

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 MAINE

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

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	326,461 (A)	83,568 (E)	242,893 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	222,282 (B)	44,915 (F)	177,367 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	222,282 (C)	44,915 (G)	177,367 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	5,088 (D)	4,877 (H)	211 (L)

Source: Data for this table are from the MAX 2001 file for Maine, released by CMS in 07/2005. 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 Maine in 2001 was \$209,087,193, of which \$17,148,142 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 2.0 percent were restricted benefit months without a pharmacy benefit in Maine, 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<sup>a,b</sup>  
 MAINE, 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	Aged	Disabled	Adults	Children	Other/ Unknown	
<b>All</b>	<b>222,282</b>	<b>19,771</b>	<b>56,277</b>	<b>52,361</b>	<b>93,873</b>	<b>0</b>	<b>2,198,220</b>	<b>205,779</b>	<b>609,653</b>	<b>474,541</b>	<b>908,247</b>	<b>0</b>	<b>2,198,220</b>	<b>205,779</b>	<b>609,653</b>	<b>474,541</b>	<b>908,247</b>	<b>0</b>	
<b>Age</b>																			
5 and younger	32,209	0	1,604	69	30,536	0	298,811	0	16,264	624	281,923	0	298,811	0	16,264	624	281,923	0	
6-14	46,466	0	4,061	85	42,320	0	471,004	0	43,447	804	426,753	0	471,004	0	43,447	804	426,753	0	
15-20	26,210	6	3,330	2,031	20,843	0	251,129	72	34,710	17,968	198,379	0	251,129	72	34,710	17,968	198,379	0	
21-44	66,433	10	21,107	45,189	127	0	638,806	116	227,671	410,071	948	0	638,806	116	227,671	410,071	948	0	
45-64	25,498	23	20,555	4,910	10	0	271,378	260	226,652	44,388	78	0	271,378	260	226,652	44,388	78	0	
65-74	9,674	5,739	3,881	54	0	0	107,291	62,678	44,089	524	0	0	107,291	62,678	44,089	524	0	0	
75-84	8,937	7,698	1,226	12	1	0	94,350	81,510	12,708	120	12	0	94,350	81,510	12,708	120	12	0	
85 and older	6,850	6,295	513	9	33	0	65,422	61,143	4,112	28	139	0	65,422	61,143	4,112	28	139	0	
Unknown	5	0	0	2	3	0	29	0	0	14	15	0	29	0	0	14	15	0	
<b>Gender</b>																			
Female	126,684	14,311	29,826	36,112	46,435	0	1,269,564	151,025	325,147	342,638	450,754	0	1,269,564	151,025	325,147	342,638	450,754	0	
Male	95,595	5,460	26,451	16,248	47,436	0	928,630	54,754	284,506	131,891	457,479	0	928,630	54,754	284,506	131,891	457,479	0	
Unknown	3	0	0	1	2	0	26	0	0	12	14	0	26	0	0	12	14	0	
<b>Race</b>																			
White	216,747	19,600	55,223	50,809	91,115	0	2,143,050	203,956	598,245	460,443	880,406	0	2,143,050	203,956	598,245	460,443	880,406	0	
African American	2,399	50	356	659	1,334	0	23,384	509	3,667	5,772	13,436	0	23,384	509	3,667	5,772	13,436	0	
Other/unknown	3,136	121	698	893	1,424	0	31,786	1,314	7,741	8,326	14,405	0	31,786	1,314	7,741	8,326	14,405	0	
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	5,088	4,672	416	0	0	0	49,524	45,098	4,426	0	0	0	49,524	45,098	4,426	0	0	0	
