

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 NEW HAMPSHIRE

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW HAMPSHIRE, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	112,014 (A)	20,677 (E)	91,337 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	110,964 (B)	19,650 (F)	91,314 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	107,520 (C)	19,648 (G)	87,872 (K)
4. Benes who were all-year nursing facility residents ^f	4,841 (D)	4,664 (H)	177 (L)

Source: Data for this table are from the MAX 2001 file for New Hampshire, released by CMS in 03/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for New Hampshire in 2001 was \$90,630,729, of which \$1,109,983 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 1.9 percent were restricted benefit months without a pharmacy benefit in New Hampshire, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NEW HAMPSHIRE, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	107,520	12,339	13,532	15,880	65,769	0	933,108	118,738	140,655	115,849	557,866	0		
Age														
5 and younger	23,146	0	39	0	23,107	0	188,782	0	411	0	188,371	0		
6-14	30,089	0	72	0	30,017	0	267,461	0	854	0	266,607	0		
15-20	12,835	0	354	0	12,481	0	105,946	0	3,716	0	102,230	0		
21-44	20,803	2	6,073	14,576	152	0	170,418	23	63,616	106,136	643	0		
45-64	8,246	54	6,899	1,293	0	0	81,353	588	71,126	9,639	0	0		
65-74	3,592	3,505	76	11	0	0	35,676	34,887	715	74	0	0		
75-84	4,264	4,255	9	0	0	0	40,834	40,734	100	0	0	0		
85 and older	4,533	4,523	10	0	0	0	42,623	42,506	117	0	0	0		
Unknown	12	0	0	0	12	0	15	0	0	0	15	0		
Gender														
Female	63,355	9,550	7,376	13,739	32,690	0	548,232	93,977	77,567	102,355	274,333	0		
Male	44,165	2,789	6,156	2,141	33,079	0	384,876	24,761	63,088	13,494	283,533	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	100,519	11,978	13,180	14,570	60,791	0	877,581	115,109	137,126	106,778	518,568	0		
African American	1,816	41	142	355	1,278	0	15,573	407	1,449	2,661	11,056	0		
Other/unknown	5,185	320	210	955	3,700	0	39,954	3,222	2,080	6,410	28,242	0		
Use of Nursing Facilities^c														
Entire year	4,841	4,556	281	1	3	0	49,565	46,502	3,024	3	36	0		
Part year	2,423	2,120	273	2	28	0	21,080	18,026	2,722	18	314	0		
None	100,256	5,663	12,978	15,877	65,738	0	862,463	54,210	134,909	115,828	557,516	0		
Maintenance Assistance Status														
Cash	24,552	1,612	6,151	5,395	11,394	0	228,203	18,111	66,393	41,360	102,339	0		
Medically needy	11,306	4,925	3,122	1,987	1,272	0	98,644	43,377	29,562	14,288	11,417	0		
Poverty-related	47,673	357	293	2,996	44,027	0	379,104	2,931	2,554	16,197	357,422	0		
Other/unknown	23,989	5,445	3,966	5,502	9,076	0	227,157	54,319	42,146	44,004	86,688	0		
Dual Medicare Status^d														
Full dual, all year	18,454	10,888	6,803	748	15	0	185,361	105,790	72,869	6,555	147	0		
Full dual, part year	1,194	533	619	42	0	0	11,238	4,870	5,929	439	0	0		
Non-dual, all year	87,872	918	6,110	15,090	65,754	0	736,509	8,078	61,857	108,855	557,719	0		
Managed Care Status														
FFS all year	103,213	12,339	13,530	15,505	61,839	0	910,596	118,738	140,640	113,992	537,226	0		
FFS part year, with Rx claims	3,119	0	2	337	2,780	0	16,685	0	15	1,696	14,974	0		
FFS part year, no Rx claims	1,188	0	0	38	1,150	0	5,827	0	0	161	5,666	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for New Hampshire, released by CMS in 03/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NEW HAMPSHIRE, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	66.3 %	15.2	\$833	\$55	\$6,437	12.9 %	107,520
Age							
5 and younger	58.1	2.6	76	29	1,429	5.3	23,146
6-14	55.5	4.0	226	57	2,478	9.1	30,089
15-20	59.7	5.7	334	59	3,653	9.1	12,835
21-44	73.1	17.7	1,190	67	8,049	14.8	20,803
45-64	86.0	48.1	3,071	64	15,952	19.3	8,246
65-74	85.8	48.2	2,408	50	14,111	17.1	3,592
75-84	90.1	51.7	2,235	43	18,717	11.9	4,264
85 and older	92.6	49.4	1,856	38	23,836	7.8	4,533
Unknown	0.0	0.0	0	0	0	0.0	12
Basis of Eligibility^c							
Aged	89.8	49.9	2,148	43	19,247	11.2	12,339
Disabled	86.7	45.1	3,154	70	20,168	15.6	13,532
Adults	68.5	10.5	523	50	2,375	22.0	15,880
Children	57.1	3.7	183	49	2,189	8.4	65,769
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	69.0	17.9	913	51	6,556	13.9	63,355
Male	62.4	11.3	717	63	6,265	11.4	44,165
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	67.1	15.9	870	55	6,727	12.9	100,519
African American	56.9	6.7	393	58	2,927	13.4	1,816
Other/unknown	52.5	5.1	256	50	2,028	12.6	5,185
Use of Nursing Facilities^d							
Entire year	98.1	64.9	2,707	42	35,140	7.7	4,841
Part year	95.7	53.8	2,308	43	21,858	10.6	2,423
None	64.0	11.9	706	59	4,678	15.1	100,256

