0	3	40	93	64	21	30,952	1,233,659	15,145	18.9	158,060
Miscellaneous Products	0.6	0.2	0.0	0.3	211	169	12	29	349	751	272	88	1,075	375,193	168	0.2	1,782
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	75	0	0	0	937	69,902	494	0.6	5,272
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.	598,910	52,019,929	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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.

Nondual Medicaid Beneficiaries

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$10,311,110	5,316	6.6	58,570	0.7	\$260	\$176
ANTICONVULSANT	5,582,894	5,027	6.3	55,054	0.7	136	101
ANTIASTHMATIC	3,452,778	12,790	16.0	135,334	0.3	84	26
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	3,391,231	4,296	5.4	46,376	0.7	111	73
ANTIDEPRESSANTS	3,296,001	9,203	11.5	97,018	0.5	63	34
ANALGESICS - Narcotic	2,909,563	15,741	19.7	157,082	0.3	53	19
MISC. HEMATOLOGICAL	2,739,214	203	0.3	2,137	0.6	2,031	1,282
ANTIDIABETIC	1,364,313	2,249	2.8	24,104	0.7	82	57
ULCER DRUGS	1,227,828	4,823	6.0	50,620	0.4	55	24
MISC. ENDOCRINE	1,196,257	661	0.8	7,345	0.6	287	163
Total	35,471,189	60,309	n.a.	633,640	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 ND.7 includes the beneficiaries represented by Cell K 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.

Nondual Medicaid Beneficiaries

TABLE ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS			ANTICONVULSANT		
	Number of Rx	Rx \$	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	
All	304,915	\$35,471,189	5,316	6.6	58,570	0.7	\$176	5,027	6.3	55,054	0.7	\$101	
Female													
All Females	173,648	16,730,016	2,573	5.9	28,330	0.6	154	2,911	6.7	31,834	0.7	97	
Female, Disabled													
All Ages	112,577	11,794,196	1,622	28.3	18,302	0.7	179	2,020	35.2	22,460	0.7	98	
5 and younger	778	88,339	6	2.1	70	0.8	140	38	13.1	434	0.7	108	
6-14	2,994	412,561	73	17.6	847	0.8	176	87	21.0	1,002	0.7	115	
15-20	4,604	560,958	143	32.2	1,668	0.6	135	115	25.9	1,314	0.8	116	
21-44	29,847	3,400,063	612	37.9	6,883	0.6	166	683	42.3	7,563	0.7	109	
45-64	74,167	7,314,257	784	26.5	8,822	0.7	198	1,094	37.0	12,124	0.7	88	
65-74	187	18,018	4	22.2	12	0.9	154	3	16.7	23	0.3	56	
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	61,071	4,935,820	951	2.5	10,028	0.5	109	891	2.3	9,374	0.7	94	
5 and younger	4,344	446,085	9	0.1	108	0.5	113	60	0.5	630	0.6	96	
6-14	15,895	1,653,349	310	2.8	3,444	0.6	129	167	1.5	1,875	0.7	109	
15-20	16,444	1,446,487	381	5.7	3,999	0.5	96	279	4.2	2,928	0.6	99	
21-44	21,248	1,169,995	213	3.2	2,071	0.5	101	350	5.2	3,540	0.7	86	
45-64	2,942	209,525	36	18.9	384	0.7	112	33	17.4	377	0.7	47	
65-74	79	4,076	1	6.7	10	0.1	0	2	13.3	24	1.0	131	
75-84	37	941	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	82	5,362	1	2.8	12	1.3	258	0	0.0	0	0.0	0	
Male													
All Males	131,267	18,741,173	2,743	7.6	30,240	0.7	197	2,116	5.8	23,220	0.8	108	
Male, Disabled													
All Ages	71,672	11,893,465	1,556	26.6	17,306	0.7	223	1,351	23.1	14,820	0.7	98	
5 and younger	1,171	350,609	8	2.0	87	0.9	229	33	8.1	359	0.7	90	
6-14	9,460	2,528,553	331	38.8	3,719	0.7	191	198	23.2	2,282	0.7	110	
15-20	8,440	1,862,192	276	36.2	3,175	0.7	197	170	22.3	1,940	0.8	128	
21-44	17,747	3,458,784	513	33.6	5,603	0.8	263	405	26.5	4,377	0.8	108	
45-64	34,731	3,682,592	425	18.6	4,699	0.7	217	540	23.7	5,835	0.7	78	
65-74	123	10,735	3	17.6	23	0.6	94	5	29.4	27	0.8	91	
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	59,595	6,847,708	1,187	3.9	12,934	0.7	162	765	2.5	8,400	0.8	124	
5 and younger	7,034	573,430	38	0.3	412	0.4	54	72	0.5	749	0.5	60	
6-14	31,142	3,506,731	594	5.1	6,490	0.7	155	281	2.4	3,028	0.8	100	
15-20	13,662	1,704,639	427	9.0	4,500	0.7	149	207	4.4	2,186	0.7	107	
21-44	6,181	870,833	108	25.2	1,292	0.9	259	178	41.5	2,113	1.2	181	
45-64	1,515	190,210	20	37.0	240	1.0	254	25	46.3	300	1.3	256	
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	18	1,064	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	43	801	0	0.0	0	0.0	0	2	9.5	24	0.9	13	
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 Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.