Part year	3,474	2,706	754	10	4	0	33,183	25,217	7,828	100	38	0	33,183	25,217	7,828	100	38	0	
None	213,720	12,393	55,107	52,351	93,869	0	2,115,513	135,464	597,399	474,441	908,209	0	2,115,513	135,464	597,399	474,441	908,209	0	
<b>Maintenance Assistance Status</b>																			
Cash	82,817	4,723	31,437	26,160	20,497	0	875,975	53,573	358,393	246,104	217,905	0	875,975	53,573	358,393	246,104	217,905	0	
Medically needy	1,842	704	1,025	90	23	0	13,617	5,585	7,184	662	186	0	13,617	5,585	7,184	662	186	0	
Poverty-related	75,234	5,785	8,486	2,590	58,373	0	722,838	65,134	91,428	17,355	548,921	0	722,838	65,134	91,428	17,355	548,921	0	
Other/unknown	62,389	8,559	15,329	23,521	14,980	0	585,790	81,487	152,648	210,420	141,235	0	585,790	81,487	152,648	210,420	141,235	0	
<b>Dual Medicare Status<sup>d</sup></b>																			
Full dual, all year	42,655	17,946	23,681	1,015	13	0	464,066	186,824	266,789	10,329	124	0	464,066	186,824	266,789	10,329	124	0	
Full dual, part year	2,260	1,215	987	58	0	0	25,365	13,714	10,990	661	0	0	25,365	13,714	10,990	661	0	0	
Non-dual, all year	177,367	610	31,609	51,288	93,860	0	1,708,789	5,241	331,874	463,551	908,123	0	1,708,789	5,241	331,874	463,551	908,123	0	
<b>Managed Care Status</b>																			
FFS all year	222,279	19,771	56,277	52,361	93,870	0	2,198,193	205,779	609,653	474,541	908,220	0	2,198,193	205,779	609,653	474,541	908,220	0	
FFS part year, with Rx claims	3	0	0	0	3	0	27	0	0	0	27	0	27	0	0	0	27	0	
FFS part year, no Rx claims	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 2001 file for Maine, released by CMS in 07/2005. 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<sup>a, b</sup>  
 MAINE, 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	72.6 %	16.9	\$964	\$51	\$6,778	12.7 %	222,282
<b>Age</b>							
5 and younger	64.8	3.0	109	36	2,936	3.7	32,209
6-14	60.6	4.8	252	53	4,441	5.7	46,466
15-20	67.5	6.7	374	56	5,908	6.3	26,210
21-44	74.3	15.2	888	59	6,384	13.9	66,433
45-64	85.5	40.3	2,228	55	11,962	18.6	25,498
65-74	90.5	47.0	2,177	46	8,792	24.8	9,674
75-84	93.6	49.6	2,043	41	12,406	16.5	8,937
85 and older	94.6	46.9	1,726	37	18,364	9.4	6,850
Unknown	20.0	2.0	40	20	475	8.4	5
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	92.9	48.1	1,968	41	14,000	14.1	19,771
Disabled	85.1	34.5	2,059	60	13,762	15.0	56,277
Adults	69.8	9.2	400	43	2,772	14.4	52,361
Children	62.5	3.9	173	44	3,304	5.2	93,873
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	77.4	19.6	931	47	6,633	14.0	126,684
Male	66.3	13.2	774	59	6,969	11.1	95,595
Unknown	33.3	1.7	43	26	145	29.8	3
<b>Race</b>							
White	72.8	17.0	872	51	6,833	12.8	216,747
African American	60.6	6.8	382	56	3,943	9.7	2,399
Other/unknown	68.7	13.4	628	47	5,132	12.2	3,136
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	98.0	62.9	2,577	41	35,434	7.3	5,088
Part year	97.5	59.9	2,539	42	23,558	10.8	3,474
None	71.6	15.1	796	53	5,823	13.7	213,720

