

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 NEW HAMPSHIRE

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 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	21,337	11,369	9,053	904	11	0	217,103	112,632	96,416	7,948	107	0
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	2	0	0	0	2	0	24	0	0	0	24	0
15-20	47	0	39	0	8	0	470	0	398	0	72	0
21-44	4,685	0	3,981	703	1	0	49,067	0	42,785	6,271	11	0
45-64	5,142	0	4,948	194	0	0	54,053	0	52,434	1,619	0	0
65-74	3,145	3,073	65	7	0	0	31,921	31,274	589	58	0	0
75-84	4,060	4,051	9	0	0	0	40,360	40,259	101	0	0	0
85 and older	4,255	4,245	10	0	0	0	41,099	41,099	97	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,254	8,812	4,784	652	6	0	146,387	89,025	51,293	6,009	60	0
Male	7,083	2,557	4,269	252	5	0	70,716	23,607	45,123	1,939	47	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	20,833	11,110	8,834	879	10	0	212,367	110,237	94,296	7,739	95	0
African American	130	32	90	7	1	0	1,304	330	889	73	12	0
Other/unknown	374	227	129	18	0	0	3,432	2,065	1,231	136	0	0
Use of Nursing Facilities^c												
Entire year	4,436	4,240	196	0	0	0	46,306	44,188	2,118	0	0	0
Part year	2,336	2,115	221	0	0	0	20,705	18,444	2,261	0	0	0
None	14,565	5,014	8,636	904	11	0	150,092	50,000	92,037	7,948	107	0
Maintenance Assistance Status												
Cash	3,552	1,118	2,374	60	0	0	39,972	12,762	26,729	481	0	0
Medically needy	7,806	4,862	2,415	528	1	0	73,557	44,681	24,036	4,829	11	0
Poverty-related	1,033	478	492	57	6	0	8,575	3,895	4,211	408	61	0
Other/unknown	8,946	4,911	3,772	259	4	0	94,999	51,294	41,440	2,230	35	0
Dual Medicare Status^d												
Full dual, all year	19,639	10,607	8,172	850	10	0	201,636	105,914	88,175	7,451	96	0
Full dual, part year	1,698	762	881	54	1	0	15,467	6,718	8,241	497	11	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	21,278	11,369	9,036	862	11	0	216,748	112,632	96,323	7,686	107	0
FFS part year, with Rx claims	57	0	16	41	0	0	352	0	92	260	0	0
FFS part year, no Rx claims	2	0	1	1	0	3	0	0	1	2	0	0

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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, NEW HAMPSHIRE, 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	90.9 %	53.5	\$3,264	\$61	\$21,530	15.2 %	21,337
Age							
5 and younger	100.0	99.0	9,602	97	73,546	13.1	1
6-14	100.0	110.5	32,207	292	39,921	80.7	2
15-20	85.1	27.7	3,228	116	14,416	22.4	47
21-44	87.9	39.2	3,436	88	18,921	18.2	4,685
45-64	91.2	59.2	4,353	74	21,996	19.8	5,142
65-74	87.8	54.6	3,002	55	17,368	17.3	3,145
75-84	91.4	59.4	2,835	48	21,955	12.9	4,060
85 and older	95.8	56.1	2,349	42	26,571	8.8	4,255
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	92.1	56.9	2,699	47	22,450	12.0	11,369
Disabled	89.8	51.1	4,043	79	21,919	18.4	9,053
Adults	86.7	33.9	2,500	74	6,065	41.2	904
Children	90.9	45.8	9,372	205	22,391	41.9	11
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	93.1	57.7	3,277	57	21,111	15.5	14,254
Male	86.5	45.1	3,240	72	22,373	14.5	7,083
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.1	53.9	3,284	61	21,764	15.1	20,833
African American	80.0	43.4	3,594	83	16,866	21.3	130
Other/unknown	82.6	32.9	2,082	63	10,151	20.5	374
Use of Nursing Facilities^f							
Entire year	98.5	71.8	3,387	47	37,505	9.0	4,436
Part year	95.4	57.7	2,672	46	23,847	11.2	2,336
None	87.9	47.2	3,322	70	16,293	20.4	14,565
Maintenance Assistance Status							
Cash	92.5	48.6	3,444	71	23,114	14.9	3,552
Medically needy	91.1	54.1	3,133	58	19,203	16.3	7,806
Poverty related	73.9	19.9	1,364	69	6,043	22.6	1,033
Other/unknown	92.1	58.8	3,527	60	24,720	14.3	8,946

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	Mean Number of Rx	Number of Rx, Percentage with:										Beneficiaries	Number			
		Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	9.1 %	13.4 %	More than 0, but 1 or Less	More than 1, but 2 or Less	9.9 %	29.0 %	More than 2, but 5 or Less	More than 5, but 10 or Less			28.3 %	10.3 %	Mean \$, All Medicaid FFS ^d
