

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 MAINE

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MAINE, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	293,529 (A)	58,257 (E)	235,272 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	284,700 (B)	50,426 (F)	234,274 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	284,700 (C)	50,426 (G)	234,274 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	4,365 (D)	4,172 (H)	193 (L)

Source: Data for this table are from the MAX 2003 file for Maine, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be 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 2003 was \$278,204,502, of which \$2,748,413 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) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 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. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/rmmcer02.pdf>] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.
- 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 2003. 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 are treated separately 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 are not counted as nursing facility residents in the nursing facility tables.

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. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 = Centers for Medicare & 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}
 MAINE, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months										
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	284,700	27,662	45,289	95,088	116,661	0	2,821,494	289,084	504,886	863,112	1,164,412	0	2,821,494	289,084	504,886	863,112	1,164,412	0
Age																		
5 and younger	37,670	0	782	0	36,888	0	361,709	0	8,132	0	353,577	0	361,709	0	8,132	0	353,577	0
6-14	53,099	0	3,094	3	50,002	0	553,376	0	34,522	22	518,832	0	553,376	0	34,522	22	518,832	0
15-20	33,085	0	2,517	869	29,699	0	326,198	0	27,594	7,170	291,434	0	326,198	0	27,594	7,170	291,434	0
21-44	94,815	17	17,206	77,528	64	0	904,269	136	193,583	710,045	505	0	904,269	136	193,583	710,045	505	0
45-64	38,303	105	21,690	16,501	7	0	386,161	934	241,055	144,120	52	0	386,161	934	241,055	144,120	52	0
65-74	10,744	10,578	0	166	0	0	117,363	115,785	0	1,578	0	0	117,363	115,785	0	1,578	0	0
75-84	9,803	9,782	0	21	0	0	103,106	102,929	0	177	0	0	103,106	102,929	0	177	0	0
85 and older	7,180	7,180	0	0	0	0	69,300	69,300	0	0	0	0	69,300	69,300	0	0	0	0
Unknown	1	0	0	0	1	0	12	0	0	0	12	0	12	0	0	0	12	0
Gender																		
Female	157,174	19,563	22,724	57,207	57,680	0	1,580,709	206,150	255,396	541,542	577,621	0	1,580,709	206,150	255,396	541,542	577,621	0
Male	127,236	8,094	22,551	37,802	58,789	0	1,239,042	82,885	249,402	321,076	585,679	0	1,239,042	82,885	249,402	321,076	585,679	0
Unknown	290	5	14	79	192	0	1,743	49	88	494	1,112	0	1,743	49	88	494	1,112	0
Race																		
White	271,576	27,175	44,026	90,406	109,969	0	2,695,023	283,961	491,128	821,500	1,098,434	0	2,695,023	283,961	491,128	821,500	1,098,434	0
African American	6,008	134	466	2,071	3,337	0	56,477	1,374	4,940	17,656	32,507	0	56,477	1,374	4,940	17,656	32,507	0
Other/unknown	7,116	353	797	2,611	3,355	0	69,994	3,749	8,818	23,956	33,471	0	69,994	3,749	8,818	23,956	33,471	0
Use of Nursing Facilities^c																		
Entire year	4,365	3,995	369	0	1	0	45,183	41,110	4,061	0	12	0	45,183	41,110	4,061	0	12	0
Part year	4,352	3,628	664	54	6	0	40,718	33,216	6,939	504	59	0	40,718	33,216	6,939	504	59	0
None	275,983	20,039	44,256	95,034	116,654	0	2,735,593	214,758	493,886	862,608	1,164,341	0	2,735,593	214,758	493,886	862,608	1,164,341	0
Maintenance Assistance Status																		
Cash	54,964	8,805	29,803	15,702	654	0	596,336	95,943	340,380	152,809	7,204	0	596,336	95,943	340,380	152,809	7,204	0
Medically needy	5,218	3,238	826	550	604	0	48,247	30,670	7,446	4,544	5,587	0	48,247	30,670	7,446	4,544	5,587	0
Poverty-related	121,692	10,011	10,946	2,275	98,460	0	1,221,896	108,556	117,368	15,077	980,895	0	1,221,896	108,556	117,368	15,077	980,895	0
Other/unknown	102,826	5,608	3,714	76,561	16,943	0	955,015	53,915	39,692	690,682	170,726	0	955,015	53,915	39,692	690,682	170,726	0
Dual Medicare Status^d																		
Full dual, all year	48,226	24,958	20,031	3,213	24	0	525,550	265,449	226,646	33,193	262	0	525,550	265,449	226,646	33,193	262	0
Full dual, part year	2,200	1,241	865	94	0	0	24,065	13,505	9,545	1,015	0	0	24,065	13,505	9,545	1,015	0	0
Non-dual, all year	234,274	1,463	24,393	91,781	116,637	0	2,271,879	10,130	268,695	828,904	1,164,150	0	2,271,879	10,130	268,695	828,904	1,164,150	0
Managed Care (MC) Status																		
Fee-for-service (FFS) all year	284,700	27,662	45,289	95,088	116,661	0	2,821,494	289,084	504,886	863,112	1,164,412	0	2,821,494	289,084	504,886	863,112	1,164,412	0
FFS part year, with Rx claims	0	0	0	0	0	0	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	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Maine, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group includes 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. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
MAINE, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c		Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
					\$55	\$968	\$7,593	12.7 %	
All	73.6 %	17.6	\$968	\$55		\$7,593	12.7 %	284,700	
Age									
5 and younger	65.6	3.1	143	46		3,586	4.0	37,670	
6-14	63.5	5.4	340	63		5,013	6.8	53,099	
15-20	69.0	7.8	436	56		7,080	6.2	33,085	
21-44	75.2	15.5	942	61		6,740	14.0	94,815	
45-64	83.1	37.3	2,217	60		12,664	17.5	38,303	
65-74	88.3	49.8	2,426	49		10,379	23.4	10,744	
75-84	91.3	54.2	2,332	43		14,347	16.3	9,803	
85 and older	91.6	52.5	2,001	38		20,874	9.6	7,180	
Unknown	0.0	0.0	0	0		0	0.0	1	
Basis of Eligibility^e									
Aged	90.3	52.0	2,284	44		14,588	15.7	27,662	
Disabled	89.5	42.4	2,879	68		19,903	14.5	45,289	
Adults	72.1	11.6	571	49		4,006	14.3	95,088	
Children	64.6	4.6	237	52		4,079	5.8	116,661	
Unknown	0.0	0.0	0	0		0	0.0	0	
Gender									
Female	78.6	20.7	1,053	51		7,591	13.9	157,174	
Male	67.4	13.7	864	63		7,611	11.4	127,236	
Unknown	29.0	1.2	72	63		418	17.3	290	
Race									
White	74.1	18.0	991	55		7,734	12.8	271,576	
African American	58.2	6.3	337	54		3,966	8.5	6,008	
Other/unknown	65.6	11.9	596	50		5,275	11.3	7,116	
Use of Nursing Facilities^f									
Entire year	98.3	75.2	3,128	42		44,971	7.0	4,365	
Part year	97.3	68.1	3,111	46		30,653	10.1	4,352	
None	72.8	15.9	900	57		6,638	13.6	275,983	
Maintenance Assistance Status									
Cash	84.5	34.6	2,108	61		13,812	15.3	54,964	
Medically needy	85.5	50.2	2,295	46		17,803	12.9	5,218	
Poverty related	68.1	10.6	583	55		4,241	13.7	121,692	
Other/unknown	73.5	15.0	746	50		7,717	9.7	102,826	