 a. Table ND.7A includes the beneficiaries represented by Cell K 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	12,790	16.0	135,334	0.3	\$26	4,296	5.4	46,376	0.7	\$73	9,203	11.5	97,018	0.5	\$34
Female															
All Females	6,678	15.3	70,470	0.3	27	1,332	3.0	14,618	0.6	70	6,346	14.5	66,059	0.5	34
Female, Disabled															
All Ages	2,398	41.8	26,935	0.4	43	337	5.9	3,858	0.7	88	3,334	58.1	37,222	0.6	44
5 and younger	84	29.1	961	0.2	17	4	1.4	48	0.6	63	3	1.0	36	0.1	1
6-14	93	22.4	1,086	0.3	23	87	21.0	1,006	0.6	66	69	16.6	811	0.6	25
15-20	99	22.3	1,137	0.3	22	50	11.3	554	0.8	80	170	38.3	1,926	0.5	28
21-44	620	38.4	7,040	0.4	32	88	5.4	1,012	0.6	81	1,052	65.1	11,666	0.5	39
45-64	1,495	50.6	16,668	0.5	51	107	3.6	1,228	0.7	112	2,031	68.7	22,727	0.7	48
65-74	7	38.9	43	0.5	47	1	5.6	10	0.9	433	9	50.0	56	0.8	45
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	4,280	11.3	43,535	0.2	18	995	2.6	10,760	0.6	64	3,012	7.9	28,837	0.4	22
5 and younger	1,399	10.6	14,884	0.2	14	27	0.2	307	0.4	34	16	0.1	188	0.4	7
6-14	1,357	12.2	14,274	0.3	20	668	6.0	7,228	0.6	65	473	4.3	5,242	0.4	16
15-20	869	13.1	8,619	0.2	19	242	3.6	2,646	0.6	69	1,095	16.5	10,791	0.4	20
21-44	605	9.0	5,198	0.2	15	53	0.8	527	0.5	46	1,319	19.7	11,404	0.4	23
45-64	49	25.8	548	0.6	49	5	2.6	52	0.4	40	108	56.8	1,200	0.7	47
65-74	1	6.7	12	0.5	10	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	1	2.8	12	1.3	43
Male															
All Males	6,112	16.8	64,864	0.3	24	2,964	8.2	31,758	0.7	74	2,857	7.9	30,959	0.6	34
Male, Disabled															
All Ages	1,446	24.7	16,013	0.4	37	622	10.6	7,003	0.7	85	1,654	28.3	18,079	0.6	37
5 and younger	167	41.0	1,908	0.2	22	14	3.4	163	0.3	31	2	0.5	24	0.1	3
6-14	246	28.8	2,836	0.4	28	303	35.5	3,430	0.8	89	145	17.0	1,649	0.5	26
15-20	118	15.5	1,372	0.3	28	176	23.1	1,995	0.8	88	228	29.9	2,587	0.7	38
21-44	239	15.7	2,694	0.4	33	83	5.4	902	0.6	69	514	33.7	5,588	0.5	37
45-64	671	29.4	7,167	0.5	48	46	2.0	513	0.8	100	764	33.5	8,220	0.6	39
65-74	5	29.4	36	0.9	87	0	0.0	0	0.0	0	1	5.9	11	0.7	71
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	4,666	15.3	48,851	0.3	20	2,342	7.7	24,755	0.7	71	1,203	3.9	12,880	0.6	28
5 and younger	2,175	16.0	22,899	0.2	15	140	1.0	1,575	0.4	38	17	0.1	191	0.2	9
6-14	1,858	16.0	19,661	0.3	23	1,782	15.3	18,813	0.7	72	625	5.4	6,723	0.5	22
15-20	578	12.2	5,672	0.3	23	395	8.3	4,067	0.7	82	445	9.4	4,599	0.6	31
21-44	49	11.4	556	0.4	42	24	5.6	288	0.9	96	97	22.6	1,139	0.9	47
45-64	5	9.3	60	0.6	40	1	1.9	12	0.3	7	19	35.2	228	0.9	78
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	1	5.9	3	1.3	176	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 Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.
