

**TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
NORTH DAKOTA, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	61,806	100%	61,331	99%	\$343,795,843	100%	\$342,271,534	100%
Age								
0-3	8,935	14%	8,846	99%	\$14,261,698	4%	\$13,928,152	98%
4-5	3,831	6%	3,783	99%	\$3,041,472	1%	\$2,976,053	98%
6-12	11,482	19%	11,335	99%	\$15,039,756	4%	\$14,836,438	99%
13-18	7,293	12%	7,223	99%	\$21,957,532	6%	\$21,653,795	99%
19-21	2,735	4%	2,721	99%	\$9,098,056	3%	\$8,996,791	99%
22-44	12,915	21%	12,817	99%	\$82,782,255	24%	\$82,314,081	99%
45-64	4,877	8%	4,868	100%	\$61,911,586	18%	\$61,868,083	100%
65 and older	9,737	16%	9,737	100%	\$135,702,294	39%	\$135,696,947	100%
Gender								
Female	37,229	60%	36,945	99%	\$203,713,295	59%	\$202,624,166	99%
Male	24,570	40%	24,379	99%	\$140,072,358	41%	\$139,637,178	100%
Race								
White	46,191	75%	45,838	99%	\$302,245,923	88%	\$301,077,974	100%
Black	1,080	2%	1,048	97%	\$1,936,952	1%	\$1,875,840	97%
Hispanic	0	0%	0	0%	\$0	0%	\$0	0%
American Indian/Alaskan Native	14,225	23%	14,138	99%	\$38,831,010	11%	\$38,540,639	99%
Asian/Pacific Islander	309	1%	306	99%	\$778,280	0%	\$773,403	99%
Other/Unknown	1	0%	1	100%	\$3,678	0%	\$3,678	100%
Dual Status								
Aged Duals with Full Medicaid	8,723	14%	8,723	100%	\$132,488,292	39%	\$132,482,981	100%
Disabled Duals with Full Medicaid	4,318	7%	4,318	100%	\$78,810,543	23%	\$78,806,873	100%
Duals with Limited Medicaid	1,096	2%	1,096	100%	\$343,859	0%	\$343,383	100%
Other Duals	45	0%	45	100%	\$154,868	0%	\$154,866	100%
Disabled Non-Duals	4,510	7%	4,510	100%	\$62,608,143	18%	\$62,595,127	100%
All Other Non-Duals	43,114	70%	42,639	99%	\$69,390,138	20%	\$67,888,304	98%
Eligibility Group								
Aged	9,622	16%	9,622	100%	\$134,312,840	39%	\$134,307,493	100%
Disabled	9,260	15%	9,260	100%	\$142,829,462	42%	\$142,812,336	100%
Adults	11,689	19%	11,576	99%	\$22,254,248	6%	\$21,668,904	97%
Children	31,235	51%	30,873	99%	\$44,399,293	13%	\$43,482,801	98%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
NORTH DAKOTA, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	61,331	8,684	14%	\$342,271,534	\$100,854,968	29%
Age						
0-3	8,846	75	1%	\$13,928,152	\$218,080	2%
4-5	3,783	169	4%	\$2,976,053	\$373,314	13%
6-12	11,335	1,613	14%	\$14,836,438	\$7,285,388	49%
13-18	7,223	1,707	24%	\$21,653,795	\$14,920,463	69%
19-21	2,721	289	11%	\$8,996,791	\$2,667,767	30%
22-44	12,817	2,530	20%	\$82,314,081	\$29,871,885	36%
45-64	4,868	1,275	26%	\$61,868,083	\$21,350,078	35%
65 and Older	9,737	1,026	11%	\$135,696,947	\$24,167,993	18%
Gender						
Female	36,945	4,922	13%	\$202,624,166	\$54,817,146	27%
Male	24,379	3,762	15%	\$139,637,178	\$46,037,822	33%
Race						
White	45,838	6,940	15%	\$301,077,974	\$87,948,680	29%
Black	1,048	96	9%	\$1,875,840	\$626,821	33%
Hispanic	0	0	0%	\$0	\$0	0%
American Indian/Alaskan Native	14,138	1,624	11%	\$38,540,639	\$12,030,229	31%
Asian/Pacific Islander	306	23	8%	\$773,403	\$245,560	32%
Other/Unknown	1	1	100%	\$3,678	\$3,678	100%
Dual Status						
Aged Duals with Full Medicaid	8,723	979	11%	\$132,482,981	\$23,372,462	18%
Disabled Duals with Full Medicaid	4,318	1,453	34%	\$78,806,873	\$26,921,221	34%
Duals with Limited Medicaid	1,096	36	3%	\$343,383	\$47,212	14%
Other Duals	45	13	29%	\$154,866	\$73,391	47%
Disabled Non-Duals	4,510	1,391	31%	\$62,595,127	\$24,515,346	39%
