

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002  
MAINE**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
MAINE, 2002

Inclusion Criteria (2002)	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>	359,485 (A)	91,296 (E)	268,189 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	246,142 (B)	47,129 (F)	199,013 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	246,142 (C)	47,129 (G)	199,013 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	4,547 (D)	4,342 (H)	205 (L)

Source: Data for this table are from the MAX 2002 file for Maine, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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.
- Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2002, 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 19 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 19 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.
- The total Medicaid pharmacy reimbursement for Maine in 2002 was \$256,313,122, of which \$28,195,410 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.
- Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 1.3 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 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, 2002

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
<b>All</b>	<b>246,142</b>	<b>23,127</b>	<b>50,414</b>	<b>68,076</b>	<b>104,452</b>	<b>73</b>	<b>2,509,738</b>	<b>250,789</b>	<b>562,703</b>	<b>636,429</b>	<b>1,059,538</b>	<b>279</b>					
<b>Age</b>																	
5 and younger	34,391	0	1,012	20	33,359	0	335,562	0	10,676	201	324,685	0					
6-14	48,985	0	3,214	36	45,735	0	517,528	0	36,222	359	480,947	0					
15-20	28,927	0	2,721	1,008	25,198	0	290,879	0	30,016	8,428	252,435	0					
21-44	77,186	2	19,241	57,784	146	13	762,417	24	214,916	546,057	1,355	65					
45-64	30,414	7	21,230	9,111	8	58	318,521	81	237,959	80,188	87	206					
65-74	10,088	8,750	1,238	98	0	2	113,815	99,272	13,524	1,011	0	8					
75-84	9,281	8,433	834	14	0	0	101,188	91,914	9,124	150	0	0					
85 and older	6,865	5,935	922	3	5	0	69,786	59,498	10,245	26	17	0					
Unknown	5	0	2	2	1	0	42	0	21	9	12	0					
<b>Gender</b>																	
Female	138,395	16,475	26,248	43,830	51,769	73	1,435,065	180,118	295,165	431,945	527,558	279					
Male	107,302	6,648	24,157	24,151	52,346	0	1,073,504	70,661	267,515	204,248	531,080	0					
Unknown	445	4	9	95	337	0	1,169	10	23	236	900	0					
<b>Race</b>																	
White	235,653	22,771	49,191	64,943	98,678	70	2,406,764	247,095	549,294	608,634	1,001,475	266					
African American	4,640	105	438	1,328	2,769	0	44,083	1,033	4,616	11,067	27,367	0					
Other/unknown	5,849	251	785	1,805	3,005	3	58,891	2,661	8,793	16,728	30,696	13					
<b>Use of Nursing Facilities<sup>c</sup></b>																	
Entire year	4,547	4,174	373	0	0	0	45,225	41,250	3,975	0	0	0					
Part year	3,966	3,147	795	18	6	0	40,190	31,348	8,598	178	66	0					
None	237,629	15,806	49,246	68,058	104,446	73	2,424,323	178,191	550,130	636,251	1,059,472	279					
<b>Maintenance Assistance Status</b>																	
Cash	66,160	9,929	29,855	20,047	6,329	0	719,290	113,277	339,800	197,398	68,815	0					
Medically needy	3,692	732	2,392	263	305	0	38,131	6,852	26,384	2,280	2,615	0					
Poverty-related	94,144	7,787	9,700	2,042	74,542	73	950,644	87,945	103,875	14,475	744,070	279					
Other/unknown	82,146	4,679	8,467	45,724	23,276	0	801,673	42,715	92,644	422,276	244,038	0					
<b>Dual Medicare Status<sup>d</sup></b>																	
Full dual, all year	45,569	21,427	22,134	1,984	21	3	506,690	233,412	252,145	20,917	202	14					
Full dual, part year	1,560	882	600	78	0	0	16,965	9,488	6,618	859	0	0					
Non-dual, all year	199,013	818	27,680	66,014	104,431	70	1,986,083	7,889	303,940	614,653	1,059,336	265					
<b>Managed Care Status</b>																	
FFS all year	246,142	23,127	50,414	68,076	104,452	73	2,509,738	250,789	562,703	636,429	1,059,538	279					
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0					
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0					