 a. Table ND.7B includes the beneficiaries represented by Cell K 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. HEMATOLOGICAL					ANTI-DIABETIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	15,741	19.7	157,082	0.3	\$19	203	0.3	2,137	0.6	\$1,282	2,249	2.8	24,104	0.7	\$57
Female															
All Females	11,346	26.0	110,487	0.3	16	108	0.2	1,137	0.6	74	1,488	3.4	16,062	0.7	55
Female, Disabled															
All Ages	4,033	70.3	44,570	0.5	34	106	1.8	1,113	0.6	74	1,154	20.1	12,987	0.7	57
5 and younger	19	6.6	228	0.1	1	0	0.0	0	0.0	0	2	0.7	24	0.3	28
6-14	31	7.5	365	0.1	1	1	0.2	12	0.5	8	7	1.7	84	0.9	66
15-20	122	27.5	1,359	0.2	12	0	0.0	0	0.0	0	22	5.0	244	0.6	90
21-44	1,302	80.6	14,492	0.5	28	4	0.2	38	0.6	71	234	14.5	2,571	0.6	46
45-64	2,543	86.1	28,047	0.6	39	100	3.4	1,056	0.6	74	883	29.9	10,039	0.7	59
65-74	16	88.9	79	0.6	18	1	5.6	7	1.0	121	6	33.3	25	0.8	84
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	7,313	19.3	65,917	0.2	4	2	0.0	24	0.8	88	334	0.9	3,075	0.6	47
5 and younger	297	2.2	3,228	0.1	1	0	0.0	0	0.0	0	4	0.0	40	0.4	39
6-14	663	6.0	7,149	0.1	1	0	0.0	0	0.0	0	37	0.3	397	0.8	93
15-20	2,063	31.1	19,490	0.2	2	0	0.0	0	0.0	0	63	0.9	563	0.6	58
21-44	4,142	61.8	34,476	0.3	5	0	0.0	0	0.0	0	183	2.7	1,559	0.5	30
45-64	144	75.8	1,528	0.4	7	2	1.1	24	0.8	88	43	22.6	472	0.6	52
65-74	3	20.0	34	0.3	2	0	0.0	0	0.0	0	2	13.3	20	0.9	7
75-84	1	5.9	12	1.0	9	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	2	5.6	24	2.1	73
Male															
All Males	4,395	12.1	46,595	0.4	25	95	0.3	1,000	0.6	2,655	761	2.1	8,042	0.7	60
Male, Disabled															
All Ages	2,442	41.8	26,210	0.5	43	93	1.6	977	0.6	2,716	647	11.1	6,876	0.7	59
5 and younger	34	8.4	399	0.1	1	3	0.7	36	1.0	6,246	7	1.7	75	0.7	58
6-14	81	9.5	950	0.1	1	1	0.1	12	1.1	81,955	13	1.5	153	0.8	86
15-20	141	18.5	1,599	0.2	9	3	0.4	27	0.6	21,723	16	2.1	166	0.8	59
21-44	713	46.7	7,669	0.4	24	9	0.6	96	0.6	8,223	94	6.2	983	0.8	66
45-64	1,468	64.4	15,566	0.6	59	77	3.4	806	0.6	86	513	22.5	5,475	0.7	56
65-74	5	29.4	27	0.9	38	0	0.0	0	0.0	0	4	23.5	24	0.6	39
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	1,953	6.4	20,385	0.1	2	2	0.0	23	0.6	67	114	0.4	1,166	0.7	66
5 and younger	447	3.3	4,868	0.1	1	0	0.0	0	0.0	0	7	0.1	70	0.3	33
6-14	658	5.7	6,984	0.1	1	0	0.0	0	0.0	0	42	0.4	430	0.6	60
15-20	737	15.6	7,320	0.2	2	2	0.0	23	0.6	67	38	0.8	351	0.8	89
21-44	91	21.2	973	0.2	3	0	0.0	0	0.0	0	12	2.8	135	0.7	30
45-64	20	37.0	240	0.8	36	0	0.0	0	0.0	0	15	27.8	180	1.1	72
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
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 Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.
