

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	50,426	26,199	20,896	3,307	24	0	549,615	278,954	236,191	34,208	262	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	5	0	3	0	2	0	60	0	36	0	24	0
15-20	94	0	71	1	22	0	1,066	0	816	12	238	0
21-44	10,775	0	8,786	1,989	0	0	120,808	0	99,690	21,118	0	0
45-64	13,183	4	12,036	1,143	0	0	147,118	37	135,649	11,432	0	0
65-74	10,238	10,085	0	153	0	0	113,018	111,549	0	1,469	0	0
75-84	9,383	9,362	0	21	0	0	100,413	100,236	0	177	0	0
85 and older	6,748	6,748	0	0	0	0	67,132	67,132	0	0	0	0
Unknown	0	0	0	0	0	0	67,132	0	0	0	0	0
Gender												
Female	29,939	18,593	9,910	1,425	11	0	327,221	199,467	112,635	15,001	118	0
Male	20,487	7,606	10,986	1,882	13	0	222,394	79,487	123,556	19,207	144	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	49,524	25,805	20,478	3,218	23	0	539,878	274,698	231,580	33,350	250	0
African American	281	98	144	38	1	0	2,892	1,002	1,534	344	12	0
Other/unknown	621	296	274	51	0	0	6,845	3,254	3,077	514	0	0
Use of Nursing Facilities^c												
Entire year	4,172	3,908	264	0	0	0	43,236	40,266	2,970	0	0	0
Part year	3,912	3,558	351	3	0	0	36,430	32,638	3,756	36	0	0
None	42,342	18,733	20,281	3,304	24	0	469,949	206,050	229,465	34,172	262	0
Maintenance Assistance Status												
Cash	20,227	8,354	10,985	888	0	0	229,037	92,880	126,686	9,471	0	0
Medically needy	3,713	3,103	588	22	0	0	36,005	29,898	5,900	207	0	0
Poverty-related	17,118	9,418	7,662	32	6	0	188,957	103,604	84,924	366	63	0
Other/unknown	9,368	5,324	1,661	2,365	18	0	95,616	52,572	18,681	24,164	199	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
Full dual, part year	2,200	1,241	865	94	0	0	24,065	13,505	9,545	1,015	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	50,426	26,199	20,896	3,307	24	0	549,615	278,954	236,191	34,208	262	0
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

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 D.2 includes the beneficiaries represented by Cell G 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
All	91.9 %	50.4	\$2,770	\$55	\$15,419	18.0 %	50,426
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	76.6	11,064	144	31,011	35.7	5
15-20	90.4	27.3	3,752	137	31,921	11.8	94
21-44	89.9	38.2	3,009	79	16,349	18.4	10,775
45-64	92.1	53.8	3,399	63	15,861	21.4	13,183
65-74	89.6	50.8	2,473	49	10,184	24.3	10,238
75-84	93.5	55.7	2,402	43	14,631	16.4	9,383
85 and older	95.9	55.1	2,102	38	21,864	9.6	6,748
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	92.8	53.8	2,360	44	14,837	15.9	26,199
Disabled	91.4	48.2	3,297	69	17,477	18.9	20,896
Adults	88.5	36.9	2,681	73	6,885	38.9	3,307
Children	91.7	32.5	3,662	113	33,326	11.0	24
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	94.8	55.6	2,833	51	15,588	18.2	29,939
Male	87.7	42.7	2,678	63	15,170	17.7	20,487
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.0	50.6	2,782	55	15,515	17.9	49,524
African American	84.7	32.5	1,865	57	10,246	18.2	281
Other/unknown	88.1	42.3	2,239	53	10,042	22.3	621
Use of Nursing Facilities^f							
Entire year	98.4	75.0	3,106	41	44,034	7.1	4,172
Part year	97.2	66.7	2,969	45	24,007	12.4	3,912
None	90.8	46.4	2,718	59	11,806	23.0	42,342
Maintenance Assistance Status							
Cash	91.9	49.5	2,889	58	14,179	20.4	20,227
Medically needy	95.6	66.1	2,993	45	21,587	13.9	3,713
Poverty related	90.0	44.0	2,470	56	7,298	33.8	17,118
Other/unknown	93.9	57.6	2,972	52	30,488	9.7	9,368