All Other Non-Duals	42,639	4,812	11%	\$67,888,304	\$25,925,336	38%
Eligibility Group						
Aged	9,622	996	10%	\$134,307,493	\$23,689,763	18%
Disabled	9,260	2,893	31%	\$142,812,336	\$51,877,604	36%
Adults	11,576	1,417	12%	\$21,668,904	\$5,588,354	26%
Children	30,873	3,378	11%	\$43,482,801	\$19,699,247	45%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3
 MEDICAID FFS MENTAL HEALTH POPULATION
 BY DIAGNOSTIC CATEGORY AND AGE GROUP
 NORTH DAKOTA, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	947	11%	24	1%	719	19%	204	20%
Major depression and affective psychoses	1,474	17%	413	11%	888	23%	173	17%
Other psychoses	259	3%	15	0%	100	3%	144	14%
Childhood psychoses	80	1%	55	1%	24	1%	1	0%
Neurotic & other depressive disorders	2,265	26%	605	16%	1,301	34%	359	35%
Personality disorders	164	2%	34	1%	107	3%	23	2%
Other mental disorders	177	2%	47	1%	86	2%	44	4%
Special symptoms or syndromes	266	3%	99	3%	152	4%	15	1%
Stress & adjustment reactions	849	10%	511	13%	307	8%	31	3%
Conduct disorders	428	5%	337	9%	69	2%	22	2%
Emotional disturbances	267	3%	265	7%	2	0%	0	0%
Hyperkinetic syndrome	1,490	17%	1,440	37%	50	1%	0	0%
No Diagnosis	18	0%	8	0%	0	0%	10	1%
Total	8,684	100%	3,853	100%	3,805	100%	1,026	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
NORTH DAKOTA, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Mental Health Treatment		Mental Health Treatment			Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
				Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User			
Female	0-3	0	0	0	0	0	0%	0	0	0%	0
	4-5	0	0	0	0	0	0%	0	1	2%	4
	6-12	0	0	27	19	27	5%	19	10	2%	7
	13-18	17	67	117	26	130	18%	32	61	8%	9
	19-21	4	54	13	11	16	8%	23	47	23%	4
	22-44	0	0	100	8	100	6%	8	318	18%	4
	45-64	0	0	36	10	36	4%	10	179	22%	5
	65+	14	199	2	6	15	2%	187	201	27%	1
All Ages	35	118	295	17	324	7%	28	817	17%	4	
Male	0-3	0	0	0	0	0	0%	0	6	13%	4
	4-5	0	0	0	0	0	0%	0	3	3%	3
	6-12	6	35	74	22	78	7%	24	23	2%	5
	13-18	28	61	116	23	139	14%	31	40	4%	11
	19-21	4	24	8	9	12	14%	14	8	9%	11
	22-44	0	0	43	9	43	6%	9	113	16%	5
	45-64	0	0	14	11	14	3%	11	103	23%	4
	65+	20	148	2	24	22	8%	136	98	34%	1
All Ages	58	85	257	19	308	8%	32	394	10%	4	
Total	0-3	0	0	0	0	0	0%	0	6	8%	4
	4-5	0	0	0	0	0	0%	0	4	2%	4
	6-12	6	35	101	21	105	7%	22	33	2%	5
	13-18	45	63	233	24	269	16%	32	101	6%	10
	19-21	8	39	21	10	28	10%	19	55	19%	5
	22-44	0	0	143	8	143	6%	8	431	17%	5
	45-64	0	0	50	10	50	4%	10	282	22%	5
	65+	34	169	4	15	37	4%	157	299	29%	1
All Ages	93	98	552	18	632	7%	30	1,211	14%	4	

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
NORTH DAKOTA, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	16	53%	0.13	2.50	2.63	1,237	29%	1.83
	4-5	19	32%	0.00	1.84	1.84	334	19%	1.44
	6-12	132	25%	0.16	1.41	1.57	701	14%	1.42
	13-18	233	32%	0.30	1.42	1.73	406	14%	1.48
	19-21	91	45%	0.33	2.76	3.09	382	21%	1.75
	22-44	645	36%	0.32	2.42	2.75	1,525	18%	1.77
	45-64	204	25%	0.36	2.44	2.79	255	13%	1.76
	65+	13	2%	0.08	1.92	2.00	38	1%	1.92
	All Ages	1,353	27%	0.30	2.16	2.46	4,878	15%	1.69
Male	0-3	24	53%	0.13	2.42	2.54	1,473	32%	1.94
	4-5	39	36%	0.03	1.54	1.56	395	21%	1.54
	6-12	255	24%	0.08	1.39	1.47	688	14%	1.37
	13-18	189	19%	0.21	1.28	1.49	351	13%	1.34
	19-21	22	25%	0.27	2.23	2.50	76	13%	1.55
	22-44	128	18%	0.45	2.17	2.63	236	12%	1.86
	45-64	59	13%	0.32	3.00	3.32	174	11%	1.59
	65+	4	1%	0.25	3.50	3.75	23	1%	1.39