 a. Table ND.7C includes the beneficiaries represented by Cell K 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	ULCER DRUGS					MISC. ENDOCRINE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	4,823	6.0	50,620	0.4	\$24	661	0.8	7,345	0.6	\$163	80,002	707,132
Female												
All Females	3,138	7.2	32,726	0.4	24	402	0.9	4,558	0.6	127	43,686	377,267
Female, Disabled												
All Ages	1,713	29.9	19,130	0.6	32	298	5.2	3,392	0.6	72	5,737	58,877
5 and younger	33	11.4	324	0.3	18	4	1.4	48	0.3	121	289	2,889
6-14	24	5.8	283	0.3	23	6	1.4	72	0.5	331	415	4,562
15-20	47	10.6	538	0.4	14	7	1.6	71	0.9	205	444	4,668
21-44	445	27.5	4,986	0.5	24	42	2.6	482	0.5	46	1,616	16,653
45-64	1,159	39.2	12,968	0.6	36	237	8.0	2,706	0.6	66	2,955	30,003
65-74	5	27.8	31	0.5	46	2	11.1	13	0.2	18	18	102
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	1,425	3.8	13,596	0.3	13	104	0.3	1,166	0.5	285	37,949	318,390
5 and younger	236	1.8	2,189	0.2	14	8	0.1	86	0.6	1,399	13,250	114,868
6-14	213	1.9	2,382	0.2	15	50	0.5	538	0.4	156	11,094	102,837
15-20	381	5.7	3,768	0.2	9	11	0.2	127	0.5	795	6,644	53,462
21-44	543	8.1	4,660	0.3	15	18	0.3	216	0.8	70	6,703	45,057
45-64	50	26.3	573	0.5	25	14	7.4	168	0.6	64	190	1,857
65-74	1	6.7	12	1.2	26	1	6.7	10	0.4	30	15	118
75-84	1	5.9	12	0.7	9	2	11.8	21	0.8	35	17	69
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	36	122
Male												
All Males	1,685	4.6	17,894	0.5	25	259	0.7	2,787	0.5	222	36,316	329,865
Male, Disabled												
All Ages	957	16.4	10,498	0.5	28	101	1.7	1,130	0.6	222	5,849	58,723
5 and younger	51	12.5	564	0.3	28	1	0.2	12	0.9	490	407	4,275
6-14	45	5.3	494	0.4	24	36	4.2	414	0.6	318	854	9,330
15-20	63	8.3	724	0.5	24	11	1.4	125	0.6	385	762	8,087
21-44	235	15.4	2,579	0.6	31	20	1.3	203	0.7	150	1,527	15,275
45-64	562	24.6	6,126	0.6	27	33	1.4	376	0.6	92	2,281	21,681
65-74	1	5.9	11	0.9	22	0	0.0	0	0.0	0	17	65
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	728	2.4	7,396	0.3	20	158	0.5	1,657	0.5	222	30,467	271,142
5 and younger	301	2.2	2,728	0.2	15	9	0.1	83	0.5	748	13,590	118,701
6-14	173	1.5	1,913	0.3	19	120	1.0	1,237	0.4	141	11,615	107,273
15-20	156	3.3	1,611	0.3	16	20	0.4	229	0.8	545	4,734	39,834
21-44	77	17.9	899	0.7	44	5	1.2	60	1.1	66	429	4,432
45-64	17	31.5	204	1.0	37	4	7.4	48	0.8	63	54	639
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	28
75-84	2	11.8	17	0.8	32	0	0.0	0	0.0	0	17	108
85 and older	2	9.5	24	0.9	20	0	0.0	0	0.0	0	21	127
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 Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.
 a. Table ND.7D includes the beneficiaries represented by Cell K 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.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$563	6.5	161	1,640
Age				
0-64	632	7.3	138	1,447
65-74	387	5.3	2	6
75-84	25	1.1	8	63
85 and older	41	0.7	13	124
Unknown	0	0.0	0	0
Gender				
Female	724	7.8	90	924
Male	355	4.9	71	716
Unknown	0	0.0	0	0
Race				
White	548	6.5	131	1,314
African American	0	0	0	0
Other/unknown	622	6.6	30	326
Basis of Eligibility^c				
Aged	36	0.8	21	187
Disabled	631	7.3	139	1,441
Adults	536	5.3	1	12
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 223 beneficiaries who were in nursing facilities for part of their enrollment and their 2,271 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.