Source: Data for this table are from the MAX 2003 file for Maine, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MAINE, 2003

Beneficiary Characteristics	Number of Rx, Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Percentage of All Medicaid FFS ^c	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	Mean \$, All Medicaid FFS ^d		
All	1.8	\$98	12.7 %	26.4 %	43.7 %	8.6 %	12.4 %	7.0 %	1.9 %	\$766	284,700	2,821,494
Age												
5 and younger	0.3	15	4.0	34.4	62.2	2.4	0.8	0.1	0.0	373	37,670	361,709
6-14	0.5	33	6.8	36.5	53.9	5.0	4.2	0.5	0.0	481	53,099	553,376
15-20	0.8	44	6.2	31.0	53.8	8.2	6.0	1.0	0.1	718	33,085	326,198
21-44	1.6	99	14.0	24.8	44.4	11.8	13.3	4.8	0.9	707	94,815	904,269
45-64	3.7	220	17.5	16.9	23.1	11.5	25.4	18.0	5.1	1,256	38,303	386,161
65-74	4.6	222	23.4	11.7	15.8	10.0	29.2	25.5	7.8	950	10,744	117,363
75-84	5.1	222	16.3	8.7	12.0	9.8	29.6	29.9	10.0	1,364	9,803	103,106
85 and older	5.4	207	9.6	8.4	9.0	9.4	31.7	31.3	10.3	2,163	7,180	69,300
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	12
Basis of Eligibility^e												
Aged	5.0	219	15.7	9.7	12.8	9.8	30.0	28.5	9.2	1,396	27,662	289,084
Disabled	3.8	258	14.5	10.5	23.6	12.7	28.2	19.6	5.5	1,785	45,289	504,886
Adults	1.3	63	14.3	27.9	45.7	11.5	11.6	3.0	0.3	441	95,088	863,112
Children	0.5	24	5.8	35.4	57.1	4.4	2.7	0.3	0.0	409	116,661	1,164,412
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	105	13.9	21.4	44.0	9.7	13.9	8.6	2.4	755	157,174	1,580,709
Male	1.4	89	11.4	32.6	43.3	7.3	10.5	5.1	1.3	782	127,236	1,239,042
Unknown	0.2	12	17.3	71.0	24.8	3.4	0.7	0.0	0.0	70	290	1,743
Race												
White	1.8	100	12.8	25.9	43.6	8.7	12.7	7.2	2.0	779	271,576	2,695,023
African American	0.7	36	8.5	41.8	46.9	5.0	4.4	1.7	0.3	422	6,008	56,477
Other/unknown	1.2	61	11.3	34.4	44.9	7.5	8.1	4.2	0.9	536	7,116	69,994
Use of Nursing Facilities^f												
Entire year	7.3	302	7.0	1.7	5.6	6.2	26.4	38.5	21.7	4,345	4,365	45,183
Part year	7.3	333	10.1	2.7	5.4	6.8	27.5	37.7	19.9	3,276	4,352	40,718
None	1.6	91	13.6	27.2	44.9	8.7	11.9	6.0	1.3	670	275,983	2,735,593
Maintenance Assistance Status												
Cash	3.2	194	15.3	15.5	30.0	11.6	23.0	15.6	4.2	1,273	54,964	596,336
Medically needy	5.4	248	12.9	14.5	16.6	6.7	21.8	26.7	13.8	1,925	5,218	48,247
Poverty related	1.1	58	13.7	31.9	50.9	5.5	7.0	3.9	0.7	422	121,692	1,221,896
Other/unknown	1.6	80	9.7	26.5	43.7	10.9	12.5	5.1	1.4	831	102,826	955,015

