

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

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

Inclusion Criteria (2002)	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	122,576 (A)	22,774 (E)	99,802 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	120,161 (B)	20,391 (F)	99,770 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	113,698 (C)	20,373 (G)	93,325 (K)
4. Benes who were all-year nursing facility residents ^f	4,952 (D)	4,771 (H)	181 (L)

Source: Data for this table are from the MAX 2002 file for New Hampshire, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002 (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 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.
- d. The total Medicaid pharmacy reimbursement for New Hampshire in 2002 was \$100,655,096, of which \$2,104,239 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. 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.
- 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 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.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 2.0 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, 2002

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	113,698	12,259	15,264	16,882	69,293	0	968,394	117,028	152,854	122,604	575,908	0
Age												
5 and younger	24,721	0	31	0	24,690	0	197,684	0	351	0	197,333	0
6-14	31,056	0	74	0	30,982	0	269,445	0	870	0	268,575	0
15-20	13,903	0	437	0	13,466	0	113,443	0	4,088	0	109,355	0
21-44	22,413	0	6,806	15,455	152	0	181,806	0	69,031	112,134	641	0
45-64	9,235	0	7,826	1,409	0	0	88,093	0	77,672	10,421	0	0
65-74	3,551	3,476	71	4	0	0	34,629	33,962	634	33	0	0
75-84	4,325	4,314	11	0	0	0	42,100	41,977	123	0	0	0
85 and older	4,477	4,469	8	0	0	0	41,174	41,089	85	0	0	0
Unknown	17	0	0	14	3	0	20	0	0	16	4	0
Gender												
Female	66,625	9,487	8,404	14,503	34,231	0	568,281	92,297	85,492	107,837	282,655	0
Male	47,073	2,772	6,860	2,379	35,062	0	400,113	24,731	67,362	14,767	293,253	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	104,989	11,828	14,825	15,418	62,918	0	899,569	112,916	148,708	112,654	525,291	0
African American	2,053	43	157	404	1,449	0	17,031	417	1,521	2,868	12,225	0
Other/unknown	6,656	388	282	1,060	4,926	0	51,794	3,695	2,625	7,082	38,392	0
Use of Nursing Facilities^c												
Entire year	4,952	4,647	301	0	4	0	49,348	46,252	3,060	0	36	0
Part year	2,346	2,013	312	1	20	0	20,301	16,921	3,133	12	235	0
None	106,400	5,599	14,651	16,881	69,269	0	898,745	53,855	146,661	122,592	575,637	0
Maintenance Assistance Status												
Cash	25,424	1,544	6,591	5,786	11,503	0	234,032	17,438	69,174	44,299	103,121	0
Medically needy	11,262	5,010	2,881	2,041	1,330	0	96,492	43,895	26,181	14,812	11,604	0
Poverty-related	51,368	349	385	3,301	47,333	0	398,196	2,742	3,191	17,616	374,647	0
Other/unknown	25,644	5,356	5,407	5,754	9,127	0	239,674	52,953	54,308	45,877	86,536	0
Dual Medicare Status^d												
Full dual, all year	18,989	10,838	7,361	778	12	0	189,285	104,434	77,953	6,803	95	0
Full dual, part year	1,384	561	783	40	0	0	12,865	5,085	7,370	410	0	0
Non-dual, all year	93,325	860	7,120	16,064	69,281	0	766,244	7,509	67,531	115,391	575,813	0
Managed Care Status												
FFS all year	106,286	12,259	15,230	16,275	62,522	0	934,050	117,028	152,684	119,857	544,481	0
FFS part year, with Rx claims	5,101	0	28	534	4,539	0	24,404	0	143	2,487	21,774	0
FFS part year, no Rx claims	2,311	0	6	73	2,232	0	9,940	0	27	260	9,653	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for New Hampshire, released by CMS in 07/2006. 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^{a, b}
 NEW HAMPSHIRE, 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	66.6 %	15.7	\$967	\$55	\$6,524	13.3 %	113,698
Age							
5 and younger	58.0	2.6	79	30	1,493	5.3	24,721
6-14	55.8	4.2	236	56	2,535	9.3	31,056
15-20	60.5	5.9	335	56	3,663	9.1	13,903
21-44	74.2	18.3	1,234	67	7,981	15.5	22,413
45-64	84.8	48.6	3,091	64	15,780	19.6	9,235
65-74	86.4	50.5	2,516	50	14,792	17.0	3,551
75-84	91.6	55.9	2,455	44	20,245	12.1	4,325
85 and older	92.6	51.0	1,981	39	24,685	8.0	4,477
Unknown	0.0	0.0	0	0	0	0.0	17
Basis of Eligibility^c							
Aged	90.5	52.6	2,301	44	20,299	11.3	12,259
Disabled	85.5	45.0	3,136	70	19,234	16.3	15,264
Adults	70.0	11.0	548	50	2,594	21.1	16,882
Children	57.4	3.9	191	49	2,245	8.5	69,293
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	69.8	18.6	958	52	6,697	14.3	66,625
Male	62.1	11.6	738	63	6,280	11.8	47,073
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	67.6	16.5	913	55	6,877	13.3	104,989
African American	56.7	7.1	427	60	2,676	15.9	2,053
Other/unknown	53.5	5.4	276	51	2,145	12.9	6,656
Use of Nursing Facilities^d							
Entire year	97.4	65.8	2,891	44	36,410	7.9	4,952
Part year	96.2	55.3	2,446	44	23,189	10.5	2,346
None	64.5	12.5	738	59	4,766	15.5	106,400