Nondual Medicaid Beneficiaries

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users			Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic					
Anti-infective Agents	0.5	0.1	0.0	0.4	\$43	\$30	\$1	\$12	\$93	\$550	\$136	\$30	467	\$43,225	91	56.5	1,000
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	33	33	0	0	4	130	4	2.5	47
Antineoplastic Agents	0.4	0.0	0.0	0.4	48	0	0	48	108	0	0	108	17	1,835	4	2.5	38
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.6	95	75	3	17	71	109	62	28	937	66,664	66	41.0	703
Cardiovascular Agents	1.6	0.1	0.2	1.3	56	5	25	26	35	60	119	20	1,099	38,356	65	40.4	689
Respiratory Agents	0.9	0.4	0.0	0.5	64	48	3	13	67	109	89	28	648	43,705	64	39.8	685
Gastrointestinal Agents	1.2	0.4	0.0	0.9	105	75	8	22	85	213	311	26	1,007	85,281	76	47.2	814
Genitourinary Agents	0.6	0.3	0.0	0.3	41	28	0	13	66	96	0	39	287	19,066	40	24.8	463
CNS Drugs	1.7	0.7	0.0	1.0	209	167	3	39	123	245	82	40	2,073	254,810	113	70.2	1,220
Stimulants/Anti-obesity/Aorexia	0.9	0.3	0.0	0.6	85	69	0	16	91	212	0	27	66	6,027	8	5.0	71
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	690	690	0	0	696	696	0	0	119	82,766	10	6.2	120
Analgesics and Anesthetics	1.2	0.1	0.2	0.9	72	9	37	25	61	161	218	27	935	57,178	76	47.2	797
Neuromuscular Agents	1.7	0.4	0.1	1.3	155	89	6	61	90	214	95	48	1,871	167,907	99	61.5	1,082
Nutritional Products	0.8	0.0	0.0	0.7	14	0	1	13	18	9	38	17	404	7,259	46	28.6	513
Hematological Agents	1.0	0.3	0.0	0.7	78	67	0	11	78	242	6	15	296	23,014	30	18.6	295
Topical Products	0.5	0.2	0.0	0.3	23	13	1	9	45	84	57	27	433	19,559	76	47.2	842
Miscellaneous Products	0.1	0.0	0.0	0.1	10	3	6	1	77	79	275	10	6	464	4	2.5	47
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	55	0	0	0	87	0	0	0	63	5,485	9	5.6	100
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.	10,732	922,731	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 223 beneficiaries who were in nursing facilities for part of their enrollment and their 2,271 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 ND.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}
 NONDUAL 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	
ANTIPSYCHOTICS	\$175,464	64	39.8	685	0.9	\$290	\$256	
ANTICONVULSANT	123,191	98	60.9	1,091	1.2	96	113	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	83,312	13	8.1	156	0.9	626	534	
ANTIDEPRESSANTS	69,006	102	63.4	1,139	0.9	68	61	
ANALGESICS - Narcotic	53,111	88	54.7	911	0.9	68	58	
ANTIDIABETIC	43,659	56	34.8	609	1.0	70	72	
ULCER DRUGS	41,614	75	46.6	799	0.8	63	52	
MUSCULOSKELETAL THERAPY AGENTS	38,525	40	24.8	439	1.0	89	88	
ANTIASTHMATIC	35,913	73	45.3	762	0.6	82	47	
ANTIEMETICS	32,006	9	5.6	99	0.6	582	323	
Total	695,801	618	n.a.	6,690	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 223 beneficiaries who were in nursing facilities for part of their enrollment and their 2,271 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 ND.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
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	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	6,044	\$695,801	64	39.8	685	0.9	\$256	98	60.9	1,091	1.2	\$113
Female												
All Females	3,979	511,877	51	56.7	554	0.9	283	53	58.9	585	1.1	84
Female, Disabled												
All Ages	3,877	506,304	50	59.5	542	0.9	283	53	63.1	585	1.1	84
64 or younger	3,863	504,330	48	57.8	536	0.9	284	53	63.9	585	1.1	84
65-74	14	1,974	2	200.0	6	0.8	191	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	102	5,573	1	16.7	12	1.3	258	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
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	20	211	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	82	5,362	1	20.0	12	1.3	258	0	0.0	0	0.0	0
Male												
All Males	2,065	183,924	13	18.3	131	0.9	145	45	63.4	506	1.3	146
Male, Disabled												
All Ages	1,972	177,541	13	23.6	131	0.9	145	41	74.5	458	1.3	152
64 or younger	1,972	177,541	13	24.1	131	0.9	145	41	75.9	458	1.3	152
65-74	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	93	6,383	0	0.0	0	0.0	0	4	25.0	48	1.1	92
64 or younger	46	5,273	0	0.0	0	0.0	0	2	200.0	24	1.3	171
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	14	536	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	33	574	0	0.0	0	0.0	0	2	25.0	24	0.9	13
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 Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.