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	71.8	17.2	1,035	60	7,454	13.9	24,552
Medically needy	82.0	38.4	2,129	55	13,389	15.9	11,306
Poverty related	53.9	3.1	139	44	1,431	9.7	47,673
Other/unknown	77.7	26.2	1,393	53	12,066	11.5	23,989

Source: Data for this table are from the MAX 2001 file for New Hampshire, released by CMS in 03/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW HAMPSHIRE, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	1.8	\$96	12.9 %	33.7 %	41.0 %	6.5 %	10.0 %	6.7 %	2.1 %	\$742	107,520	933,108
Age												
5 and younger	0.3	9	5.3	41.9	54.9	2.0	0.9	0.2	0.0	175	23,146	188,782
6-14	0.4	26	9.1	44.5	48.0	4.0	3.0	0.5	0.1	279	30,089	267,461
15-20	0.7	40	9.1	40.3	47.2	6.7	4.8	0.8	0.2	443	12,835	105,946
21-44	2.2	145	14.8	26.9	39.0	10.8	14.9	6.6	1.8	983	20,803	170,418
45-64	4.9	311	19.3	14.0	16.6	11.3	26.9	22.6	8.7	1,617	8,246	81,353
65-74	4.9	242	17.1	14.2	13.9	10.4	27.5	25.3	8.7	1,421	3,592	35,676
75-84	5.4	233	11.9	9.9	10.3	9.8	29.2	30.7	10.2	1,954	4,264	40,834
85 and older	5.3	197	7.8	7.4	9.5	10.1	33.3	31.7	7.9	2,535	4,533	42,623
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	12	15
Basis of Eligibility^c												
Aged	5.2	223	11.2	10.2	11.0	10.1	30.3	29.4	9.0	2,000	12,339	118,738
Disabled	4.3	304	15.6	13.3	19.5	12.5	27.3	20.1	7.3	1,940	13,532	140,655
Adults	1.4	72	22.0	31.5	43.6	9.8	10.9	3.5	0.7	326	15,880	115,849
Children	0.4	22	8.4	42.9	50.4	3.8	2.5	0.4	0.1	258	65,769	557,866
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.1	106	13.9	31.0	39.9	6.9	11.3	8.2	2.7	758	63,355	548,232
Male	1.3	82	11.4	37.6	42.5	5.8	8.3	4.5	1.3	719	44,165	384,876
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.8	100	12.9	32.9	40.8	6.6	10.5	7.0	2.2	771	100,519	877,581
African American	0.8	46	13.4	43.1	44.8	4.7	4.1	2.9	0.4	341	1,816	15,573
Other/unknown	0.7	33	12.6	47.5	42.7	4.0	3.9	1.7	0.2	263	5,185	39,954
Use of Nursing Facilities^d												
Entire year	6.3	264	7.7	1.9	6.4	7.8	31.7	37.9	14.4	3,432	4,841	49,565
Part year	6.2	265	10.6	4.3	8.5	9.9	30.0	34.5	13.0	2,512	2,423	21,080
None	1.4	82	15.1	36.0	43.4	6.3	8.5	4.5	1.2	544	100,256	862,463

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	Bene Mos	
				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				
Maintenance Assistance Status												
Cash	1.8	111	13.9	28.2	42.8	8.1	12.1	6.9	1.8	802	24,552	228,203
Medically needy	4.4	244	15.9	18.0	19.1	10.1	24.8	20.8	7.2	1,535	11,306	98,644
Poverty related	0.4	18	9.7	46.1	48.2	3.2	2.0	0.5	0.1	180	47,673	379,104
Other/unknown	2.8	147	11.5	22.3	35.1	9.6	17.0	12.1	3.9	1,274	23,989	227,157

Source: Data for this table are from the MAX 2001 file for New Hampshire, released by CMS in 03/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NEW HAMPSHIRE, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.8	\$96	0.8	\$72	0.1	\$8	0.8	\$17
Age								
5 and younger	0.3	9	0.1	7	0.0	0	0.2	2
6-14	0.4	26	0.2	21	0.0	1	0.2	3
15-20	0.7	40	0.4	32	0.0	3	0.3	5
21-44	2.2	145	1.0	109	0.2	15	1.0	22
45-64	4.9	311	2.3	236	0.4	27	2.2	48
65-74	4.9	242	2.2	177	0.3	15	2.3	50
75-84	5.4	233	2.3	164	0.4	15	2.7	54
85 and older	5.3	197	2.0	135	0.4	12	2.8	49
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.2	223	2.2	158	0.4	14	2.6	51
Disabled	4.3	304	2.1	228	0.4	30	1.9	45
Adults	1.4	72	0.6	54	0.1	6	0.7	12
Children	0.4	22	0.2	17	0.0	1	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.1	106	0.9	78	0.1	8	1.0	19
Male	1.3	82	0.6	62	0.1	7	0.6	13
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.8	100	0.8	74	0.1	8	0.9	17
African American	0.8	46	0.4	37	0.0	2	0.4	7
Other/unknown	0.7	33	0.3	26	0.0	2	0.3	5
Use of Nursing Facilities^e								
Entire year	6.3	264	2.5	180	0.5	16	3.3	67
Part year	6.2	265	2.4	183	0.5	18	3.2	64
None	1.4	82	0.6	63	0.1	7	0.6	13