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	72.4	18.0	1,073	60	7,461	14.4	25,424
Medically needy	82.9	39.2	2,133	54	14,009	15.2	11,262
Poverty related	54.8	3.4	154	46	1,533	10.1	51,368
Other/unknown	77.4	27.8	1,534	55	12,306	12.5	25,644

Source: Data for this table are from the MAX 2002 file for New Hampshire, released by CMS in 07/2006. 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^{a,b}
 NEW HAMPSHIRE, 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
All	1.8	\$102	13.3 %	33.4 %	40.1 %	6.8 %	10.2 %	7.1 %	2.4 %	\$766	113,698	968,394
Age												
5 and younger	0.3	10	5.3	42.0	54.3	2.3	1.1	0.3	0.1	187	24,721	197,684
6-14	0.5	27	9.3	44.2	46.7	4.7	3.4	0.8	0.2	292	31,056	269,445
15-20	0.7	41	9.1	39.5	46.4	7.3	5.5	1.0	0.3	449	13,903	113,443
21-44	2.3	152	15.5	25.8	38.1	11.6	15.3	7.2	2.0	984	22,413	181,806
45-64	5.1	324	19.6	15.2	15.5	10.5	26.0	23.4	9.4	1,654	9,235	88,093
65-74	5.2	258	17.0	13.6	12.8	9.4	26.9	26.7	10.4	1,517	3,551	34,629
75-84	5.7	252	12.1	8.4	8.3	8.3	30.1	33.2	11.6	2,080	4,325	42,100
85 and older	5.5	215	8.0	7.4	8.2	8.9	32.4	33.6	9.4	2,684	4,477	41,174
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	17	20
Basis of Eligibility^c												
Aged	5.5	241	11.3	9.5	9.6	8.9	30.1	31.6	10.5	2,126	12,259	117,028
Disabled	4.5	313	16.3	14.5	18.7	11.6	26.8	20.8	7.6	1,921	15,264	152,854
Adults	1.5	76	21.1	30.0	43.0	11.0	11.1	4.0	0.9	357	16,882	122,604
Children	0.5	23	8.5	42.6	49.4	4.3	2.9	0.6	0.2	270	69,293	575,908
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.2	112	14.3	30.2	39.2	7.2	11.5	8.8	3.0	785	66,625	568,281
Male	1.4	87	11.8	37.9	41.3	6.1	8.4	4.8	1.5	739	47,073	400,113
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.9	107	13.3	32.4	39.8	7.0	10.7	7.6	2.6	803	104,989	899,569
African American	0.9	51	15.9	43.3	43.9	4.1	5.6	2.8	0.4	323	2,053	17,031
Other/unknown	0.7	36	12.9	46.5	43.1	4.2	4.1	1.8	0.3	276	6,656	51,794
Use of Nursing Facilities^d												
Entire year	6.6	290	7.9	2.6	5.9	7.1	29.2	38.9	16.4	3,654	4,952	49,348
Part year	6.4	283	10.5	3.8	6.8	7.9	31.6	36.1	13.7	2,680	2,346	20,301
None	1.5	87	15.5	35.5	42.4	6.7	8.9	5.0	1.5	564	106,400	898,745