All	5.3	\$321	15.2 %	9.1 %	13.4 %	More than 0, but 1 or Less	More than 1, but 2 or Less	9.9 %	29.0 %	More than 2, but 5 or Less	More than 5, but 10 or Less	28.3 %	10.3 %	\$2,116	21,337	217,103
Age																
5 and younger	8.3	800	13.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	6,129	1	12
6-14	9.2	2,684	80.7	0.0	0.0	0.0	0.0	0.0	0.0	50.0	50.0	50.0	50.0	3,327	2	24
15-20	2.8	323	22.4	14.9	34.0	10.6	23.4	12.8	23.4	12.8	4.3	12.8	4.3	1,442	47	470
21-44	3.7	328	18.2	12.1	24.0	13.7	27.9	17.0	27.9	17.0	5.3	17.0	5.3	1,807	4,685	49,067
45-64	5.6	414	19.8	8.8	13.1	9.9	28.2	27.7	28.2	27.7	12.2	27.7	12.2	2,092	5,142	54,053
65-74	5.4	296	17.3	12.2	13.4	8.7	26.6	27.2	26.6	27.2	11.9	27.2	11.9	1,711	3,145	31,921
75-84	6.0	285	12.9	8.6	7.2	8.1	29.0	34.3	29.0	34.3	12.8	34.3	12.8	2,209	4,060	40,360
85 and older	5.8	243	8.8	4.2	7.9	8.5	33.1	36.5	33.1	36.5	9.9	36.5	9.9	2,744	4,255	41,196
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
Basis of Eligibility^e																
Aged	5.7	272	12.0	7.9	9.1	8.4	29.9	33.2	29.9	33.2	11.4	33.2	11.4	2,266	11,369	112,632
Disabled	4.8	380	18.4	10.2	17.9	11.3	28.2	23.2	28.2	23.2	9.3	23.2	9.3	2,058	9,053	96,416
Adults	3.9	284	41.2	13.3	22.9	15.5	26.2	16.9	26.2	16.9	5.2	16.9	5.2	690	904	7,948
Children	4.7	963	41.9	9.1	36.4	9.1	9.1	27.3	9.1	27.3	9.1	27.3	9.1	2,302	11	107
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
Gender																
Female	5.6	319	15.5	6.9	11.2	9.6	29.7	31.3	29.7	31.3	11.3	31.3	11.3	2,056	14,254	146,387
Male	4.5	325	14.5	13.5	17.8	10.6	27.7	22.2	27.7	22.2	8.2	22.2	8.2	2,241	7,083	70,716
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
Race																
White	5.3	322	15.1	8.9	13.3	9.9	29.1	28.5	29.1	28.5	10.4	28.5	10.4	2,135	20,833	212,367
African American	4.3	358	21.3	20.0	18.5	7.7	25.4	19.2	25.4	19.2	9.2	19.2	9.2	1,682	130	1,304
Other/unknown	3.6	227	20.5	17.4	21.7	12.3	25.7	19.3	25.7	19.3	3.7	19.3	3.7	1,106	374	3,432
use of nursing Facilities^f																
Entire year	6.9	324	9.0	1.5	5.3	5.9	29.6	40.5	29.6	40.5	17.2	40.5	17.2	3,593	4,436	46,306
Part year	6.5	301	11.2	4.6	6.1	8.0	29.2	38.1	29.2	38.1	14.1	38.1	14.1	2,691	2,336	20,705
None	4.6	322	20.4	12.1	17.1	11.5	28.8	23.0	28.8	23.0	7.5	23.0	7.5	1,581	14,565	150,092
Maintenance Assistance Status																
Cash	4.3	306	14.9	7.5	18.7	11.9	31.7	23.8	31.7	23.8	6.3	23.8	6.3	2,054	3,552	39,972
Medically needy	5.7	333	16.3	8.9	10.5	9.3	29.8	30.0	29.8	30.0	11.4	30.0	11.4	2,038	7,806	73,557
Poverty related	2.4	164	22.6	26.1	27.7	13.1	16.5	13.2	16.5	13.2	3.5	13.2	3.5	728	1,033	8,575
Other/unknown	5.5	332	14.3	7.9	12.3	9.3	28.6	30.2	28.6	30.2	11.6	30.2	11.6	2,328	8,946	94,999

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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, NEW HAMPSHIRE, 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	5.3	\$321	\$61	2.3	\$249	\$106	0.3	\$14	\$56	2.6	\$57	\$22
Age												
5 and younger	8.3	800	97	5.4	734	136	0.1	2	21	2.8	64	23
6-14	9.2	2,684	292	5.0	2,022	401	0.5	7	14	3.3	49	15
15-20	2.8	323	116	1.4	276	203	0.1	2	40	1.4	31	23
21-44	3.7	328	88	1.8	262	149	0.2	21	102	1.8	44	25
45-64	5.6	414	74	2.6	326	126	0.3	22	81	2.8	65	24
65-74	5.4	296	55	2.4	228	95	0.2	9	38	2.7	58	21
75-84	6.0	285	48	2.6	215	82	0.3	8	29	3.0	61	20
85 and older	5.8	243	42	2.4	178	74	0.3	7	24	3.1	57	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.7	272	47	2.5	205	83	0.3	8	29	3.0	58	20
Disabled	4.8	380	79	2.2	300	135	0.3	22	89	2.3	57	25
Adults	3.9	284	74	1.7	233	137	0.1	9	75	2.0	42	21
Children	4.7	963	205	2.3	781	345	0.1	3	18	2.2	44	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.6	319	57	2.5	248	99	0.3	12	44	2.8	59	21
Male	4.5	325	72	2.0	251	123	0.2	20	83	2.2	53	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	322	61	2.4	249	106	0.3	14	56	2.7	57	22
African American	4.3	358	83	2.1	302	141	0.2	16	97	2.0	40	20