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 D.3 includes beneficiaries represented by Cell G 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number							
			Percentage of All Medicaid FFS ^c	18.0 %	8.1 %	None	More than 0, but 1 or Less	16.3 %			More than 1, but 2 or Less	11.2 %	More than 2, but 5 or Less	30.5 %	More than 5, but 10 or Less	26.0 %	More than 10
All	4.6	\$254	18.0 %	8.1 %	None	16.3 %	More than 0, but 1 or Less	11.2 %	More than 2, but 5 or Less	30.5 %	More than 5, but 10 or Less	26.0 %	More than 10	8.0 %	\$1,415	50,426	549,615
Age																	
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	6.4	922	35.7	0.0	0.0	0.0	0.0	0.0	40.0	40.0	60.0	60.0	0.0	0.0	2,584	5	60
15-20	2.4	331	11.8	9.6	38.3	16.0	26.6	16.0	26.6	26.6	7.4	7.4	2.1	2.1	2,815	94	1,066
21-44	3.4	268	18.4	10.1	25.7	14.6	29.1	14.6	29.1	29.1	16.6	16.6	3.9	3.9	1,458	10,775	120,808
45-64	4.8	305	21.4	7.9	15.5	10.7	30.8	10.7	30.8	29.8	26.8	26.8	8.3	8.3	1,421	13,183	147,118
65-74	4.6	224	24.3	10.4	15.7	10.2	29.8	10.2	29.8	26.1	26.1	26.1	7.9	7.9	923	10,238	113,018
75-84	5.2	224	16.4	6.5	12.2	9.9	30.3	9.9	30.3	30.8	30.8	30.8	10.3	10.3	1,367	9,383	100,413
85 and older	5.5	211	9.6	4.1	9.3	9.9	33.2	9.9	33.2	32.8	32.8	32.8	10.7	10.7	2,198	6,748	67,132
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e																	
Aged	5.1	222	15.9	7.2	12.8	10.0	30.9	10.0	30.9	29.5	29.5	29.5	9.5	9.5	1,394	26,199	278,954
Disabled	4.3	292	18.9	8.6	19.8	12.3	29.7	12.3	29.7	22.9	22.9	22.9	6.7	6.7	1,546	20,896	236,191
Adults	3.6	259	38.9	11.5	22.3	13.7	31.8	13.7	31.8	17.4	17.4	17.4	3.4	3.4	666	3,307	34,208
Children	3.0	335	11.0	8.3	29.2	20.8	25.0	20.8	25.0	16.7	16.7	16.7	0.0	0.0	3,053	24	262
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender																	
Female	5.1	259	18.2	5.2	13.2	10.9	32.0	10.9	32.0	29.4	29.4	29.4	9.2	9.2	1,426	29,939	327,221
Male	3.9	247	17.7	12.3	20.8	11.6	28.2	11.6	28.2	21.0	21.0	21.0	6.2	6.2	1,398	20,487	222,394
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race																	
White	4.6	255	17.9	8.0	16.2	11.2	30.5	11.2	30.5	26.1	26.1	26.1	8.0	8.0	1,423	49,524	539,878
African American	3.2	181	18.2	15.3	26.0	13.9	25.6	13.9	25.6	15.3	15.3	15.3	3.9	3.9	996	281	2,892
Other/unknown	3.8	203	22.3	11.9	22.2	12.6	26.6	12.6	26.6	21.9	21.9	21.9	4.8	4.8	911	621	6,845
use of nursing Facilities^f																	
Entire year	7.2	300	7.1	1.6	5.6	6.4	26.6	6.4	26.6	38.5	38.5	38.5	21.4	21.4	4,249	4,172	43,236
Part year	7.2	319	12.4	2.8	5.4	6.9	27.9	6.9	27.9	38.0	38.0	38.0	18.9	18.9	2,578	3,912	36,430
None	4.2	245	23.0	9.2	18.4	12.1	31.1	12.1	31.1	23.6	23.6	23.6	5.6	5.6	1,064	42,342	469,949
Maintenance Assistance Status																	
Cash	4.4	255	20.4	8.1	17.8	11.6	31.0	11.6	31.0	24.7	24.7	24.7	6.8	6.8	1,252	20,227	229,037
Medically needy	6.8	309	13.9	4.4	7.5	6.8	27.4	6.8	27.4	35.3	35.3	35.3	18.7	18.7	2,226	3,713	36,005
Poverty related	4.0	224	33.8	10.0	18.7	12.6	31.2	12.6	31.2	23.0	23.0	23.0	4.5	4.5	661	17,118	188,957
Other/unknown	5.6	291	9.7	6.1	12.1	9.5	29.2	9.5	29.2	30.4	30.4	30.4	12.7	12.7	2,987	9,368	95,616

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G 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.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.6	\$254	\$55	2.0	\$209	\$102	0.2	\$8	\$43	2.4	\$37	\$16
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	6.4	922	144	1.6	535	342	1.3	205	162	3.6	182	51
15-20	2.4	331	137	1.2	279	235	0.1	23	167	1.1	29	26
21-44	3.4	268	79	1.6	226	142	0.1	8	67	1.7	34	20
45-64	4.8	305	63	2.2	253	114	0.2	9	53	2.4	42	17
65-74	4.6	224	49	2.0	183	89	0.2	7	37	2.4	34	15
75-84	5.2	224	43	2.2	181	81	0.2	6	31	2.8	37	13
85 and older	5.5	211	38	2.2	167	77	0.2	6	26	3.1	38	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.1	222	44	2.1	179	83	0.2	6	32	2.7	36	13
Disabled	4.3	292	69	2.0	243	123	0.2	9	58	2.1	39	19
Adults	3.6	259	73	1.7	221	132	0.1	6	71	1.8	30	17
Children	3.0	335	113	1.4	260	191	0.2	37	174	1.4	39	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.1	259	51	2.3	213	94	0.2	8	37	2.6	38	15
Male	3.9	247	63	1.7	203	118	0.1	7	60	2.1	36	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.6	255	55	2.0	210	102	0.2	8	43	2.4	37	16
African American	3.2	181	57	1.4	151	109	0.1	6	40	1.6	21	13
Other/unknown	3.8	203	53	1.7	165	98	0.2	7	40	2.0	31	16
Use of Nursing Facilities^e												
Entire year	7.2	300	41	2.9	237	82	0.3	8	29	4.1	55	13
Part year	7.2	319	45	2.9	257	89	0.3	8	32	4.0	53	13
None	4.2	245	59	1.9	203	107	0.2	7	47	2.1	34	16
Maintenance Assistance Status												
Cash	4.4	255	58	2.0	210	107	0.2	8	48	2.2	36	16
Medically needy	6.8	309	45	2.9	253	87	0.2	7	33	3.7	48	13
Poverty related	4.0	224	56	1.8	184	102	0.2	7	44	2.0	32	16
Other/unknown	5.6	291	52	2.4	238	100	0.2	8	37	3.1	45	15