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
<b>Maintenance Assistance Status</b>							
Cash	78.1	21.9	1,191	54	8,063	14.8	82,817
Medically needy	92.9	42.3	1,863	44	11,541	16.1	1,842
Poverty related	66.7	10.7	547	51	3,741	14.6	75,234
Other/unknown	72.0	16.9	781	46	8,593	9.1	62,389

Source: Data for this table are from the MAX 2001 file for Maine, released by CMS in 07/2005. 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<sup>a,b</sup>  
 MAINE, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	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	1.7	\$87	12.7 %	27.4 %	43.9 %	8.0 %	12.1 %	7.0 %	1.7 %	\$685	222,282	2,198,220
<b>Age</b>												
5 and younger	0.3	12	3.7	35.2	61.6	2.4	0.8	0.1	0.0	317	32,209	298,811
6-14	0.5	25	5.7	39.4	52.2	4.4	3.5	0.4	0.0	438	46,466	471,004
15-20	0.7	39	6.3	32.5	54.6	7.3	4.7	0.8	0.0	617	26,210	251,129
21-44	1.6	92	13.9	25.7	45.5	10.7	12.3	4.8	0.9	664	66,433	638,806
45-64	3.8	209	18.6	14.5	21.6	11.7	27.7	19.3	5.2	1,124	25,498	271,378
65-74	4.2	196	24.8	9.5	16.6	11.6	31.5	24.7	6.1	793	9,674	107,291
75-84	4.7	194	16.5	6.4	13.1	11.6	32.9	28.1	8.0	1,175	8,937	94,350
85 and older	4.9	181	9.4	5.4	10.5	10.7	35.9	30.2	7.3	1,923	6,850	65,422
Unknown	0.3	7	8.4	80.0	0.0	0.0	20.0	0.0	0.0	82	5	29
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.6	189	14.1	7.1	13.5	11.3	32.9	27.5	7.5	1,345	19,771	205,779
Disabled	3.2	190	15.0	14.9	28.1	12.0	25.2	16.0	3.8	1,270	56,277	609,653
Adults	1.0	44	14.4	30.2	50.1	9.8	8.0	1.7	0.2	306	52,361	474,541
Children	0.4	18	5.2	37.5	56.3	3.9	2.1	0.2	0.0	342	93,873	908,247
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	2.0	93	14.0	22.6	44.5	8.9	13.5	8.4	2.1	662	126,684	1,269,564
Male	1.4	80	11.1	33.7	43.2	6.7	10.1	5.0	1.2	717	95,595	928,630
Unknown	0.2	5	29.8	66.7	33.3	0.0	0.0	0.0	0.0	17	3	26
<b>Race</b>												
White	1.7	88	12.8	27.2	43.8	8.0	12.2	7.1	1.7	691	216,747	2,143,050
African American	0.7	39	9.7	39.4	49.2	4.4	5.0	1.6	0.4	405	2,399	23,384
Other/unknown	1.3	62	12.2	31.3	46.1	7.8	9.1	4.3	1.3	506	3,136	31,786
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.5	265	7.3	2.0	6.3	7.4	30.2	37.9	16.2	3,640	5,088	49,524
Part year	6.3	266	10.8	2.5	7.7	9.6	30.9	35.2	14.1	2,466	3,474	33,183
None	1.5	80	13.7	28.4	45.4	8.0	11.3	5.8	1.1	588	213,720	2,115,513

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	Benes	Bene Mos
				None	More than 0, 1, but 2 or Less		More than 2, but 5 or Less		More than 5, but 10 or Less			
					but 1 or Less	Less	More than 2, but 5 or Less	Less				
<b>Maintenance</b>												
<b>Assistance Status</b>												
Cash	2.1	113	14.8	21.9	41.9	9.7	15.6	8.9	2.0	762	82,817	875,975
Medically needy	5.7	252	16.1	7.1	9.7	7.4	30.5	32.1	13.2	1,561	1,842	13,617
Poverty related	1.1	57	14.6	33.3	48.8	5.5	7.7	4.0	0.6	389	75,234	722,838
Other/unknown	1.8	83	9.1	28.0	41.7	8.7	12.0	7.3	2.2	915	62,389	585,790

Source: Data for this table are from the MAX 2001 file for Maine, released by CMS in 07/2005. 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 4

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 MAINE, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
<b>All</b>	<b>1.7</b>	<b>\$87</b>	<b>0.8</b>	<b>\$65</b>	<b>0.1</b>	<b>\$7</b>	<b>0.8</b>	<b>\$19</b>
<b>Age</b>								
5 and younger	0.3	12	0.1	9	0.0	0	0.2	2
6-14	0.5	25	0.2	20	0.0	2	0.2	4
15-20	0.7	39	0.4	30	0.0	3	0.3	6
21-44	1.6	92	0.7	69	0.1	8	0.8	15
45-64	3.8	209	1.8	156	0.2	16	1.7	36
65-74	4.2	196	2.0	146	0.3	13	1.9	37
75-84	4.7	194	2.1	139	0.3	12	2.3	42
85 and older	4.9	181	1.9	125	0.4	11	2.6	44
Unknown	0.3	7	0.1	4	0.0	0	0.3	3
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.6	189	2.0	135	0.3	12	2.3	41
Disabled	3.2	190	1.5	144	0.2	15	1.5	31
Adults	1.0	44	0.4	32	0.1	4	0.5	8
Children	0.4	18	0.2	14	0.0	1	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	2.0	93	0.9	69	0.1	7	0.9	17
Male	1.4	80	0.6	60	0.1	6	0.7	14
Unknown	0.2	5	0.0	1	0.0	0	0.2	4
<b>Race</b>								
White	1.7	88	0.8	66	0.1	7	0.8	16
African American	0.7	39	0.3	29	0.0	2	0.3	8
Other/unknown	1.3	62	0.6	46	0.1	5	0.6	11
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.5	265	2.5	182	0.5	18	3.4	64
Part year	6.3	266	2.6	187	0.4	17	3.3	60
None	1.5	80	0.7	61	0.1	6	0.7	14