Other/unknown	3.6	227	63	1.7	177	104	0.2	12	72	1.7	38	22
Use of Nursing Facilities^e												
Entire year	6.9	324	47	3.0	239	81	0.4	9	25	3.5	75	21
Part year	6.5	301	46	2.7	223	82	0.3	9	28	3.5	69	20
None	4.6	322	70	2.1	255	121	0.2	17	77	2.3	50	22
Maintenance Assistance Status												
Cash	4.3	306	71	1.9	240	124	0.2	16	74	2.2	49	23
Medically needy	5.7	333	58	2.6	259	101	0.3	14	50	2.9	59	21
Poverty related	2.4	164	69	1.0	131	125	0.1	5	52	1.3	26	21
Other/unknown	5.5	332	60	2.5	255	104	0.3	15	55	2.8	61	22

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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 New Hampshire, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, NEW HAMPSHIRE, 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	Generic	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic					
Anti-infective Agents	0.3	0.2	0.0	0.2	\$24	\$19	\$1	\$5	\$69	\$124	\$92	\$24	42,047	\$2,895,054	11,177	52.4 %	121,979
Biologics	0.1	0.1	0.0	0.0	7	2	0	5	71	27	0	152	942	66,761	846	4.0	9,290
Antineoplastic Agents	0.5	0.2	0.0	0.3	116	98	1	17	230	428	70	66	3,623	833,859	688	3.2	7,185
Endocrine/Metabolic Drugs	1.0	0.5	0.2	0.4	40	31	3	6	39	68	17	16	102,024	4,000,058	9,221	43.2	99,157
Cardiovascular Agents	1.8	0.6	0.0	1.2	59	40	1	18	32	64	37	15	237,990	7,709,185	12,270	57.5	129,784
Respiratory Agents	0.8	0.5	0.0	0.3	47	39	2	6	58	76	75	21	71,958	4,202,262	8,244	38.6	89,719
Gastrointestinal Agents	0.8	0.3	0.0	0.5	57	39	1	17	71	127	92	36	78,206	5,585,623	9,179	43.0	98,540
Genitourinary Agents	0.5	0.4	0.0	0.1	32	30	0	2	59	70	43	20	18,826	1,113,050	3,146	14.7	34,369
CNS Drugs	1.7	1.0	0.1	0.7	152	125	11	16	88	128	129	24	258,412	22,637,211	13,978	65.5	149,194
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	54	44	1	9	96	148	101	36	2,856	274,804	462	2.2	5,080
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	89	85	0	4	136	137	0	112	13,373	1,815,545	1,943	9.1	20,481
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	60	47	2	11	63	132	65	19	111,481	6,999,781	11,029	51.7	117,121
Neuromuscular Agents	1.1	0.5	0.1	0.6	80	60	4	17	72	121	63	30	88,607	6,340,526	7,250	34.0	79,065
Nutritional Products	0.7	0.0	0.1	0.6	15	3	1	11	23	177	22	19	22,791	519,081	3,288	15.4	34,481
Hematological Agents	0.9	0.2	0.1	0.5	51	42	3	7	57	185	18	14	35,145	2,013,524	3,788	17.8	39,271
Topical Products	0.5	0.2	0.0	0.3	19	14	1	5	40	67	33	18	48,111	1,921,901	9,122	42.8	99,965
Miscellaneous Products	0.4	0.2	0.0	0.2	110	90	12	8	275	476	263	49	1,897	521,285	457	2.1	4,724
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	21	0	0	0	74	0	0	0	2,713	202,053	858	4.0	9,460
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,141,002	69,651,563	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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 New Hampshire, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, NEW HAMPSHIRE, 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	\$14,187,323	9,092	42.6 %	99,866	0.9	\$160
ANTIDEPRESSANTS	7,073,800	14,389	67.4	155,047	0.8	60
ANTICONVULSANT	5,227,050	6,943	32.5	76,270	0.9	79
ULCER DRUGS	4,520,006	8,516	39.9	92,367	0.6	82
ANALGESICS - Narcotic	4,035,321	12,391	58.1	132,833	0.5	58
ANTIHYPERTENSIVE	3,071,970	4,804	22.5	52,994	0.7	84
ANTIASTHMATIC	2,807,228	8,749	41.0	94,926	0.5	63
ANTIDIABETIC	2,502,549	6,033	28.3	65,103	0.8	50
ANALGESICS - ANTI-INFLAMMATORY	2,288,944	6,524	30.6	72,175	0.4	71
NEUROLOGICAL	1,860,771	2,244	10.5	23,918	0.6	130
Total	47,574,962	79,685		865,499	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	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	573,505	\$47,574,962	9,092	42.6 %	99,866	0.9	\$142	14,389	67.4 %	155,047	0.8	\$46					
Female	396,639	31,233,993	5,649	39.6	61,723	0.8	120	10,569	74.1	114,376	0.8	46					
Disabled	158,866	14,823,848	2,586	54.1	29,416	0.9	154	4,434	92.7	49,724	0.7	48					