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 D.5 includes the beneficiaries represented by Cell G 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name					
Anti-infective Agents	0.3	0.2	0.0	0.2	\$24	\$1	\$4	\$69	\$123	\$72	\$21	102,685	\$7,117,585	26,410	52.4	297,392	
Biologics	0.1	0.1	0.0	0.1	113	7	106	760	68	0	2,121	341	259,239	206	0.4	2,295	
Antineoplastic Agents	0.5	0.2	0.0	0.3	120	106	13	229	430	129	49	8,731	1,999,267	1,543	3.1	16,651	
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	40	32	6	38	72	17	13	267,166	10,250,706	22,788	45.2	254,614	
Cardiovascular Agents	1.8	0.6	0.1	1.1	55	41	2	31	66	38	11	620,452	19,089,690	31,291	62.1	346,734	
Respiratory Agents	0.8	0.5	0.0	0.3	46	40	1	5	79	72	17	162,596	9,232,003	17,838	35.4	200,433	
Gastrointestinal Agents	0.8	0.5	0.0	0.3	65	59	1	5	82	116	136	186,681	15,242,466	20,994	41.6	234,956	
Genitourinary Agents	0.5	0.4	0.0	0.1	31	29	1	2	72	44	17	38,670	2,342,908	6,709	13.3	75,430	
CNS Drugs	1.4	0.7	0.0	0.7	99	86	2	11	69	114	105	478,717	33,169,278	30,362	60.2	335,980	
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	42	28	2	12	71	111	86	7,001	498,734	1,036	2.1	11,847	
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.1	61	57	0	4	152	0	68	17,098	2,402,635	3,564	7.1	39,094	
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	51	41	1	9	144	81	16	261,815	15,460,626	27,124	53.8	300,935	
Neuromuscular Agents	1.0	0.4	0.0	0.5	67	54	2	11	123	52	21	175,779	11,913,305	15,810	31.4	177,888	
Nutritional Products	0.6	0.0	0.0	0.6	9	0	0	9	18	17	15	39,806	613,228	6,062	12.0	66,223	
Hematological Agents	0.8	0.2	0.1	0.6	59	51	1	7	255	16	11	69,867	4,876,116	7,602	15.1	83,051	
Topical Products	0.4	0.2	0.0	0.2	15	10	1	4	58	42	18	88,365	3,203,985	18,868	37.4	214,064	
Miscellaneous Products	0.9	0.3	0.2	0.3	211	146	50	15	419	222	45	7,115	1,639,284	705	1.4	7,752	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	15	0	0	0	0	0	0	6,067	362,665	2,117	4.2	24,532	
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.	2,538,952	139,673,720	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medisp.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.medisp.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$18,155,096	15,407	30.6 %	171,524	0.8	\$137
ULCER DRUGS	13,474,835	21,872	43.4	246,189	0.6	85
ANTIDEPRESSANTS	13,198,410	31,531	62.5	352,809	0.7	55
ANTICONVULSANT	10,190,826	13,893	27.6	157,449	0.8	80
ANTHYPERLIPIDEMIC	9,513,549	14,998	29.7	171,491	0.7	78
ANALGESICS - Narcotic	9,003,354	32,138	63.7	358,967	0.5	54
ANTIASTHMATIC	7,243,831	22,614	44.8	254,028	0.5	59
ANTIDIABETIC	6,174,424	15,242	30.2	171,105	0.7	49
ANALGESICS - ANTI-INFLAMMATORY	5,150,400	15,324	30.4	175,810	0.4	70
ANTIHYPERTENSIVE	3,100,435	18,881	37.4	212,243	0.7	22
Total	95,205,160	201,900		2,271,615	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 D.7 includes the beneficiaries represented by Cell G 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-ad778d7b6615> (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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,407,825	\$95,205,160	15,407	30.6 %	171,524	0.8	\$106	21,872	43.4 %	246,189	0.6	\$55					
Female	879,786	57,090,362	8,950	29.9	99,271	0.7	92	14,121	47.2	159,033	0.6	55					
Disabled	336,855	25,484,036	4,099	41.4	47,608	0.7	109	4,888	49.3	56,960	0.6	55					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	41	1,242	0	0.0	0	0.0	0	1	50.0	12	1.2	65					
15-20	259	15,164	4	15.4	48	0.3	26	7	26.9	84	0.3	14					
21-44	106,599	8,696,840	1,863	49.9	21,477	0.7	105	1,502	40.2	17,641	0.5	48					
45-64	229,956	16,770,790	2,232	36.3	26,083	0.8	112	3,378	54.9	39,223	0.6	59					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	542,931	31,606,326	4,851	24.2	51,663	0.7	77	9,233	46.1	102,073	0.7	55					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	15	795	0	0.0	0	0.0	0	2	200.0	24	0.3	9					
15-20	121	7,418	4	36.4	48	0.4	38	2	18.2	24	0.3	19					
21-44	24,778	1,840,443	359	37.0	4,089	0.5	69	387	39.9	4,399	0.5	42					
45-64	10,317	645,304	94	24.0	995	0.6	64	171	43.7	1,820	0.5	48					
65-74	192,853	11,816,896	1,077	16.7	12,103	0.8	94	3,034	47.1	34,898	0.6	56					
75-84	185,785	10,578,969	1,610	24.0	17,132	0.7	78	3,139	46.8	34,991	0.7	54					
85 and older	129,062	6,716,501	1,707	31.0	17,296	0.7	67	2,498	45.4	25,917	0.8	56					
Male	528,039	38,114,798	6,457	31.5	72,253	0.8	125	7,751	37.8	87,156	0.6	55					
Disabled	293,814	23,885,403	4,457	40.6	51,724	0.9	139	3,899	35.5	45,153	0.6	55					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	16	541	0	0.0	0	0.0	0	1	100.0	12	0.6	5					
15-20	775	89,641	31	68.9	372	0.9	130	8	17.8	86	0.5	35					
21-44	116,158	10,449,555	2,449	48.5	28,388	0.8	139	1,448	28.7	16,919	0.6	48					
45-64	176,865	13,345,666	1,977	33.6	22,964	0.9	140	2,442	41.5	28,136	0.7	59					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	234,225	14,229,395	2,000	21.1	20,529	0.7	88	3,852	40.5	42,003	0.7	55					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	9	1,639	0	0.0	0	0.0	0	1	100.0	12	0.8	137					
15-20	200	23,357	10	83.3	112	0.5	140	3	25.0	36	0.3	28					
21-44	20,198	1,615,909	207	20.3	2,236	0.5	81	339	33.2	3,824	0.5	44					
45-64	19,643	1,522,885	120	15.9	1,286	0.6	98	300	39.7	3,296	0.6	58					
65-74	95,735	5,865,120	601	15.9	6,649	0.8	106	1,510	39.8	17,119	0.6	55					
75-84	69,556	3,755,341	666	24.8	6,612	0.7	77	1,125	41.9	12,055	0.7	56					
85 and older	28,884	1,445,144	396	31.9	3,634	0.8	72	574	46.3	5,661	0.8	58					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table D7A