 a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 223 beneficiaries who were in nursing facilities for part of their enrollment and their 2,271 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 ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-	Number of	Mean	Mean	Number of Users	Users as % of All-	Number of	Mean	Mean	Number of Users	Users as % of All-	Number of	Mean	Mean
		Year Nursing Facility Residents					Benefit Months Among Users					Rx			
All	13	8.1	156	0.9	\$534	102	63.4	1,139	0.9	\$61	88	54.7	911	0.9	\$58
Female															
All Females	9	10.0	108	1.0	719	73	81.1	805	0.9	58	62	68.9	633	0.9	70
Female, Disabled															
All Ages	9	10.7	108	1.0	719	72	85.7	793	0.9	58	61	72.6	621	0.9	71
64 or younger	9	10.8	108	1.0	719	72	86.7	793	0.9	58	61	73.5	621	0.9	71
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	0	0.0	0	0.0	0	1	16.7	12	1.3	43	1	16.7	12	1.0	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	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	1	100.0	12	1.0	9
85 and older	0	0.0	0	0.0	0	1	20.0	12	1.3	43	0	0.0	0	0.0	0
Male															
All Males	4	5.6	48	0.6	119	29	40.8	334	0.9	66	26	36.6	278	0.8	32
Male, Disabled															
All Ages	4	7.3	48	0.6	119	29	52.7	334	0.9	66	26	47.3	278	0.8	32
64 or younger	4	7.4	48	0.6	119	29	53.7	334	0.9	66	26	48.1	278	0.8	32
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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	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
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 Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.
 a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 223 beneficiaries who were in nursing facilities for part of their enrollment and their 2,271 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 ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					MUSCULOSKELETAL THERAPY AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	56	34.8	609	1.0	\$72	75	46.6	799	0.8	\$52	40	24.8	439	1.0	\$88
Female															
All Females	38	42.2	402	1.1	75	46	51.1	487	0.8	39	24	26.7	265	1.0	103
Female, Disabled															
All Ages	36	42.9	378	1.0	75	45	53.6	475	0.8	40	24	28.6	265	1.0	103
64 or younger	33	39.8	369	1.0	75	45	54.2	475	0.8	40	24	28.9	265	1.0	103
65-74	3	300.0	9	0.9	78	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	2	33.3	24	2.1	73	1	16.7	12	0.7	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	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	1	100.0	12	0.7	9	0	0.0	0	0.0	0
85 and older	2	40.0	24	2.1	73	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	18	25.4	207	1.0	65	29	40.8	312	0.9	72	16	22.5	174	0.9	65
Male, Disabled															
All Ages	18	32.7	207	1.0	65	26	47.3	283	0.9	77	15	27.3	162	0.9	62
64 or younger	18	33.3	207	1.0	65	26	48.1	283	0.9	77	15	27.8	162	0.9	62
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	0	0.0	0	0.0	0	3	18.8	29	0.9	27	1	6.3	12	1.3	98
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.3	98
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	2	28.6	17	0.8	32	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	12.5	12	1.0	21	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 Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.