5 and younger	15	346	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					
15-20	235	13,765	8	36.4	96	0.3	39	20	90.9	211	0.4	25					
21-44	51,223	5,110,528	1,166	62.9	13,318	0.8	146	1,667	90.0	18,591	0.6	47					
45-64	105,984	9,588,072	1,400	49.0	15,872	0.9	161	2,715	95.0	30,582	0.7	49					
65-74	1,163	95,850	9	24.3	94	0.5	132	30	81.1	316	0.6	32					
75-84	78	4,620	1	20.0	12	0.3	15	2	40.0	24	0.7	30					
85 and older	168	10,667	2	25.0	24	1.0	123	0	0.0	0	0.0	0					
Other Eligibles	237,773	16,410,145	3,063	32.3	32,307	0.7	88	6,135	64.8	64,652	0.8	44					
5 and younger	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					
15-20	41	2,057	0	0.0	0	0.0	0	2	40.0	24	0.3	13					
21-44	11,116	931,628	165	31.0	1,727	0.4	70	517	97.2	5,330	0.5	46					
45-64	2,982	199,266	29	25.2	295	0.8	94	126	109.6	1,335	0.6	43					
65-74	57,849	4,347,263	540	25.8	5,964	0.9	125	1,168	55.7	12,801	0.8	43					
75-84	86,060	5,840,456	1,071	34.5	11,351	0.8	93	2,004	64.5	21,554	0.8	44					
85 and older	79,725	5,089,475	1,258	34.8	12,970	0.7	70	2,318	64.1	23,608	0.8	43					
Male	176,866	16,340,969	3,443	48.6	38,143	1.0	178	3,820	53.9	40,671	0.8	46					
Disabled	117,036	12,070,490	2,572	60.2	29,391	1.1	201	2,387	55.9	26,405	0.8	48					
5 and younger	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					
15-20	235	11,625	11	64.7	91	0.8	59	11	64.7	113	0.8	38					
21-44	50,688	5,668,281	1,377	64.7	15,725	1.0	198	1,182	55.5	13,256	0.7	48					
45-64	65,441	6,350,944	1,179	56.4	13,526	1.2	206	1,181	56.5	12,898	0.8	49					
65-74	554	34,858	5	17.9	49	0.8	92	10	35.7	102	1.1	53					
75-84	116	4,711	0	0.0	0	0.0	0	3	75.0	36	1.0	32					
85 and older	2	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	59,830	4,270,479	871	31.0	8,752	0.8	103	1,433	50.9	14,266	0.8	42					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	41	1,811	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	53	3,469	1	33.3	3	0.7	59	1	33.3	12	0.2	6					
21-44	2,277	206,571	32	18.6	333	0.5	138	88	51.2	873	0.4	32					
45-64	1,116	135,691	8	10.1	77	0.5	127	35	44.3	348	0.5	45					
65-74	22,105	1,683,510	234	23.8	2,510	0.9	139	406	41.3	4,266	0.8	46					
75-84	21,114	1,416,489	350	37.1	3,461	0.8	92	490	52.0	4,834	0.8	41					
85 and older	13,124	822,938	246	39.0	2,368	0.7	75	413	65.5	3,933	0.8	41					
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 New Hampshire, released by CMS in 05/2007. 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.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 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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ANTICONVULSANT				ULCER DRUGS				ANALGESICS - Narcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	6,943	32.5 %	76,270	0.9	\$69	8,516	39.9 %	92,367	0.6	\$49	12,391	56.1 %	132,833	0.5	\$30
Female	4,554	31.9	50,141	0.8	64	6,163	43.2	67,067	0.6	50	9,136	64.1	98,585	0.5	29
Disabled	2,568	53.7	28,763	0.8	76	2,153	45.0	24,348	0.5	47	3,716	77.7	41,848	0.5	32
5 and younger	0	0.0	0	0.0	0	4	400.0	48	0.1	4	1	100.0	12	0.1	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	50.0	129	0.3	18	7	31.8	63	0.2	8	15	68.2	156	0.3	7
21-44	1,045	56.4	11,699	0.8	79	676	36.5	7,683	0.5	42	1,404	75.8	15,801	0.4	25
45-64	1,500	52.5	16,819	0.9	75	1,438	50.3	16,244	0.5	50	2,263	79.2	25,533	0.5	37
65-74	10	27.0	99	0.7	43	23	62.2	250	0.5	54	28	75.7	293	0.6	56
75-84	0	0.0	0	0.0	0	3	60.0	36	0.5	34	3	60.0	36	0.1	1
85 and older	2	25.0	17	0.8	32	2	25.0	24	0.9	84	2	25.0	17	0.9	28
Other Eligibles	1,986	21.0	21,378	0.8	48	4,010	42.3	42,719	0.6	52	5,420	57.2	56,737	0.5	27
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	0	0.0	0	0.0	0	3	60.0	36	0.4	29	8	160.0	94	0.1	1
21-44	246	46.2	2,575	0.7	64	173	32.5	1,837	0.3	31	553	103.9	5,826	0.5	32
45-64	53	46.1	545	0.7	44	45	39.1	455	0.5	40	111	96.5	1,144	0.5	22
65-74	549	26.2	6,127	0.9	57	968	46.2	10,755	0.6	47	1,244	59.4	13,660	0.5	28