Dual Eligible Beneficiaries

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 D.7A includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS				ANTICONVULSANTS				ANTIHYPERLIPIDEMIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month		
All	31,531	62.5 %	352,809	0.7	\$37	13,893	27.6 %	157,449	0.8	\$65	14,998	29.7 %	171,491	0.7	\$56
Female	20,530	68.6	230,113	0.7	38	8,093	27.0	91,774	0.8	62	9,259	30.9	106,167	0.7	56
Disabled	9,361	94.5	108,501	0.7	40	4,741	47.8	54,808	0.8	74	2,836	28.6	33,029	0.7	54
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.4	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	42.3	132	0.3	18	5	19.2	58	0.6	87	0	0.0	0	0.0	0
21-44	3,547	95.0	41,150	0.6	39	2,136	57.2	24,619	0.8	78	445	11.9	5,177	0.6	47
45-64	5,802	94.4	67,207	0.7	41	2,600	42.3	30,131	0.8	70	2,391	38.9	27,852	0.7	55
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	11,169	55.8	121,612	0.7	37	3,352	16.7	36,966	0.8	45	6,423	32.1	73,138	0.7	57
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	100.0	124	0.4	20	4	36.4	48	0.6	51	0	0.0	0	0.0	0
21-44	1,087	112.2	12,224	0.6	35	502	51.8	5,680	0.7	68	86	8.9	995	0.5	44
45-64	396	101.3	4,144	0.6	35	139	35.5	1,478	0.7	44	93	23.8	995	0.6	46
65-74	3,230	50.1	36,599	0.7	35	1,106	17.2	12,703	0.8	47	3,058	47.4	35,378	0.7	59
75-84	3,395	50.7	36,985	0.8	38	989	14.8	10,667	0.8	38	2,408	35.9	27,359	0.8	58
85 and older	3,050	55.4	31,536	0.8	39	612	11.1	6,390	0.8	33	778	14.1	8,411	0.8	52
Male	11,001	53.7	122,696	0.6	36	5,800	28.3	65,675	0.8	68	5,739	28.0	65,324	0.7	54
Disabled	6,595	60.0	75,713	0.6	37	4,017	36.6	46,225	0.8	75	2,913	26.5	33,734	0.7	53
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.6	40
15-20	19	42.2	228	0.5	36	20	44.4	240	0.8	115	3	6.7	36	0.3	26
21-44	3,088	61.1	35,572	0.6	36	2,088	41.3	24,100	0.8	78	730	14.4	8,510	0.6	45
45-64	3,488	59.2	39,913	0.6	37	1,909	32.4	21,885	0.8	71	2,179	37.0	25,176	0.7	55
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,406	46.4	46,983	0.7	35	1,783	18.8	19,450	0.8	53	2,826	29.7	31,590	0.7	56
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	41.7	57	0.4	35	5	41.7	60	0.7	55	0	0.0	0	0.0	0
21-44	717	70.3	7,962	0.5	32	374	36.7	4,168	0.7	58	184	18.0	2,072	0.5	39
45-64	487	64.4	5,294	0.6	35	193	25.5	2,138	0.7	68	275	36.4	3,047	0.7	55
65-74	1,341	35.4	15,029	0.7	34	652	17.2	7,376	0.8	53	1,424	37.6	16,279	0.7	59
75-84	1,205	44.9	12,493	0.8	38	420	15.7	4,390	0.9	45	776	28.9	8,501	0.8	57
85 and older	651	52.5	6,148	0.8	39	139	11.2	1,318	0.8	33	167	13.5	1,691	0.8	56
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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 D.7B includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					ANTIIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	32,138	63.7 %	358,967	\$25	0.5	22,614	44.8 %	254,028	\$29	0.5	15,242	30.2 %	171,105	\$36	0.7
Female	20,043	66.9	224,182	21	0.4	14,285	47.7	161,117	28	0.5	9,425	31.5	106,244	36	0.7
Disabled	8,452	85.3	98,202	25	0.4	5,215	52.6	60,583	25	0.4	2,729	27.5	31,543	42	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	2	100.0	24	3	0.4	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	17	65.4	200	1	0.1	12	46.2	144	23	0.3	2	7.7	24	1.5	58
21-44	3,345	89.6	38,930	21	0.4	1,644	44.0	19,232	20	0.3	533	14.3	6,164	0.7	40
45-64	5,088	82.8	59,048	27	0.5	3,559	57.9	41,207	28	0.4	2,194	35.7	25,355	0.7	43
65-74	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	11,591	57.9	125,980	18	0.4	9,070	45.3	100,534	29	0.5	6,696	33.4	74,701	0.7	33
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	7	63.6	84	1	0.1	2	18.2	24	4	0.1	0	0.0	0	0.0	0
21-44	1,053	108.7	12,017	26	0.4	431	44.5	4,948	15	0.3	102	10.5	1,166	0.6	42
45-64	343	87.7	3,697	18	0.5	203	51.9	2,243	24	0.4	90	23.0	996	0.6	35
65-74	3,590	55.7	41,092	18	0.4	3,426	53.1	39,103	33	0.5	2,947	45.7	33,716	0.7	36
75-84	3,561	53.1	38,917	17	0.4	3,047	45.5	33,608	30	0.5	2,449	36.5	27,074	0.8	31
85 and older	3,037	55.1	30,173	17	0.5	1,961	35.6	20,608	25	0.5	1,108	20.1	11,749	0.8	28
Male	12,095	59.0	134,785	32	0.5	8,329	40.7	92,911	30	0.5	5,817	28.4	64,861	0.7	37
Disabled	7,024	63.9	80,751	35	0.5	3,663	33.3	42,322	28	0.5	2,563	23.3	29,542	0.7	40
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	1	100.0	12	1	0.2	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	17	37.8	198	1	0.1	5	11.1	60	10	0.1	1	2.2	12	0.4	6
21-44	3,245	64.2	37,556	33	0.5	1,234	24.4	14,353	23	0.4	625	12.4	7,250	0.7	41
45-64	3,761	63.9	42,985	36	0.5	2,424	41.2	27,909	31	0.5	1,937	32.9	22,280	0.7	39
65-74	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	5,071	53.4	54,034	28	0.5	4,666	49.1	50,589	31	0.6	3,254	34.2	35,319	0.7	34
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	8	66.7	71	1	0.1	0	0.0	0	0	0.0	0	0.0	0	0.0	0
21-44	914	89.6	10,083	49	0.6	257	25.2	2,912	20	0.3	115	11.3	1,242	0.7	40
45-64	593	78.4	6,507	61	0.6	299	39.6	3,305	28	0.5	219	29.0	2,405	0.7	42
65-74	1,726	45.5	19,356	20	0.4	1,957	51.6	22,118	35	0.6	1,552	40.9	17,449	0.7	35
75-84	1,207	45.0	12,405	13	0.4	1,502	56.0	15,839	31	0.6	1,040	38.8	11,006	0.8	34
85 and older	623	50.2	5,612	10	0.5	651	52.5	6,415	26	0.6	328	26.5	3,217	0.8	28
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	15,324	30.4 %	175,810	0.4	18,881	37.4 %	212,243	0.7	50,426	549,615
Female	9,992	33.4	114,924	0.4	11,724	39.2	131,962	0.7	29,939	327,221
Disabled	4,307	43.5	50,511	0.4	2,548	25.7	29,573	0.6	9,910	112,635
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	2	100.0	24	0.5	2	24
15-20	10	38.5	120	0.2	2	7.7	24	0.5	26	310
21-44	1,561	41.8	18,316	0.3	441	11.8	5,121	0.5	3,734	42,513
45-64	2,736	44.5	32,075	0.4	2,103	34.2	24,404	0.6	6,148	69,788
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	5,685	28.4	64,413	0.5	9,176	45.8	102,389	0.7	20,029	214,586
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	1	100.0	12	0.8	1	12
15-20	4	36.4	48	0.2	0	0.0	0	0.0	11	118
21-44	442	45.6	5,063	0.3	95	9.8	1,073	0.5	969	10,530
45-64	183	46.8	1,930	0.4	97	24.8	1,048	0.6	391	3,885
65-74	2,078	32.2	24,120	0.5	3,334	51.7	38,304	0.7	6,448	71,885
75-84	1,823	27.2	20,800	0.5	3,389	50.6	37,975	0.7	6,701	72,598
85 and older	1,155	21.0	12,452	0.6	2,260	41.0	23,977	0.8	5,508	55,558
Male	5,332	26.0	60,886	0.4	7,157	34.9	80,281	0.6	20,487	222,394
Disabled	3,096	28.2	35,863	0.3	2,830	25.8	32,590	0.6	10,986	123,556
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	1	12
15-20	5	11.1	54	0.3	6	13.3	72	0.8	45	506
21-44	1,352	26.8	15,723	0.3	759	15.0	8,870	0.6	5,052	57,177
45-64	1,739	29.5	20,086	0.4	2,065	35.1	23,648	0.6	5,888	65,861
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	2,236	23.5	25,023	0.4	4,327	45.5	47,691	0.6	9,501	98,838
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	1	12
15-20	0	0.0	0	0.0	8	66.7	79	0.8	12	132
21-44	330	32.4	3,704	0.3	167	16.4	1,861	0.5	1,020	10,588
45-64	245	32.4	2,733	0.4	267	35.3	2,896	0.6	756	7,584
65-74	902	23.8	10,364	0.4	1,869	49.3	21,226	0.6	3,790	41,133
75-84	518	19.3	5,795	0.5	1,449	54.0	15,909	0.7	2,682	27,815
85 and older	241	19.4	2,427	0.6	567	45.7	5,720	0.7	1,240	11,574
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0