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 \$
<b>Maintenance Assistance Status</b>								
Cash	2.1	113	1.0	84	0.1	9	1.0	19
Medically needy	5.7	252	2.5	184	0.4	13	2.9	55
Poverty related	1.1	57	0.5	43	0.1	4	0.5	10
Other/unknown	1.8	83	0.8	61	0.1	6	0.9	16

Source: Data for this table are from the MAX 2001 file for Maine, released by CMS in 07/2005. 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 Maine, 0.5 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](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<sup>a, b, c, d</sup>  
 MAINE, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic									
Anti-infective Agents	0.2	0.1	0.0	0.1	\$11	\$10	\$0	\$1	\$44	\$80	\$51	\$11	270,885	\$12,026,509	99,603	44.8 %	1,085,532	
Biologics	0.2	0.2	0.0	0.0	127	89	9	29	635	512	1,923	1,364	2,231	1,415,799	1,033	0.5	11,176	
Antineoplastic Agents	0.6	0.3	0.1	0.2	119	96	11	12	213	335	145	61	12,451	2,646,493	2,089	0.9	22,293	
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	28	22	2	4	39	57	19	16	382,777	14,893,528	48,641	21.9	531,715	
Cardiovascular Agents	1.4	0.6	0.1	0.7	46	31	3	13	33	53	36	17	677,541	22,459,149	44,314	19.9	485,915	
Respiratory Agents	0.6	0.3	0.0	0.2	26	22	0	5	47	63	39	22	330,545	15,629,893	53,679	24.1	591,036	
Gastrointestinal Agents	0.6	0.4	0.0	0.2	44	37	2	6	72	102	138	23	223,198	15,975,075	32,849	14.8	362,089	
Genitourinary Agents	0.3	0.2	0.0	0.1	15	14	0	1	48	59	45	17	49,846	2,407,464	14,281	6.4	157,571	
CNS Drugs	1.1	0.5	0.1	0.4	71	51	10	11	67	96	114	24	723,388	48,637,675	62,711	28.2	680,799	
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	38	27	3	9	57	72	48	37	53,154	3,047,712	7,228	3.3	80,038	
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.1	25	18	0	7	104	118	60	80	23,042	2,385,964	8,478	3.8	93,995	
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	28	19	2	6	47	120	80	15	424,839	19,815,603	66,170	29.8	717,896	
Neuromuscular Agents	0.8	0.4	0.0	0.4	47	37	2	9	59	103	44	22	264,854	15,656,487	29,949	13.5	330,530	
Nutritional Products	0.3	0.0	0.1	0.2	6	0	2	3	17	23	25	14	57,698	1,006,312	15,850	7.1	168,627	
Hematological Agents	0.7	0.1	0.1	0.4	73	60	4	8	105	513	26	20	63,155	6,642,863	8,519	3.8	91,615	
Topical Products	0.3	0.1	0.0	0.1	8	5	1	2	31	54	35	16	165,684	5,160,030	56,962	25.6	626,726	
Miscellaneous Products	0.2	0.1	0.0	0.1	39	26	9	4	161	200	227	56	11,351	1,827,202	4,223	1.9	46,666	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	0	12,200	305,293	3,654	1.6	40,699	
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,748,839	191,939,051	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Maine, released by CMS in 07/2005. 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](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 Maine, 0.5 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](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<sup>a, b, c</sup>  
 MAINE, 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
ANTIDEPRESSANTS	\$23,569,481	63.219	696,042	0.5	\$63	\$34
ANTIPSYCHOTICS	20,286,463	21.904	243,337	0.7	116	83
ULCER DRUGS	13,569,016	34.271	382,107	0.5	73	36
ANTICONVULSANT	13,387,721	23.287	260,134	0.7	69	51
ANALGESICS - Narcotic	11,609,439	75.107	823,830	0.3	42	14
ANTIASTHMATIC	10,204,431	54.606	605,603	0.4	46	17
ANTHYPERLIPIDEMIC	8,444,906	15.170	172,874	0.7	73	49
ANTIDIABETIC	8,294,278	18.753	208,286	0.7	57	40
ANALGESICS - ANTI-INFLAMMATORY	6,386,976	36.828	412,069	0.3	53	15
ANTIHYPERTENSIVE	5,172,311	22.924	255,572	0.7	30	20
Total	120,925,022	366,069	4,059,854	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Maine, released by CMS in 07/2005. 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](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.