75-84	660	21.2	7,116	0.8	43	1,337	43.0	14,361	0.7	54	1,627	52.3	17,368	0.6	27
85 and older	478	13.2	5,015	0.8	36	1,484	41.1	15,275	0.7	57	1,877	51.9	18,645	0.6	26
Male	2,389	33.7	26,129	0.9	77	2,353	33.2	25,300	0.6	46	3,255	46.0	34,248	0.5	34
Disabled	1,781	41.7	19,970	0.9	83	1,321	30.9	14,855	0.6	42	2,003	46.9	22,094	0.5	37
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	4	23.5	36	0.4	13	4	23.5	48	0.5	15	3	17.6	36	0.6	6
21-44	909	42.7	10,243	0.9	85	543	25.5	6,189	0.5	37	994	46.7	11,168	0.4	25
45-64	861	41.2	9,616	1.0	80	763	36.5	8,494	0.6	45	989	47.3	10,738	0.6	50
65-74	6	21.4	63	0.8	47	8	28.6	88	0.6	63	14	50.0	117	0.7	23
75-84	1	25.0	12	0.1	2	3	75.0	36	0.6	9	2	50.0	24	0.5	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	11	0.1	2
Other Eligibles	608	21.6	6,159	0.9	58	1,032	36.7	10,445	0.6	52	1,252	44.5	12,154	0.5	27
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	1.1	58	2	100.0	24	0.6	8	0	0.0	0	0.0	0
15-20	1	33.3	3	0.7	50	0	0.0	0	0.0	0	1	33.3	12	0.1	1
21-44	41	23.8	366	0.7	62	36	20.9	348	0.4	37	141	82.0	1,319	0.7	47
45-64	19	24.1	186	0.7	77	18	22.8	205	0.5	46	52	65.8	538	0.7	111
65-74	235	23.9	2,582	1.0	74	361	36.7	3,904	0.6	52	411	41.8	4,269	0.5	23
75-84	205	21.7	2,017	0.9	47	363	38.5	3,616	0.6	52	386	40.9	3,653	0.5	19
85 and older	106	16.8	993	0.8	33	252	39.9	2,348	0.7	54	261	41.4	2,363	0.5	19
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 New Hampshire, released by CMS in 05/2007. 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(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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					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	4,804	22.5%	52,994	0.7	\$58	8,749	41.0%	94,926	0.5	\$30	6,033	28.3%	65,103	0.8	\$38
Female	3,220	22.6	35,775	0.7	58	6,491	45.5	70,821	0.5	29	4,225	29.6	45,912	0.8	38
Disabled	1,138	23.8	12,966	0.6	58	2,472	51.7	27,724	0.4	29	1,270	26.5	14,106	0.7	43
5 and younger	1	100.0	12	0.3	7	1	100.0	12	0.3	5	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	1	4.5	7	0.3	19	8	36.4	74	0.2	8	0	0.0	0	0.0	0
21-44	176	9.5	2,011	0.6	46	753	40.6	8,528	0.4	24	250	13.5	2,790	0.7	36
45-64	940	32.9	10,699	0.7	60	1,675	58.6	18,725	0.5	31	982	34.4	10,882	0.7	45
65-74	17	45.9	201	0.7	59	31	83.8	337	0.4	27	27	73.0	302	0.7	47
75-84	1	20.0	12	0.2	11	3	60.0	36	0.7	59	3	60.0	36	0.2	2
85 and older	2	25.0	24	0.8	54	1	12.5	12	0.1	5	8	100.0	96	0.8	33
Other Eligibles	2,082	22.0	22,809	0.7	59	4,019	42.4	43,097	0.5	30	2,955	31.2	31,806	0.8	35
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	1	20.0	12	0.3	30	2	40.0	24	0.1	5	0	0.0	0	0.0	0
21-44	46	8.6	500	0.4	38	251	47.2	2,611	0.3	18	66	12.4	682	0.6	45
45-64	34	29.6	355	0.5	43	39	33.9	435	0.3	18	28	24.3	277	0.7	45
65-74	826	39.4	9,265	0.7	62	1,072	51.1	11,708	0.5	36	927	44.2	10,249	0.8	40
75-84	856	27.5	9,324	0.7	59	1,324	42.6	14,415	0.5	33	1,195	38.4	12,805	0.8	34
85 and older	319	8.8	3,353	0.7	51	1,331	36.8	13,904	0.4	25	739	20.4	7,793	0.8	29
Male	1,584	22.4	17,219	0.7	57	2,258	31.9	24,105	0.5	31	1,808	25.5	19,191	0.8	41
Disabled	991	23.2	11,151	0.7	57	1,053	24.7	11,771	0.5	27	896	21.0	9,860	0.8	47
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	2	11.8	24	0.5	23	1	5.9	12	0.1	1	0	0.0	0	0.0	0
21-44	291	13.7	3,367	0.7	52	410	19.3	4,702	0.4	20	244	11.5	2,784	0.7	50
45-64	684	32.7	7,609	0.7	60	638	30.5	7,019	0.5	33	635	30.4	6,924	0.8	46
65-74	11	39.3	115	0.5	42	3	10.7	27	0.5	8	15	53.6	128	0.8	42
75-84	3	75.0	36	0.7	29	0	0.0	0	0.0	0	2	50.0	24	0.6	58
85 and older	0	0.0	0	0.0	0	1	50.0	11	0.1	5	0	0.0	0	0.0	0
Other Eligibles	593	21.1	6,068	0.7	57	1,205	42.8	12,334	0.5	33	912	32.4	9,331	0.8	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	2	100.0	24	0.6	39	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	7	233.3	57	0.8	54	0	0.0	0	0.0	0
21-44	17	9.9	171	0.4	40	37	21.5	390	0.3	16	15	8.7	137	1.1	53
45-64	10	12.7	78	0.6	57	27	34.2	292	0.2	17	13	16.5	108	0.6	33