 a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 223 beneficiaries who were in nursing facilities for part of their enrollment and their 2,271 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 ND.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}
 NONDUAL BENEFICIARIES, MONTANA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTIEMETICS					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-Year Nursing Facility Residents	Nursing Facility Residents
All	73	45.3	762	0.6	\$47	9	5.6	99	0.6	\$323	161	1,640
Female												
All Females	54	60.0	542	0.7	55	8	8.9	87	0.5	357	90	924
Female, Disabled												
All Ages	54	64.3	542	0.7	55	8	9.5	87	0.5	357	84	869
64 or younger	53	63.9	539	0.7	55	8	9.6	87	0.5	357	83	866
65-74	1	100.0	3	0.3	42	0	0.0	0	0.0	0	1	3
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	55
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	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	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	43
Male												
All Males	19	26.8	220	0.4	28	1	1.4	12	1.1	81	71	716
Male, Disabled												
All Ages	19	34.5	220	0.4	28	1	1.8	12	1.1	81	55	572
64 or younger	19	35.2	220	0.4	28	1	1.9	12	1.1	81	54	569
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	144
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	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	7	51
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	81
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 Montana, released by CMS in 3/2010. This table was produced on 04/19/2011.
 a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 223 beneficiaries who were in nursing facilities for part of their enrollment and their 2,271 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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 Nondual Rx \$	Total Number of Beneficiaries
All	12,346	15.4	0.8	61,437	\$15	\$1,184,256	\$19	2.3	80,002
Age									
5 and younger	2,794	10.1	0.2	5,374	2	62,505	12	1.7	27,536
6-14	2,569	10.7	0.3	6,337	4	92,805	15	1.0	23,978
15-20	1,755	13.9	0.4	4,932	7	93,161	19	1.3	12,584
21-44	2,539	24.7	1.6	16,004	31	319,327	20	2.4	10,275
45-64	2,657	48.5	5.2	28,557	112	612,491	21	3.4	5,480
65-74	18	31.6	1.9	107	37	2,091	20	3.0	57
75-84	7	20.0	1.3	45	18	638	14	18.6	35
85 and older	7	12.3	1.4	81	22	1,238	15	22.7	57
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	19	15.7	1.3	152	23	2,747	18	9.4	121
Disabled	4,411	38.1	3.5	40,454	74	861,585	21	2.5	11,586
Adults	1,480	18.1	0.8	6,652	14	115,457	17	3.2	8,164
Children	6,362	10.6	0.2	13,703	3	196,320	14	1.5	59,957
Unknown	74	42.5	2.7	476	47	8,147	17	1.8	174
Gender									
Female	7,389	16.9	0.9	39,184	17	763,425	19	2.8	43,686
Male	4,957	13.6	0.6	22,253	12	420,831	19	1.7	36,316
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	9,868	17.8	0.9	51,608	18	1,001,435	19	2.3	55,413
African American	135	14.6	0.6	556	9	8,465	15	1.9	922
Other/unknown	2,343	9.9	0.4	9,273	7	174,356	19	2.1	23,667
Use of Nursing Facilities^d									
Entire year	99	61.5	8.6	1,390	179	28,861	21	3.1	161
Part year	180	80.7	9.6	2,143	225	50,148	23	4.0	223
None	12,067	15.2	0.7	57,904	14	1,105,247	19	2.2	79,618
Maintenance Assistance Status									
Cash	5,815	21.0	1.4	39,891	30	824,326	21	2.4	27,689
Medically needy	237	35.4	2.4	1,607	48	32,382	20	2.8	670
Poverty related	3,918	11.3	0.2	7,922	3	108,357	14	1.8	34,684
Other/unknown	2,376	14.0	0.7	12,017	13	219,191	18	2.1	16,959

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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
All	0.1	\$2	\$19	\$0	\$1	707,132
Age						
5 and younger	0.0	0	12	0	0	240,733
6-14	0.0	0	15	0	0	224,002
15-20	0.0	1	19	0	0	106,051
21-44	0.2	4	20	0	1	81,417
45-64	0.5	11	21	0	4	54,180
65-74	0.3	7	20	0	1	313
75-84	0.2	3	14	0	2	187
85 and older	0.3	5	15	0	3	249
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	4	18	0	2	672
Disabled	0.3	7	21	0	3	117,600