Table D7D

Dual Eligible Beneficiaries

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 D.7D includes the beneficiaries represented by Cell G 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 drug 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.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				7.2	4,172
All	\$300			4,172	43,236
Age					
0-64	444	8.8		264	2,970
65-74	397	8.7		466	5,044
75-84	317	7.6		1,439	14,648
85 and older	243	6.4		2,003	20,574
Unknown	0	0.0		0	0
Gender					
Female	283	7.0		3,084	32,400
Male	350	8.0		1,088	10,836
Unknown	0	0.0		0	0
Race					
White	300	7.2		4,137	42,854
African American	214	7.1		15	165
Other/unknown	321	7.7		20	217
Basis of Eligibility^c					
Aged	289	7.1		3,908	40,266
Disabled	444	8.8		264	2,970
Adults	0	0.0		0	0
Children	0	0.0		0	0
Unknown	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 3,912 beneficiaries who were in nursing facilities for part of their enrollment and their 36,430 benefit months were excluded from the analysis. 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. 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.

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.5	0.2	0.0	0.3	\$20	\$15	\$1	\$4	\$38	\$61	\$51	\$15	16,731	\$629,180	2,900	69.5 %	31,307
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	21	0	0	21	19	403	19	0.5	182
Antineoplastic Agents	0.7	0.2	0.0	0.4	102	74	0	28	157	349	48	64	1,179	184,643	179	4.3	1,805
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.8	42	33	2	8	30	61	14	10	30,556	916,276	2,050	49.1	21,729
Cardiovascular Agents	2.2	0.4	0.1	1.7	40	22	2	16	18	53	25	9	67,739	1,230,119	2,954	70.8	30,914
Respiratory Agents	0.9	0.4	0.0	0.4	38	30	1	7	43	69	68	17	14,516	629,224	1,529	36.6	16,406
Gastrointestinal Agents	1.1	0.6	0.0	0.5	68	61	0	6	63	101	93	14	22,978	1,458,072	2,037	48.8	21,552
Genitourinary Agents	0.7	0.5	0.0	0.2	34	28	2	3	51	62	44	21	6,364	323,567	890	21.3	9,624
CNS Drugs	1.8	1.1	0.0	0.7	108	98	1	9	60	91	61	13	62,468	3,745,310	3,276	78.5	34,536
Stimulants/Anti-obesity/Anorexia	0.9	0.1	0.0	0.8	17	8	1	8	19	103	96	10	310	5,752	36	0.9	342
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	99	98	0	1	116	116	0	66	3,677	424,808	426	10.2	4,298
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	48	41	1	6	46	95	24	11	23,653	1,089,416	2,185	52.4	22,619
Neuromuscular Agents	1.3	0.5	0.1	0.8	67	37	3	27	50	81	49	33	21,925	1,104,177	1,537	36.8	16,506
Nutritional Products	0.8	0.0	0.0	0.8	10	0	1	9	12	12	16	12	7,843	95,396	907	21.7	9,491
Hematological Agents	1.5	0.3	0.2	1.0	58	48	2	7	39	191	10	7	16,132	630,759	1,054	25.3	10,933
Topical Products	0.6	0.2	0.0	0.3	16	10	1	6	28	48	42	17	15,704	447,467	2,485	59.6	27,467
Miscellaneous Products	0.4	0.0	0.0	0.3	15	2	6	7	41	65	225	22	392	16,157	100	2.4	1,054
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	40	0	0	0	684	27,037	212	5.1	2,329
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.	312,870	12,957,763	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 3,912 beneficiaries who were in nursing facilities for part of their enrollment and their 36,430 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. 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).

e. 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. 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).