65-74	308	31.3	3,304	0.7	59	439	44.6	4,626	0.5	37	381	38.7	4,032	0.7	39
75-84	195	20.7	1,938	0.7	61	414	43.9	4,304	0.6	34	350	37.1	3,571	0.7	31
85 and older	61	9.7	553	0.7	40	281	44.5	2,665	0.5	31	153	24.2	1,483	0.8	26
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 New Hampshire, released by CMS in 05/2007. 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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL							
	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	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	6,524	30.6 %	72,175	0.4	\$32	2,244	10.5 %	23,918	0.6	\$78	21,337	217,103
Female	4,918	34.5	54,718	0.5	34	1,647	11.6	17,777	0.6	80	14,254	146,387
Disabled	1,900	39.7	21,712	0.4	31	488	10.2	5,621	0.3	72	4,784	51,293
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	4	18.2	44	0.3	2	0	0.0	0	0.0	0	22	216
21-44	668	36.0	7,581	0.3	21	173	9.3	2,005	0.2	50	1,853	19,885
45-64	1,214	42.5	13,940	0.4	37	314	11.0	3,604	0.4	85	2,858	30,689
65-74	12	32.4	123	0.4	35	0	0.0	0	0.0	0	37	358
75-84	1	20.0	12	0.1	0	1	20.0	12	0.3	12	5	53
85 and older	1	12.5	12	0.2	13	0	0.0	0	0.0	0	8	80
Other Eligibles	3,018	31.9	33,006	0.5	36	1,159	12.2	12,156	0.8	84	9,470	95,094
5 and younger	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
15-20	2	40.0	23	0.1	0	1	20.0	12	0.1	12	5	49
21-44	220	41.4	2,374	0.3	18	41	7.7	458	0.2	36	532	4,923
45-64	60	52.2	639	0.3	16	9	7.8	94	0.3	11	115	1,043
65-74	726	34.6	8,190	0.5	40	145	6.9	1,555	0.5	61	2,096	21,809
75-84	994	32.0	10,989	0.6	40	412	13.3	4,331	0.8	91	3,108	31,699
85 and older	1,016	28.1	10,791	0.6	35	551	15.2	5,706	0.8	90	3,614	35,571
Male	1,606	22.7	17,457	0.4	23	597	8.4	6,141	0.5	71	7,083	70,716
Disabled	956	22.4	10,734	0.3	19	272	6.4	3,050	0.3	59	4,269	45,123
5 and younger	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
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	182
21-44	438	20.6	4,998	0.3	13	120	5.6	1,368	0.3	55	2,128	22,900
45-64	508	24.3	5,659	0.4	24	150	7.2	1,658	0.4	62	2,090	21,745
65-74	9	32.1	65	0.5	26	1	3.6	12	1.1	150	28	231
75-84	1	25.0	12	0.4	46	1	25.0	12	0.1	11	4	48
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17
Other Eligibles	650	23.1	6,723	0.5	31	325	11.5	3,091	0.7	82	2,814	25,593
5 and younger	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	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	23
21-44	40	23.3	400	0.2	4	12	7.0	97	0.4	137	172	1,359
45-64	22	27.8	222	0.4	61	2	2.5	22	0.2	25	79	576
65-74	231	23.5	2,482	0.5	29	70	7.1	756	0.6	72	984	9,523
75-84	208	22.1	2,133	0.5	33	130	13.8	1,225	0.8	83	943	8,560
85 and older	149	23.6	1,486	0.6	34	111	17.6	991	0.8	86	631	5,528
Unknown	0	0.0	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 New Hampshire, released by CMS in 05/2007. 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, NEW HAMPSHIRE, 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	
				6.9	4,436
All	\$324				46,306
Age					
0-64	541	7.8	186		2,021
65-74	457	8.3	428		4,651
75-84	351	7.4	1,444		15,028
85 and older	266	6.2	2,378		24,606
Unknown	0	0.0	0		0
Gender					
Female	315	6.8	3,507		37,147
Male	361	7.2	929		9,159
Unknown	0	0.0	0		0
Race					
White	325	6.9	4,391		45,873
African American	379	8.6	7		76
Other/unknown	262	6.4	38		357
Basis of Eligibility^c					
Aged	314	6.8	4,240		44,188
Disabled	536	7.9	196		2,118
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 New Hampshire, released by CMS in 05/2007. 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 2,336 beneficiaries who were in nursing facilities for part of their enrollment and their 20,705 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, NEW HAMPSHIRE, 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	0.4	0.2	0.0	0.2	\$15	\$10	\$1	\$4	\$42	\$65	\$64	\$21	11,252	\$468,644	2,864	64.6 %	31,397
Biologics	0.1	0.1	0.0	0.0	1	1	0	1	15	12	0	21	719	10,805	660	14.9	7,333