	All Ages	720	19%	0.21	1.71	1.92	3,416	17%	1.68
Total	0-3	40	53%	0.13	2.45	2.58	2,712	31%	1.89
	4-5	58	34%	0.02	1.64	1.66	729	20%	1.50
	6-12	387	24%	0.11	1.40	1.51	1,389	14%	1.40
	13-18	422	25%	0.26	1.36	1.62	757	14%	1.41
	19-21	113	39%	0.32	2.65	2.97	458	19%	1.72
	22-44	773	31%	0.35	2.38	2.73	1,761	17%	1.78
	45-64	263	21%	0.35	2.56	2.91	429	12%	1.69
	65+	17	2%	0.12	2.29	2.41	61	1%	1.72
	All Ages	2,073	24%	0.27	2.01	2.28	8,296	16%	1.68

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
NORTH DAKOTA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	204	2%	19	25%	185	2%
4-5	161	4%	78	46%	83	2%
6-12	1,572	14%	1,074	67%	498	5%
13-18	1,353	19%	1,013	59%	340	6%
19-21	335	12%	165	57%	170	7%
22-44	3,516	27%	1,958	77%	1,558	15%
45-64	2,101	43%	1,072	84%	1,029	29%
65+	4,547	47%	879	86%	3,668	42%
All Ages	13,789	22%	6,258	72%	7,531	14%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NORTH DAKOTA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	24	42%	63%	13%	4%	4%	50%	17%
Major depression and affective psychoses	413	60%	24%	13%	9%	21%	38%	15%
Other psychoses	15	40%	60%	13%	7%	27%	53%	13%
Childhood psychoses	55	49%	29%	15%	4%	31%	40%	27%
Neurotic & other depressive disorders	605	53%	7%	10%	2%	15%	21%	22%
Personality disorders	34	35%	32%	6%	15%	9%	26%	32%
Other mental disorders	47	32%	15%	4%	0%	13%	17%	38%
Special symptoms or syndromes	99	16%	5%	4%	0%	9%	5%	47%
Stress & adjustment reactions	511	21%	4%	4%	1%	11%	10%	43%
Conduct disorders	337	24%	8%	6%	1%	13%	12%	42%
Emotional disturbances	265	34%	6%	5%	3%	26%	20%	33%
Hyperkinetic syndrome	1,440	30%	5%	4%	2%	72%	28%	10%
No Diagnosis	8	0%	0%	0%	0%	0%	0%	0%
Total	3,853	35%	9%	7%	2%	37%	23%	39%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NORTH DAKOTA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	719	45%	88%	36%	11%	0%	61%	3%
Major depression and affective psychoses	888	73%	30%	41%	12%	4%	53%	8%
Other psychoses	100	40%	71%	32%	3%	0%	50%	13%
Childhood psychoses	24	38%	33%	33%	4%	0%	29%	21%
Neurotic & other depressive disorders	1,301	72%	11%	40%	1%	2%	39%	12%
Personality disorders	107	61%	29%	37%	5%	4%	42%	20%
Other mental disorders	86	36%	28%	38%	6%	5%	38%	24%
Special symptoms or syndromes	152	47%	16%	32%	2%	0%	28%	30%
Stress & adjustment reactions	307	45%	7%	26%	0%	2%	22%	35%
Conduct disorders	69	57%	36%	29%	6%	0%	38%	16%
Emotional disturbances	2	100%	0%	0%	0%	50%	50%	0%
Hyperkinetic syndrome	50	50%	6%	18%	6%	58%	44%	10%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	3,805	61%	33%	37%	6%	3%	45%	20%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NORTH DAKOTA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	204	42%	85%	39%	6%	0%	59%	6%
Major depression and affective psychoses	173	82%	47%	42%	8%	3%	62%	3%
Other psychoses	144	46%	56%	36%	1%	0%	47%	19%
Childhood psychoses	1	0%	0%	0%	0%	0%	0%	100%
Neurotic & other depressive disorders	359	75%	25%	47%	0%	1%	49%	6%
Personality disorders	23	57%	74%	22%	4%	0%	61%	22%
Other mental disorders	44	41%	32%	45%	2%	0%	39%	23%
Special symptoms or syndromes	15	80%	33%	73%	0%	0%	73%	7%
Stress & adjustment reactions	31	71%	13%	48%	0%	0%	42%	13%
Conduct disorders	22	36%	68%	36%	5%	0%	45%	9%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	10	40%	70%	40%	0%	0%	50%	20%
Total	1,026	62%	47%	43%	3%	1%	53%	14%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).