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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx
ANTIPSYCHOTICS	\$2,055,684	2,176	52.2 %	23,228	0.8	\$107	\$89
ANTIDEPRESSANTS	1,544,741	3,142	75.3	33,678	0.9	48	46
ULCER DRUGS	1,355,922	2,025	48.5	21,751	0.9	71	62
ANTICONVULSANT	674,990	1,176	28.2	12,934	1.1	49	52
ANALGESICS - Narcotic	614,733	2,156	51.7	22,165	0.7	40	28
ANTIASTHMATIC	508,114	1,968	47.2	20,962	0.6	44	24
ANTIIDIABETIC	504,472	1,365	32.7	14,901	0.9	36	34
ANALGESICS - ANTI-INFLAMMATORY	431,355	805	19.3	8,898	0.7	70	48
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	426,640	416	10.0	4,233	0.9	115	101
ANTIPARKINSONIAN	360,451	783	18.8	8,449	0.7	58	43
Total	8,477,102	16,012		171,199	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 3,912 beneficiaries who were in nursing facilities for part of their enrollment and their 36,430 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
All	141,113	\$8,477,102	2,176	52.2 %	23,228	0.8	\$89	3,142	75.3 %	33,678	0.9	\$46
Female	99,372	5,942,170	1,567	50.8	17,014	0.8	85	2,295	74.4	24,798	0.9	46
Disabled	7,601	511,380	87	60.0	993	0.9	128	137	94.5	1,584	1.0	55
64 or younger	7,601	511,380	87	60.0	993	0.9	128	137	94.5	1,584	1.0	55
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	91,771	5,430,790	1,480	50.4	16,021	0.8	82	2,158	73.4	23,214	0.9	45
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13,301	861,506	186	64.8	2,102	0.9	108	256	89.2	2,839	1.0	50
75-84	34,228	2,006,085	523	54.0	5,683	0.8	86	745	76.9	7,940	0.9	47
85 and older	44,242	2,563,199	771	45.8	8,236	0.7	73	1,157	68.7	12,435	0.9	43
Male	41,741	2,534,932	609	56.0	6,214	0.9	98	847	77.8	8,880	1.0	46
Disabled	5,911	408,934	75	63.0	884	1.1	146	97	81.5	1,121	0.9	53
64 or younger	5,911	408,934	75	63.0	884	1.1	146	97	81.5	1,121	0.9	53
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	35,830	2,125,998	534	55.1	5,330	0.9	91	750	77.4	7,759	1.0	45
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,983	549,344	92	51.4	1,009	1.0	109	176	98.3	1,914	1.0	47
75-84	18,011	1,064,603	282	60.0	2,841	0.9	86	356	75.7	3,752	1.0	46
85 and older	8,836	512,051	160	50.0	1,480	0.9	86	218	68.1	2,093	1.0	42
Unknown	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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 3,912 beneficiaries who were in nursing facilities for part of their enrollment and their 36,430 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,025	48.5 %	21,751	0.9	\$62	1,176	28.2 %	12,934	1.1	\$52	2,156	51.7 %	22,165	0.7	\$28
Female	1,482	48.1	16,025	0.9	61	798	25.9	8,808	1.1	48	1,620	52.5	16,871	0.7	30
Disabled	80	55.2	909	0.9	70	126	86.9	1,446	1.2	78	80	55.2	912	1.1	61
64 or younger	80	55.2	909	0.9	70	126	86.9	1,446	1.2	78	80	55.2	912	1.1	61
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,402	47.7	15,116	0.9	61	672	22.9	7,362	1.0	42	1,540	52.4	15,959	0.7	28
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	145	50.5	1,603	0.9	63	151	52.6	1,755	1.1	54	173	60.3	1,942	0.9	45
75-84	493	50.9	5,298	0.9	60	278	28.7	3,028	1.0	40	522	53.9	5,414	0.7	28
85 and older	764	45.4	8,215	0.9	60	243	14.4	2,579	1.0	35	845	50.2	8,603	0.6	24
Male	543	49.9	5,726	0.9	66	378	34.7	4,126	1.1	62	536	49.3	5,294	0.7	22
Disabled	59	49.6	670	0.9	75	84	70.6	970	1.3	87	57	47.9	641	1.2	54
64 or younger	59	49.6	670	0.9	75	84	70.6	970	1.3	87	57	47.9	641	1.2	54
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	484	49.9	5,056	0.9	64	294	30.3	3,156	1.0	54	479	49.4	4,653	0.7	18
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	106	59.2	1,169	0.9	74	91	50.8	1,034	1.1	63	107	59.8	1,168	0.8	27
75-84	227	48.3	2,414	0.8	59	156	33.2	1,691	1.0	54	221	47.0	2,162	0.6	16
85 and older	151	47.2	1,473	0.9	66	47	14.7	431	0.8	36	151	47.2	1,323	0.6	13
Unknown	0	0.0	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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 3,912 beneficiaries who were in nursing facilities for part of their enrollment and their 36,430 benefit months were excluded from the analysis.
 - b. 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 drug 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.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DIABETIC					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,968	47.2 %	20,962	0.6	\$24	1,365	32.7 %	14,901	0.9	\$34	805	19.3 %	8,898	0.7	\$49
Female	1,292	41.9	13,999	0.5	22	907	29.4	10,012	0.9	33	614	19.9	6,848	0.7	49
Disabled	61	42.1	701	0.6	26	49	33.8	588	1.1	50	28	19.3	336	0.6	22
64 or younger	61	42.1	701	0.6	26	49	33.8	588	1.1	50	28	19.3	336	0.6	22
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,231	41.9	13,298	0.5	22	858	29.2	9,424	0.9	32	586	19.9	6,512	0.7	50
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	143	49.8	1,587	0.6	27	133	46.3	1,454	1.0	41	77	26.8	859	0.7	65
75-84	425	43.9	4,514	0.5	24	367	37.9	3,982	0.9	32	185	19.1	2,074	0.7	44
85 and older	663	39.4	7,197	0.5	20	358	21.3	3,988	0.9	28	324	19.3	3,579	0.7	50
Male	676	62.1	6,963	0.7	29	458	42.1	4,889	0.9	36	191	17.6	2,050	0.7	48
Disabled	63	52.9	731	0.7	30	35	29.4	411	1.1	48	16	13.4	182	0.8	26
64 or younger	63	52.9	731	0.7	30	35	29.4	411	1.1	48	16	13.4	182	0.8	26
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	613	63.3	6,232	0.7	28	423	43.7	4,478	0.9	35	175	18.1	1,868	0.7	50
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	125	69.8	1,370	0.8	34	119	66.5	1,266	0.9	36	33	18.4	364	0.6	43
75-84	310	66.0	3,174	0.6	28	233	49.6	2,482	0.9	37	80	17.0	874	0.7	49
85 and older	178	55.6	1,688	0.6	24	71	22.2	730	0.9	27	62	19.4	630	0.8	54
Unknown	0	0.0	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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 3,912 beneficiaries who were in nursing facilities for part of their enrollment and their 36,430 benefit months were excluded from the analysis.
 - b. 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 drug 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.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIPARKINSONIAN					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	416	10.0 %	4,233	0.9	\$101	783	18.8 %	8,449	0.7	\$43	4,172	43,236
Female	293	9.5	3,088	0.9	100	510	16.5	5,654	0.7	33	3,084	32,400
Disabled	8	5.5	82	0.5	48	25	17.2	285	0.6	27	145	1,646
64 or younger	8	5.5	82	0.5	48	25	17.2	285	0.6	27	145	1,646
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	285	9.7	3,006	0.9	102	485	16.5	5,369	0.7	33	2,939	30,754
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	23	8.0	248	0.9	111	53	18.5	618	0.7	40	287	3,124
75-84	123	12.7	1,297	0.9	104	227	23.4	2,522	0.8	40	969	10,012
85 and older	139	8.3	1,461	0.9	98	205	12.2	2,229	0.5	23	1,683	17,618
Male	123	11.3	1,145	0.9	102	273	25.1	2,795	0.9	63	1,088	10,836
Disabled	4	3.4	48	0.6	68	15	12.6	169	0.6	13	119	1,324
64 or younger	4	3.4	48	0.6	68	15	12.6	169	0.6	13	119	1,324
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	119	12.3	1,097	0.9	104	258	26.6	2,626	0.9	67	969	9,512
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	17	9.5	156	0.9	111	48	26.8	507	1.0	83	179	1,920
75-84	60	12.8	564	0.9	100	148	31.5	1,514	0.9	68	470	4,636
85 and older	42	13.1	377	0.9	105	62	19.4	605	0.8	51	320	2,956
Unknown	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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 3,912 beneficiaries who were in nursing facilities for part of their enrollment and their 36,430 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MAINE, 2003