Antineoplastic Agents	0.5	0.1	0.0	0.3	74	44	1	30	156	307	42	95	1,087	170,101	215	4.8	2,300
Endocrine/Metabolic Drugs	1.3	0.5	0.3	0.5	42	30	4	8	33	60	14	17	27,376	909,714	2,044	46.1	21,771
Cardiovascular Agents	2.2	0.5	0.0	1.6	54	24	1	28	25	48	38	17	71,842	1,787,674	3,162	71.3	33,183
Respiratory Agents	0.7	0.5	0.0	0.2	39	33	2	4	53	68	68	19	14,362	756,454	1,781	40.1	19,539
Gastrointestinal Agents	0.9	0.4	0.0	0.6	55	36	0	18	58	102	48	32	25,217	1,468,756	2,485	56.0	26,684
Genitourinary Agents	0.6	0.5	0.0	0.1	34	31	1	3	56	64	44	22	6,067	337,466	907	20.4	9,895
CNS Drugs	1.8	1.1	0.0	0.6	121	105	2	15	67	91	47	24	64,699	4,323,069	3,360	75.7	35,667
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.6	23	16	0	8	36	191	0	14	303	11,019	43	1.0	473
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	103	103	0	0	116	116	0	100	7,363	854,570	806	18.2	8,282
Analgesics and Anesthetics	1.0	0.5	0.0	0.5	54	45	1	9	52	87	19	18	26,074	1,361,529	2,366	53.3	24,986
Neuromuscular Agents	1.3	0.5	0.0	0.7	80	47	3	30	63	89	77	42	17,619	1,104,870	1,270	28.6	13,818
Nutritional Products	0.8	0.0	0.1	0.7	15	0	2	12	18	16	23	18	8,496	154,913	989	22.3	10,475
Hematological Agents	1.2	0.3	0.3	0.7	48	37	4	7	38	142	14	10	15,103	577,320	1,159	26.1	12,129
Topical Products	0.6	0.2	0.0	0.4	21	15	1	6	34	59	31	16	19,279	652,213	2,787	62.8	30,694
Miscellaneous Products	0.2	0.0	0.0	0.1	3	1	0	2	20	24	9	19	221	4,393	131	3.0	1,385
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	18	0	0	0	54	0	0	0	1,265	68,894	355	8.0	3,819
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.	318,344	15,022,404	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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 2,336 beneficiaries who were in nursing facilities for part of their enrollment and their 20,705 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 New Hampshire, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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, NEW HAMPSHIRE, 2003

Top 10 Drug Groups in Nursing Facilities	Users			Among Users		
	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	2,119	47.8 %	22,907	0.8	\$121	\$98
ANTIDEPRESSANTS	3,438	77.5	36,929	0.9	53	50
ULCER DRUGS	1,816	40.9	19,296	0.8	80	65
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	823	18.6	8,468	0.9	115	101
ANALGESICS - Narcotic	2,058	46.4	21,534	0.7	50	36
ANTICONVULSANT	1,096	24.7	12,052	1.0	60	60
ASTHMATIC	1,742	39.3	19,079	0.5	59	30
ANALGESICS - ANTI-INFLAMMATORY	1,341	30.2	14,679	0.6	59	37
ANTI-DIABETIC	1,380	31.1	14,992	0.9	38	36
DERMATOLOGICAL	6,149	138.6	69,130	0.3	24	7
Total	21,962		239,066	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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 2,336 beneficiaries who were in nursing facilities for part of their enrollment and their 20,705 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, NEW HAMPSHIRE, 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	155,971	\$9,802,403	2,119	47.8 %	22,907	0.8	\$98	3,438	77.5 %	36,929	0.9	\$50
Female	122,470	7,674,098	1,619	46.2	17,669	0.8	96	2,715	77.4	29,488	0.9	50
Disabled	5,936	465,398	63	55.8	698	0.9	139	101	89.4	1,149	1.0	55
64 or younger	5,658	442,911	62	58.5	686	0.9	139	96	90.6	1,099	1.0	56
65-74	174	16,379	0	0.0	0	0.0	0	5	166.7	50	0.9	34
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	104	6,108	1	25.0	12	1.3	150	0	0.0	0	0.0	0
Other Eligibles	116,534	7,208,700	1,556	45.8	16,971	0.8	94	2,614	77.0	28,339	0.9	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12,496	910,556	139	53.1	1,522	1.0	159	222	84.7	2,382	1.0	56
75-84	44,429	2,749,542	603	55.0	6,624	0.8	99	968	88.3	10,595	1.0	52
85 and older	59,609	3,548,602	814	40.0	8,825	0.7	79	1,424	69.9	15,362	0.9	48
Male	33,501	2,128,305	500	53.8	5,238	0.8	104	723	77.8	7,441	0.9	49
Disabled	3,895	309,116	50	60.2	533	1.0	167	75	90.4	749	1.0	50