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Maine, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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, 2002

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	73.4 %	17.7	\$927	\$52	\$7,179	12.9 %	246,142
<b>Age</b>							
5 and younger	66.1	3.2	127	40	3,311	3.8	34,391
6-14	62.4	5.2	292	56	4,811	6.1	48,985
15-20	68.7	7.4	415	56	6,578	6.3	28,927
21-44	74.7	15.5	916	59	6,537	14.0	77,186
45-64	83.7	39.8	2,268	57	12,419	18.3	30,414
65-74	90.0	50.2	2,336	47	9,560	24.4	10,088
75-84	93.6	54.3	2,261	42	12,900	17.5	9,281
85 and older	96.1	52.3	1,923	37	18,749	10.3	6,865
Unknown	0.0	0.0	0	0	4	0.0	5
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	92.8	50.9	2,144	42	13,435	16.0	23,127
Disabled	88.2	40.0	2,471	62	16,832	14.7	50,414
Adults	70.1	10.2	469	46	3,098	15.1	68,076
Children	64.1	4.4	211	48	3,786	5.6	104,452
Unknown	83.6	8.2	399	49	18,841	2.1	73
<b>Gender</b>							
Female	78.6	20.8	1,009	49	7,085	14.2	138,395
Male	66.9	13.7	824	60	7,325	11.2	107,302
Unknown	24.0	0.6	24	38	850	2.9	445
<b>Race</b>							
White	73.8	18.1	948	53	7,310	13.0	235,653
African American	59.3	6.1	329	54	3,915	8.4	4,640
Other/unknown	66.3	11.4	534	47	4,460	12.0	5,849
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	98.5	66.2	2,693	41	37,787	7.1	4,547
Part year	98.0	67.5	2,883	43	27,566	10.5	3,966
None	72.5	15.9	860	54	6,253	13.8	237,629

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	82.0	30.5	1,711	56	12,030	14.2	66,160
Medically needy	90.9	58.6	2,545	44	14,871	17.1	3,692
Poverty related	67.8	11.1	585	53	3,995	14.6	94,144
Other/unknown	72.0	13.0	614	47	6,574	9.3	82,146

Source: Data for this table are from the MAX 2002 file for Maine, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 2002

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
<b>All</b>	<b>1.7</b>	<b>\$91</b>	<b>12.9 %</b>	<b>26.6 %</b>	<b>44.0 %</b>	<b>8.1 %</b>	<b>12.3 %</b>	<b>7.1 %</b>	<b>1.8 %</b>	<b>\$704</b>	<b>246,142</b>	<b>2,509,738</b>
<b>Age</b>												
5 and younger	0.3	13	3.8	33.9	62.9	2.3	0.8	0.1	0.0	339	34,391	335,562
6-14	0.5	28	6.1	37.6	53.2	4.8	3.9	0.5	0.0	455	48,985	517,528
15-20	0.7	41	6.3	31.3	54.3	7.7	5.8	0.9	0.0	654	28,927	290,879
21-44	1.6	93	14.0	25.3	44.9	11.1	12.9	4.9	0.9	662	77,186	762,417
45-64	3.8	217	18.3	16.3	22.4	11.1	25.7	18.9	5.6	1,186	30,414	318,521
65-74	4.4	207	24.4	10.0	15.3	10.7	31.1	26.1	6.9	847	10,088	113,815
75-84	5.0	207	17.5	6.4	12.2	10.2	32.9	29.4	8.9	1,183	9,281	101,188
85 and older	5.1	189	10.3	3.9	10.8	10.0	35.7	31.6	8.0	1,844	6,865	69,786
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	5	42
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.7	198	16.0	7.2	13.3	10.7	33.3	28.0	7.4	1,239	23,127	250,789
Disabled	3.6	221	14.7	11.8	25.6	12.2	26.9	18.4	5.1	1,508	50,414	562,703
Adults	1.1	50	15.1	29.9	47.8	10.3	9.4	2.2	0.3	331	68,076	636,429
Children	0.4	21	5.6	35.9	57.1	4.2	2.5	0.3	0.0	373	104,452	1,059,538
Unknown	2.1	104	2.1	16.4	31.5	19.2	23.3	9.6	0.0	4,930	73	279
<b>Gender</b>												
Female	2.0	97	14.2	21.4	44.7	9.1	13.8	8.7	2.3	683	138,395	1,435,065
Male	1.4	82	11.2	33.1	43.2	6.9	10.4	5.2	1.2	732	107,302	1,073,504
Unknown	0.2	9	2.9	76.0	19.8	1.8	1.8	0.7	0.0	324	445	1,169
<b>Race</b>												
White	1.8	93	13.0	26.2	43.8	8.3	12.6	7.3	1.9	716	235,653	2,406,764
African American	0.6	35	8.4	40.7	48.4	4.5	4.4	1.6	0.3	412	4,640	44,083
Other/unknown	1.1	53	12.0	33.7	47.4	6.2	7.8	4.0	0.9	443	5,849	58,891
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.7	271	7.1	1.5	6.4	7.1	29.6	38.4	17.1	3,799	4,547	45,225
Part year	6.7	285	10.5	2.0	6.2	7.6	31.9	36.3	16.0	2,720	3,966	40,190
None	1.6	84	13.8	27.5	45.3	8.2	11.6	6.1	1.3	613	237,629	2,424,323