Beneficiary Characteristics	Number of Beneficiaries with		Percentage of Beneficiaries with		Number of Part D Excluded Rx per Beneficiary		Total Part D Excluded Rx \$		\$ per Part D Excluded Rx		Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
	D Excluded Rx	at Least One Part D Excluded Rx	D Excluded Rx	at Least One Part D Excluded Rx	D Excluded Rx per Beneficiary	D Excluded Rx per Beneficiary	Excluded Rx	Total Part D Excluded Rx \$	Excluded Rx	Excluded Rx \$	Dual Rx \$	2.3 %
All	25,164	49.9 %	4.5	224,945	\$64	\$3,224,382	\$14	50,426	2.3 %			
Age												
5 and younger	0	0.0	0.0	0	0	0	0	0	0.0	0	0	0
6-14	3	60.0	11.6	58	246	1,230	21	5	2.2	21	5	5
15-20	33	35.1	2.5	235	115	10,845	46	94	3.1	46	94	94
21-44	4,985	46.3	3.9	41,898	71	766,452	18	10,775	2.4	18	10,775	10,775
45-64	6,908	52.4	5.0	65,910	85	1,116,555	17	13,183	2.5	17	13,183	13,183
65-74	4,652	45.4	3.9	39,943	51	524,329	13	10,238	2.1	13	10,238	10,238
75-84	4,739	50.5	4.5	41,787	48	449,951	11	9,383	2.0	11	9,383	9,383
85 and older	3,844	57.0	5.2	35,114	53	355,020	10	6,748	2.5	10	6,748	6,748
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	0	0
Basis of Eligibility^c												
Aged	13,179	50.3	4.4	116,580	51	1,325,200	11	26,199	2.1	11	26,199	26,199
Disabled	10,487	50.2	4.6	97,117	83	1,727,051	18	20,896	2.5	18	20,896	20,896
Adults	1,488	45.0	3.4	11,139	51	169,300	15	3,307	1.9	15	3,307	3,307
Children	10	41.7	4.5	109	118	2,831	26	24	3.2	26	24	24
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	0	0
Gender												
Female	16,599	55.4	5.1	152,845	73	2,179,650	14	29,939	2.6	14	29,939	29,939
Male	8,565	41.8	3.5	72,100	51	1,044,732	14	20,487	1.9	14	20,487	20,487
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	0	0
Race												
White	24,748	50.0	4.5	221,972	64	3,186,704	14	49,524	2.3	14	49,524	49,524
African American	121	43.1	2.9	802	36	10,171	13	281	1.9	13	281	281
Other/unknown	295	47.5	3.5	2,171	44	27,507	13	621	2.0	13	621	621
Use of Nursing Facilities^d												
Entire year	2,360	56.6	5.6	23,561	58	243,458	10	4,172	1.9	10	4,172	4,172
Part year	2,698	69.0	5.9	23,152	69	268,896	12	3,912	2.3	12	3,912	3,912
None	20,106	47.5	4.2	178,232	64	2,712,028	15	42,342	2.4	15	42,342	42,342
Maintenance Assistance Status												
Cash	10,157	50.2	4.6	92,584	70	1,421,175	15	20,227	2.4	15	20,227	20,227
Medically needy	2,364	63.7	7.3	26,943	73	271,748	10	3,713	2.4	10	3,713	3,713
Poverty related	7,556	44.1	3.4	58,896	55	937,269	16	17,118	2.2	16	17,118	17,118
Other/unknown	5,087	54.3	5.0	46,522	63	594,190	13	9,368	2.1	13	9,368	9,368