Adults	0.1	2	17	0	1	55,912
Children	0.0	0	14	0	0	531,462
Unknown	0.3	5	17	0	2	1,486
Gender						
Female	0.1	2	19	0	1	377,267
Male	0.1	1	19	0	0	329,865
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	19	0	1	480,897
African American	0.1	1	15	0	0	7,952
Other/unknown	0.0	1	19	0	0	218,283
Use of Nursing Facilities^d						
Entire year	0.8	18	21	1	6	1,640
Part year	0.9	22	23	0	6	2,271
None	0.1	2	19	0	1	703,221
Maintenance Assistance Status						
Cash	0.2	3	21	0	1	265,775
Medically needy	0.4	9	20	0	3	3,806
Poverty related	0.0	0	14	0	0	288,118
Other/unknown	0.1	1	18	0	1	149,433

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
MONTANA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$				Excluded Rx	
All	15,825	\$75	\$1,184,256	100.0		61,437	\$19	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	49	15	729	0.1		72	10	0.1	
Cough and cold medications	3,320	31	104,002	8.8		5,235	20	8.5	
Vitamins and minerals	2,669	55	145,534	12.3		9,390	15	15.3	
Non-prescription drugs	6,190	79	486,008	41.0		24,684	20	40.2	
Barbiturates	126	98	12,344	1.0		1,002	12	1.6	
Benzodiazepines	3,142	125	392,122	33.1		19,908	20	32.4	
Other Part D Excl Rx Drugs	329	132	43,517	3.7		1,146	38	1.9	

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. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

Nondual Medicaid Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	80,227	121	11,590	8,166	60,176	174	710,260	672	117,688	55,946	534,468	1,486
Age												
5 and younger	27,596	0	699	2	26,895	0	241,709	0	7,180	3	234,526	0
6-14	24,099	1	1,270	0	22,828	0	225,536	12	13,945	0	211,579	0
15-20	12,628	0	1,206	1,071	10,346	5	106,669	0	12,774	5,920	87,960	15
21-44	10,275	1	3,143	6,988	107	36	81,417	12	31,928	48,860	403	214
45-64	5,480	10	5,236	103	0	131	54,180	120	51,684	1,139	0	1,237
65-74	57	19	35	1	0	2	313	114	167	12	0	20
75-84	35	33	1	1	0	0	187	165	10	12	0	0
85 and older	57	57	0	0	0	0	249	249	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	43,787	72	5,738	7,707	30,096	174	378,789	361	58,898	50,994	267,050	1,486
Male	36,440	49	5,852	459	30,080	0	331,471	311	58,790	4,952	267,418	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	55,598	103	9,103	6,139	40,086	167	483,542	529	91,242	40,585	349,751	1,435
African American	928	0	105	43	780	0	7,973	0	1,028	298	6,647	0
Other/unknown	23,701	18	2,382	1,984	19,310	7	218,745	143	25,418	15,063	178,070	51
Use of Nursing Facilities^c												
Entire year	161	21	139	1	0	0	1,640	187	1,441	12	0	0
Part year	223	10	201	10	1	1	2,271	88	2,041	118	12	12
None	79,843	90	11,250	8,155	60,175	173	706,349	397	114,206	55,816	534,456	1,474
Maintenance Assistance Status												
Cash	27,716	21	10,379	1,496	15,820	0	266,225	176	108,618	13,519	143,912	0
Medically needy	670	76	574	19	1	0	3,806	333	3,434	27	12	0
Poverty related	34,876	0	0	4,586	30,116	174	290,639	0	0	24,681	264,472	1,486
Other/unknown	16,965	24	637	2,065	14,239	0	149,590	163	5,636	17,719	126,072	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	79,995	121	11,585	8,164	59,951	174	709,828	672	117,673	55,943	534,054	1,486
FFS part year, with Rx claims	4	0	1	0	3	0	23	0	6	0	17	0
FFS part year, no Rx claims	3	0	0	0	3	0	13	0	0	0	13	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

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

- a. Table A.1 includes the beneficiaries represented by Cell J 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.
- 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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, MONTANA, 2007

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	80,227	710,260	80,002	707,132	0	3,128
Fee-for-service (FFS) all year	79,995	709,828	79,995	707,107	0	2,721
FFS part year, with Rx claims	4	23	4	16	0	7
FFS part year, with no Rx claims	3	13	3	9	0	4
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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Nondual Medicaid Beneficiaries