Table 4

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				
<b>Maintenance Assistance Status</b>												
Cash	2.8	157	14.2	18.0	34.1	10.6	20.3	13.4	3.6	1,107	66,160	719,290
Medically needy	5.7	246	17.1	9.1	14.4	6.9	25.6	31.3	12.7	1,440	3,692	38,131
Poverty related	1.1	58	14.6	32.2	49.8	5.4	7.6	4.2	0.8	396	94,144	950,644
Other/unknown	1.3	63	9.3	28.0	46.6	9.3	10.6	4.4	1.1	674	82,146	801,673

Source: Data for this table are from the MAX 2002 file for Maine, released by CMS in 05/2006. This table was produced on 04/19/2007.

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<sup>a, b, c</sup>  
 MAINE, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	1.7	\$91	\$52	0.8	\$70	\$92	0.1	\$7	\$52	0.8	\$14	\$17
<b>Age</b>												
5 and younger	0.3	13	40	0.1	10	79	0.0	1	47	0.2	2	12
6-14	0.5	28	56	0.2	21	87	0.0	3	71	0.2	3	17
15-20	0.7	41	56	0.4	32	90	0.1	4	62	0.3	6	17
21-44	1.6	93	59	0.7	73	107	0.1	6	60	0.8	14	18
45-64	3.8	217	57	1.7	168	98	0.3	14	57	1.8	34	19
65-74	4.4	207	47	2.0	158	81	0.3	15	43	2.1	34	16
75-84	5.0	207	42	2.1	157	74	0.4	14	37	2.5	36	15
85 and older	5.1	189	37	2.0	140	71	0.4	13	32	2.8	36	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.7	198	42	2.0	149	76	0.4	14	38	2.3	35	15
Disabled	3.6	221	62	1.6	174	107	0.2	15	60	1.7	32	19
Adults	1.1	50	46	0.5	38	83	0.1	4	51	0.6	8	15
Children	0.4	21	48	0.2	16	78	0.0	2	61	0.2	3	15
Unknown	2.1	104	49	0.9	85	90	0.1	3	47	1.1	15	14
<b>Gender</b>												
Female	2.0	97	49	0.9	75	85	0.1	7	48	1.0	16	16
Male	1.4	82	60	0.6	65	106	0.1	6	62	0.7	12	18
Unknown	0.2	9	38	0.1	7	70	0.0	0	22	0.1	2	16
<b>Race</b>												
White	1.8	93	53	0.8	72	92	0.1	7	52	0.9	14	17
African American	0.6	35	54	0.3	26	94	0.0	2	49	0.3	6	19
Other/unknown	1.1	53	47	0.5	40	84	0.1	5	49	0.5	8	15
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.7	271	41	2.6	201	78	0.5	17	36	3.6	53	15
Part year	6.7	285	43	2.7	215	81	0.5	18	37	3.5	50	14
None	1.6	84	54	0.7	65	94	0.1	6	55	0.7	13	17