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MAINE, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$6	\$14	\$0	\$2	549,615
Age						
5 and younger	0.0	0	0	0	0	0
6-14	1.0	21	21	0	0	60
15-20	0.2	10	46	0	1	1,066
21-44	0.3	6	18	0	3	120,808
45-64	0.4	8	17	0	3	147,118
65-74	0.4	5	13	0	1	113,018
75-84	0.4	4	11	0	1	100,413
85 and older	0.5	5	10	0	1	67,132
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	5	11	0	1	278,954
Disabled	0.4	7	18	0	3	236,191
Adults	0.3	5	15	0	2	34,208
Children	0.4	11	26	0	1	262
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	7	14	0	2	327,221
Male	0.3	5	14	0	2	222,394
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	6	14	0	2	539,878
African American	0.3	4	13	0	1	2,892
Other/unknown	0.3	4	13	0	1	6,845
Use of Nursing Facilities^d						
Entire year	0.5	6	10	0	2	43,236
Part year	0.6	7	12	0	2	36,430
None	0.4	6	15	0	2	469,949
Maintenance Assistance Status						
Cash	0.4	6	15	0	2	229,037
Medically needy	0.7	8	10	0	2	36,005
Poverty related	0.3	5	16	0	2	188,957
Other/unknown	0.5	6	13	0	2	95,616

Table D12

Dual Eligible Beneficiaries

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 MAINE, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	36,123	\$89	\$3,224,382	100.0 %	224,945	\$14	100.0 %	224,945	100.0 %
Anorexia or weight loss/gain	47	244	11,488	0.4	158	73	0.1	158	0.1
Fertility drugs	4	48	191	0.0	8	24	0.0	8	0.0
Drugs for cosmetic purposes	27	17	472	0.0	45	10	0.0	45	0.0
Cough and cold medications	2,170	79	172,443	5.3	5,210	33	2.3	5,210	2.3
Vitamins and minerals	5,906	102	604,455	18.7	39,502	15	17.6	39,502	17.6
Non-prescription drugs	12,322	77	946,405	29.4	66,565	14	29.6	66,565	29.6
Barbiturates	404	55	22,259	0.7	4,056	5	1.8	4,056	1.8
Benzodiazepines	14,064	77	1,088,600	33.8	104,128	10	46.3	104,128	46.3
Other Part D Excl Rx Drugs	1,179	321	378,069	11.7	5,273	72	2.3	5,273	2.3

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MAINE, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 9,383
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$22,536,169
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,402

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	610	6.5 %	0	0.0 %
1-500	1,508	16.1	324,795	1.4
501-1,000	1,150	12.3	859,667	3.8
1,001-1,500	964	10.3	1,196,285	5.3
1,501-2,000	887	9.5	1,548,842	6.9
2,001-2,500	761	8.1	1,708,645	7.6
2,501-3,000	639	6.8	1,752,544	7.8
3,001-3,500	555	5.9	1,807,711	8.0
3,501-4,000	474	5.1	1,770,713	7.9
4,001-4,500	367	3.9	1,560,622	6.9
4,501-5,000	282	3.0	1,335,357	5.9
5,001-5,500	240	2.6	1,260,117	5.6
5,501-6,000	206	2.2	1,182,886	5.2
6,001-6,500	154	1.6	961,014	4.3
6,501-7,000	122	1.3	821,368	3.6
7,001-7,500	106	1.1	764,244	3.4
7,501-8,000	61	0.7	470,958	2.1
8,001-8,500	65	0.7	534,807	2.4
8,501-9,000	48	0.5	418,723	1.9
9,001-9,500	38	0.4	350,479	1.6
9,501-10,000	22	0.2	215,678	1.0
10,001+	124	1.3	1,690,714	7.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	50,426	26,199	20,896	3,307	0	549,615	278,954	236,191	34,208	0
Age										
5 and younger	0	0	0	0	0	0	0	0	0	0
6-14	5	0	3	0	2	60	0	36	0	24
15-20	94	0	71	1	22	1,066	0	816	12	238
21-44	10,775	0	8,786	1,989	0	120,808	0	99,690	21,118	0
45-64	13,183	4	12,036	1,143	0	147,118	37	135,649	11,432	0
65-74	10,238	10,085	0	153	0	113,018	111,549	0	1,469	0
75-84	9,383	9,362	0	21	0	100,413	100,236	0	177	0
85 and older	6,748	6,748	0	0	0	67,132	67,132	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	29,939	18,593	9,910	1,425	11	327,221	199,467	112,635	15,001	118
Male	20,487	7,606	10,986	1,882	13	222,394	79,487	123,556	19,207	144
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	49,524	25,805	20,478	3,218	23	539,878	274,698	231,580	33,350	250
African American	281	98	144	38	1	2,892	1,002	1,534	344	12
Other/unknown	621	296	274	51	0	6,845	3,254	3,077	514	0
Use of Nursing Facilities^c										
Entire year	4,172	3,908	264	0	0	43,236	40,266	2,970	0	0
Part year	3,912	3,558	351	3	0	36,430	32,638	3,756	36	0
None	42,342	18,733	20,281	3,304	24	469,949	206,050	229,465	34,172	262
Maintenance Assistance Status										
Cash	20,227	8,354	10,985	888	0	229,037	92,880	126,686	9,471	0
Medically needy	3,713	3,103	588	22	0	36,005	29,898	5,900	207	0
Poverty related	17,118	9,418	7,662	32	6	188,957	103,604	84,924	366	63
Other/unknown	9,368	5,324	1,661	2,365	18	95,616	52,572	18,681	24,164	199
Dual Status^d										
Full dual, all year	48,226	24,958	20,031	3,213	24	525,550	265,449	226,646	33,193	262
Full dual, part year	2,200	1,241	865	94	0	24,065	13,505	9,545	1,015	0
Managed Care (MC) Status										
Fee-for-service (FFS) all year	50,426	26,199	20,896	3,307	24	549,615	278,954	236,191	34,208	262
FFS part year, with Rx claims	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
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- 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 pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, MAINE, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	50,426	549,615	50,426	549,615	0	0	0
Fee-for-service (FFS) all year	50,426	549,615	50,426	549,615	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0	0
MC all year, with no Rx claims	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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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