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	No.		
				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		Benes	Bene Mos	
Maintenance Assistance Status												
Cash	2.0	117	14.4	27.6	41.7	8.6	12.6	7.5	2.1	811	25,424	234,032
Medically needy	4.6	249	15.2	17.1	18.4	9.3	24.6	22.7	7.9	1,635	11,262	96,492
Poverty related	0.4	20	10.1	45.2	47.5	3.9	2.4	0.7	0.2	198	51,368	398,196
Other/unknown	3.0	164	12.5	22.6	33.0	9.6	17.3	12.8	4.7	1,317	25,644	239,674

Source: Data for this table are from the MAX 2002 file for New Hampshire, released by CMS in 07/2006. 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^{a, b, c}
 NEW HAMPSHIRE, 2002

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	\$102	0.8	\$76	\$97	0.1	\$8	\$57	0.9	\$18	\$19
Age											
5 and younger	0.3	10	0.1	7	66	0.0	1	46	0.2	2	11
6-14	0.5	27	0.2	21	89	0.0	3	79	0.2	4	17
15-20	0.7	41	0.4	32	88	0.1	4	72	0.3	5	17
21-44	2.3	152	1.0	116	121	0.2	13	77	1.1	24	21
45-64	5.1	324	2.2	246	110	0.4	25	67	2.5	53	21
65-74	5.2	258	2.2	192	86	0.4	15	41	2.6	51	20
75-84	5.7	252	2.4	181	76	0.5	17	35	2.9	55	19
85 and older	5.5	215	2.1	149	71	0.5	15	30	3.0	52	18
Unknown	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d											
Aged	5.5	241	2.2	173	77	0.4	16	35	2.8	53	19
Disabled	4.5	313	2.0	239	119	0.3	26	75	2.1	49	23
Adults	1.5	76	0.6	57	98	0.1	5	56	0.8	14	16
Children	0.5	23	0.2	17	83	0.0	2	71	0.2	3	15
Unknown	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender											
Female	2.2	112	0.9	84	91	0.2	8	50	1.1	21	19
Male	1.4	87	0.6	65	109	0.1	8	73	0.7	14	21
Unknown	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race											
White	1.9	107	0.8	80	97	0.1	8	57	1.0	19	20
African American	0.9	51	0.4	41	108	0.1	4	66	0.4	7	16
Other/unknown	0.7	36	0.3	27	94	0.0	3	60	0.4	6	17
Use of Nursing Facilities^e											
Entire year	6.6	290	2.6	201	77	0.6	18	31	3.4	72	21
Part year	6.4	283	2.5	199	79	0.5	19	37	3.3	64	19
None	1.5	87	0.6	66	103	0.1	7	67	0.7	14	19

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	2.0	117	0.8	89	0.1	9	1.0	19
Medically needy	4.6	249	2.0	185	0.4	19	2.3	45
Poverty related	0.4	20	0.2	15	0.0	2	0.2	3
Other/unknown	3.0	164	1.3	122	0.2	13	1.5	30