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	2.8	157	1.2	123	0.2	11	1.4	24
Medically needy	5.7	246	2.4	188	0.4	15	2.9	43
Poverty related	1.1	58	0.5	45	0.1	5	0.5	9
Other/unknown	1.3	63	0.6	48	0.1	5	0.7	10

Source: Data for this table are from the MAX 2002 file for Maine, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 0.4 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\\_mddeb.asp](http://www.Medi-Span.com/products/product_mddeb.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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
Anti-infective Agents	0.2	0.1	0.0	0.1	\$12	\$9	\$1	\$2	\$49	\$90	\$78	\$13	298,342	\$14,737,720	109,308	44.4 %	1,217,606	
Biologics	0.2	0.2	0.0	0.0	152	110	5	36	673	545	892	2,100	2,210	1,487,925	919	0.4	9,819	
Antineoplastic Agents	0.5	0.3	0.0	0.2	128	109	5	14	234	372	142	63	13,996	3,272,054	2,362	1.0	25,565	
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	29	21	4	4	39	62	27	16	462,297	17,940,554	56,004	22.8	623,065	
Cardiovascular Agents	1.4	0.5	0.1	0.8	46	31	4	10	32	61	35	12	786,133	25,041,746	49,353	20.1	549,838	
Respiratory Agents	0.6	0.3	0.0	0.2	28	22	2	4	51	69	70	18	370,744	18,800,651	60,081	24.4	671,260	
Gastrointestinal Agents	0.6	0.4	0.0	0.2	48	43	1	4	77	110	155	17	266,079	20,453,367	38,114	15.5	424,823	
Genitourinary Agents	0.3	0.3	0.0	0.1	17	16	0	1	52	62	37	15	59,081	3,060,659	16,017	6.5	180,302	
CNS Drugs	1.1	0.6	0.0	0.4	70	57	5	9	66	100	103	20	845,179	56,083,123	72,382	29.4	795,531	
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	40	28	5	7	59	78	57	31	67,639	4,010,727	8,893	3.6	99,741	
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	27	21	0	7	108	130	0	72	29,312	3,166,158	10,353	4.2	115,893	
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	29	20	2	7	48	132	63	16	501,093	23,822,515	75,438	30.6	830,891	
Neuromuscular Agents	0.8	0.4	0.0	0.4	49	39	3	7	62	111	61	18	307,969	19,066,394	35,194	14.3	391,852	
Nutritional Products	0.3	0.0	0.0	0.3	6	0	1	5	17	27	19	16	64,553	1,071,002	17,402	7.1	190,246	
Hematological Agents	0.7	0.2	0.1	0.5	79	71	2	6	111	463	18	13	74,302	8,228,475	9,500	3.9	104,643	
Topical Products	0.3	0.1	0.0	0.1	8	5	1	2	32	54	49	16	182,065	5,887,914	62,676	25.5	703,313	
Miscellaneous Products	0.6	0.2	0.1	0.3	110	71	30	9	195	386	232	36	8,764	1,708,530	1,445	0.6	15,492	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	26	0	0	0	10,806	278,198	3,662	1.5	41,346	
<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.	4,350,564	228,117,712	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Maine, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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, 0.4 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, 2002

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	\$26,916,108	75,212	836,452	0.5	\$59	\$32	
ANTIPTSYCHOTICS	25,247,383	26,108	292,058	0.7	124	86	
ULCER DRUGS	17,204,058	39,029	438,491	0.5	77	39	
ANTICONVULSANT	16,623,922	27,508	309,170	0.7	73	54	
ANALGESICS - Narcotic	14,251,021	87,380	971,217	0.3	43	15	
ANTIASTHMATIC	12,241,021	60,131	674,121	0.4	50	18	
ANTIHYPERTENSIVE	10,857,182	18,753	214,992	0.7	75	51	
ANTIDIABETIC	8,993,510	21,710	244,364	0.7	53	37	
ANALGESICS - ANTI-INFLAMMATORY	7,132,682	40,331	455,968	0.3	53	16	
ANTIHYPERTENSIVE	5,534,051	26,297	297,161	0.7	28	19	
Total	145,000,938	422,459	4,733,994	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Maine, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.