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	1.8	111	0.8	84	0.1	9	0.9	18
Medically needy	4.4	244	2.0	178	0.4	22	2.1	44
Poverty related	0.4	18	0.2	14	0.0	1	0.2	3
Other/unknown	2.8	147	1.2	109	0.2	11	1.3	27

Source: Data for this table are from the MAX 2001 file for New Hampshire, released by CMS in 03/2005. This table was produced on 09/19/2006.

a. Table 5 includes the beneficiaries represented by Cell C 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 New Hampshire, 0.7 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NEW HAMPSHIRE, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic									
Anti-infective Agents	0.3	0.1	0.0	0.1	\$12	\$10	\$0	\$2	\$44	\$85	\$92	\$11	118,719	\$5,282,171	44,016	40.9%	450,057	
Biologics	0.1	0.1	0.0	0.0	25	19	5	1	216	264	2,073	22	1,380	298,060	1,111	1.0	11,922	
Antineoplastic Agents	0.6	0.3	0.1	0.2	133	110	12	11	230	346	146	63	5,369	1,237,159	911	0.8	9,272	
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	29	23	2	3	41	66	20	14	134,567	5,581,493	18,977	17.6	195,268	
Cardiovascular Agents	1.5	0.5	0.1	0.9	48	29	3	16	32	55	33	18	260,527	8,324,959	16,756	15.6	174,833	
Respiratory Agents	0.6	0.3	0.0	0.2	26	20	0	5	46	63	34	23	145,271	6,631,621	24,477	22.8	253,732	
Gastrointestinal Agents	0.7	0.4	0.0	0.3	57	45	3	8	81	129	104	26	97,444	7,923,595	13,249	12.3	139,374	
Genitourinary Agents	0.4	0.2	0.0	0.1	17	14	0	2	45	58	45	18	20,881	945,091	5,487	5.1	57,143	
CNS Drugs	1.4	0.7	0.1	0.5	110	81	14	15	81	111	120	29	348,185	28,118,218	24,796	23.1	256,745	
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	37	28	2	7	57	70	47	33	28,268	1,602,125	4,257	4.0	43,622	
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	54	50	0	4	117	123	91	78	9,269	1,086,104	1,936	1.8	20,097	
Analgesics and Anesthetics	0.7	0.2	0.0	0.4	34	25	3	6	50	110	71	14	171,791	8,589,777	25,023	23.3	254,363	
Neuromuscular Agents	1.0	0.4	0.1	0.5	59	45	4	10	60	102	54	22	131,544	7,916,195	12,682	11.8	135,064	
Nutritional Products	0.3	0.0	0.0	0.3	5	0	1	4	16	19	30	14	37,524	596,235	11,457	10.7	113,858	
Hematological Agents	0.8	0.1	0.2	0.4	46	37	3	6	60	282	18	13	34,867	2,096,905	4,417	4.1	45,507	
Topical Products	0.3	0.1	0.0	0.2	9	6	1	3	31	54	32	15	83,256	2,573,148	26,264	24.4	275,334	
Miscellaneous Products	0.3	0.2	0.0	0.1	59	40	11	8	199	257	318	79	2,870	572,469	922	0.9	9,681	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	35	0	0	0	4,143	145,421	1,454	1.4	15,811	
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.	1,635,875	89,520,746	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for New Hampshire, released by CMS in 03/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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/products/product_mddb.asp (May 13 2003).

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 New Hampshire, 0.7 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/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NEW HAMPSHIRE, 2001

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$14,846,456	11.2 %	130,183	0.8	\$136	\$114	
ANTIDEPRESSANTS	10,595,008	22.9	258,773	0.6	65	41	
ANTICONVULSANT	6,659,608	10.5	122,485	0.8	67	54	
ULCER DRUGS	6,611,552	11.3	129,379	0.5	95	51	
ANALGESICS - Narcotic	4,953,329	25.2	280,358	0.4	47	18	
ANTIASTHMATIC	3,776,222	20.3	229,757	0.4	44	16	
ANTIDIABETIC	2,805,555	6.7	76,934	0.7	49	36	
ANALGESICS - ANTI-INFLAMMATORY	2,779,608	14.2	162,726	0.3	53	17	
ANTHYPERLIPIDEMIC	2,621,502	4.3	50,395	0.6	81	52	
ANTIHYPERTENSIVE	2,019,173	8.1	91,857	0.7	32	22	
Total	57,668,013	144,736	1,532,847	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for New Hampshire, released by CMS in 03/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.