Source: Data for this table are from the MAX 2002 file for New Hampshire, released by CMS in 07/2006. 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 New Hampshire, 0.2 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 (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, 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	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Benes			
															Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.1	\$14	\$11	\$1	\$2	\$52	\$104	\$84	\$13	122,312	\$6,393,686	45,923	40.4 %	459,855
Biologics	0.1	0.1	0.0	0.0	29	17	10	2	241	211	2,132	65	1,435	345,903	1,102	1.0	11,879
Antineoplastic Agents	0.6	0.3	0.0	0.3	132	112	2	18	212	333	79	69	5,894	1,248,017	950	0.8	9,484
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	30	23	3	4	41	68	22	16	157,332	6,386,187	20,904	18.4	211,545
Cardiovascular Agents	1.6	0.5	0.1	1.0	48	30	4	14	30	59	35	14	292,427	8,865,958	17,971	15.8	185,010
Respiratory Agents	0.6	0.3	0.0	0.2	30	22	4	5	52	68	74	22	154,726	7,997,425	26,287	23.1	266,222
Gastrointestinal Agents	0.7	0.3	0.0	0.4	47	37	2	9	70	129	129	23	102,921	7,197,192	14,661	12.9	151,701
Genitourinary Agents	0.4	0.3	0.0	0.1	20	18	0	2	50	61	33	16	24,104	1,199,140	5,841	5.1	60,041
CNS Drugs	1.4	0.8	0.1	0.5	112	89	8	14	82	116	107	27	377,833	30,795,081	27,187	23.9	275,135
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	43	31	4	9	65	82	60	38	33,092	2,137,908	4,935	4.3	49,745
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	63	58	0	5	125	131	0	81	11,868	1,487,106	2,300	2.0	23,633
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	33	23	2	8	48	123	56	17	184,764	8,851,918	26,924	23.7	268,279
Neuromuscular Agents	1.0	0.4	0.1	0.5	63	47	5	11	64	107	69	23	139,990	8,949,307	13,683	12.0	142,888
Nutritional Products	0.4	0.0	0.0	0.3	7	1	0	5	17	101	14	16	44,061	761,775	11,867	10.4	115,491
Hematological Agents	0.8	0.2	0.2	0.5	46	37	3	6	56	211	17	14	39,017	2,176,788	4,662	4.1	47,217
Topical Products	0.3	0.1	0.0	0.2	10	7	1	3	34	57	53	15	87,515	2,936,268	27,804	24.5	285,451
Miscellaneous Products	0.2	0.2	0.0	0.1	36	25	5	6	148	164	287	82	5,448	808,326	2,130	1.9	22,392
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	35	0	0	0	372	12,872	149	0.1	1,601
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.	1,785,111	98,550,857	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New Hampshire, released by CMS in 07/2006. 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 (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, 0.2 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, 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	
ANTIPSYCHOTICS	\$17,124,584	13,242	11.6 %	142,236	0.8	\$146	\$120
ANTIDEPRESSANTS	11,193,915	27,114	23.8	280,494	0.6	62	40
ANTICONVULSANT	7,571,400	12,030	10.6	129,049	0.8	72	59
ULCER DRUGS	5,515,713	14,431	12.7	152,832	0.5	76	36
ANALGESICS - Narcotic	5,169,991	29,631	26.1	304,281	0.4	44	17
ANTIASTHMATIC	4,479,334	22,608	19.9	235,497	0.4	52	19
ANTHYPERLIPIDEMIC	3,263,407	5,583	4.9	60,012	0.7	78	54
ANTIDIABETIC	3,022,076	7,893	6.9	83,256	0.8	48	36
ANALGESICS - ANTI-INFLAMMATORY	2,525,439	14,741	13.0	155,203	0.3	49	16
ANTIVIRAL	2,291,871	1,629	1.4	17,330	0.3	387	132
Total	62,157,730	148,902		1,560,190	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New Hampshire, released by CMS in 07/2006. 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 (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.