All Medicaid Beneficiaries

Table 4

Source: Data for this table are from the MAX 2003 file for Maine, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Source: Data for this table are from the MAX 2003 file for Maine, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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, 0.5 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)
- 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 = Centers for Medicare & 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}
 MAINE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
Anti-infective Agents	0.2	0.1	0.0	0.1	\$14	\$11	\$0	\$3	\$54	\$100	\$76	\$19	347,111	\$18,914,851	127,257	44.7 %	1,392,789
Biologics	0.2	0.2	0.0	0.0	144	111	5	27	604	513	920	1,750	3,082	1,860,556	1,220	0.4	12,944
Antineoplastic Agents	0.5	0.2	0.0	0.2	127	115	2	11	257	462	146	45	13,642	3,500,575	2,544	0.9	27,462
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	29	22	2	5	40	69	22	15	526,818	20,898,314	65,827	23.1	716,818
Cardiovascular Agents	1.4	0.5	0.0	0.9	44	34	2	9	31	66	39	10	883,480	27,534,598	57,068	20.0	621,317
Respiratory Agents	0.5	0.3	0.0	0.2	29	25	1	3	54	77	74	15	394,847	21,341,339	66,696	23.4	735,469
Gastrointestinal Agents	0.6	0.4	0.0	0.2	54	49	1	4	84	117	188	19	319,538	26,958,889	45,706	16.1	500,706
Genitourinary Agents	0.3	0.3	0.0	0.1	19	17	1	1	56	68	44	15	64,571	3,631,122	17,539	6.2	194,354
CNS Drugs	1.1	0.6	0.0	0.5	73	64	1	7	68	107	105	16	990,672	67,100,127	85,851	30.2	924,414
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	47	38	2	7	67	81	63	34	89,174	5,977,005	11,521	4.0	128,318
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	38	32	0	6	135	160	0	72	26,570	3,574,612	8,680	3.0	95,111
Analgesics and Anesthetics	0.6	0.2	0.0	0.5	30	23	1	6	48	144	76	14	604,599	28,732,981	89,935	31.6	969,539
Neuromuscular Agents	0.8	0.3	0.0	0.4	51	42	1	7	66	123	51	18	354,056	23,534,052	42,491	14.9	465,978
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	5	16	27	17	16	69,177	1,103,487	18,882	6.6	204,982
Hematological Agents	0.8	0.2	0.1	0.5	93	85	1	6	122	455	20	12	90,237	11,021,955	10,996	3.9	118,935
Topical Products	0.3	0.1	0.0	0.1	9	6	1	3	35	60	45	18	198,314	6,947,724	69,743	24.5	771,052
Miscellaneous Products	0.6	0.2	0.1	0.3	130	88	30	11	204	388	231	41	10,352	2,113,812	1,507	0.5	16,303
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	50	0	0	0	14,169	710,090	6,929	2.4	77,220
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.	5,000,409	275,456,089	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Maine, released by CMS in 07/2007. This table was produced on 11/01/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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}
 MAINE, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$32,299,406	31,630	11.1 %	351,053	0.7	\$139
ANTIDEPRESSANTS	31,467,494	93,444	32.8	1,017,528	0.5	57
ULCER DRUGS	23,183,680	46,891	16.5	517,340	0.5	86
ANTICONVULSANT	20,775,812	32,500	11.4	361,064	0.7	80
ANALGESICS - Narcotic	16,729,912	106,658	37.5	1,162,524	0.3	42
ANTIASTHMATIC	15,445,006	71,140	25.0	788,193	0.4	55
ANTIHYPERTENSIVE	14,025,978	24,163	8.5	270,103	0.7	78
ANTIDIABETIC	9,805,524	24,651	8.7	271,904	0.7	51
ANALGESICS - ANTI-INFLAMMATORY	8,313,871	48,423	17.0	535,923	0.3	53
MISC. HEMATOLOGICAL	7,218,267	3,080	1.1	33,682	0.6	347
Total	179,264,950	482,580		5,309,314	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Maine, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad77847b6615> (October 26, 2007).

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