64 or younger	3,752	304,390	47	58.8	508	1.0	173	71	88.8	701	0.9	52
65-74	143	4,726	3	100.0	25	0.7	50	4	133.3	48	1.2	19
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	29,606	1,819,189	450	53.2	4,705	0.8	97	648	76.6	6,692	0.9	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,017	489,490	104	65.0	1,135	0.8	122	141	88.1	1,536	1.0	57
75-84	12,456	735,645	190	54.6	1,990	0.8	94	246	70.7	2,491	0.9	45
85 and older	10,133	594,054	156	46.2	1,580	0.8	83	261	77.2	2,665	0.9	48
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 New Hampshire, released by CMS in 05/2007. 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 2,336 beneficiaries who were in nursing facilities for part of their enrollment and their 20,705 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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	1,816	40.9 %	19,296	0.8	\$65	823	18.6 %	8,468	0.9	\$101	2,058	46.4 %	21,534	0.7	\$36
Female	1,413	40.3	15,252	0.8	65	645	18.4	6,765	0.9	103	1,696	48.4	17,989	0.7	37
Disabled	33	29.2	359	0.8	75	21	18.6	241	0.5	199	58	51.3	624	0.9	57
64 or younger	30	28.3	323	0.8	77	21	19.8	241	0.5	199	53	50.0	581	0.8	41
65-74	2	66.7	24	0.6	58	0	0.0	0	0.0	0	3	100.0	26	2.2	413
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	1	25.0	12	1.0	63	0	0.0	0	0.0	0	2	50.0	17	0.9	28
Other Eligibles	1,380	40.7	14,993	0.8	65	624	18.4	6,524	0.9	99	1,638	48.3	17,365	0.7	36
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	119	45.4	1,297	0.8	70	31	11.8	321	0.9	97	141	53.8	1,562	0.9	56
75-84	462	42.2	5,017	0.8	62	240	21.9	2,521	0.9	100	509	46.4	5,436	0.8	39
85 and older	799	39.2	8,579	0.8	66	353	17.3	3,682	0.9	99	988	48.5	10,367	0.6	32
Male	403	43.4	4,044	0.8	62	178	19.2	1,703	0.8	96	362	39.0	3,545	0.7	33
Disabled	39	47.0	423	0.9	64	10	12.0	87	0.7	204	40	48.2	419	1.1	74
64 or younger	39	48.8	423	0.9	64	10	12.5	87	0.7	204	38	47.5	406	1.1	74
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	13	2.2	81
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	364	43.0	3,621	0.8	62	168	19.9	1,616	0.9	90	322	38.1	3,126	0.7	27
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	73	45.6	796	0.8	64	26	16.3	284	0.8	82	59	36.9	648	0.7	21
75-84	154	44.3	1,490	0.8	65	71	20.4	683	0.9	87	145	41.7	1,386	0.7	26
85 and older	137	40.5	1,335	0.8	59	71	21.0	649	0.9	97	118	34.9	1,092	0.7	31
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 New Hampshire, released by CMS in 05/2007. 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 2,336 beneficiaries who were in nursing facilities for part of their enrollment and their 20,705 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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTI-ASTHMATIC				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	1,096	24.7 %	12,052	1.0	\$60	1,742	39.3 %	19,079	0.5	\$30	1,341	30.2 %	14,679	0.6	\$37
Female	802	22.9	8,965	1.0	57	1,314	37.5	14,658	0.5	28	1,090	31.1	12,016	0.6	38
Disabled	89	78.8	988	1.3	116	36	31.9	418	1.0	56	42	37.2	478	0.6	45
64 or younger	86	81.1	964	1.3	118	35	33.0	406	1.0	57	42	39.6	478	0.6	45
65-74	1	33.3	7	0.6	51	1	33.3	12	0.4	23	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	2	50.0	17	0.8	32	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	713	21.0	7,977	1.0	50	1,278	37.7	14,240	0.5	28	1,048	30.9	11,538	0.6	37
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	135	51.5	1,533	1.1	74	114	43.5	1,250	0.5	34	83	31.7	873	0.6	43
75-84	301	27.5	3,406	1.0	47	434	39.6	4,931	0.6	34	368	33.6	4,056	0.7	39
85 and older	277	13.6	3,038	0.9	41	730	35.9	8,059	0.4	23	597	29.3	6,609	0.6	35
Male	294	31.6	3,087	1.0	68	428	46.1	4,421	0.6	37	251	27.0	2,663	0.6	34
Disabled	53	63.9	553	1.1	94	36	43.4	369	0.7	50	21	25.3	229	0.6	46
64 or younger	52	65.0	541	1.1	96	35	43.8	357	0.7	52	19	23.8	205	0.6	46
65-74	1	33.3	12	1.0	21	1	33.3	12	0.1	1	2	66.7	24	0.6	43
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	241	28.5	2,534	1.0	63	392	46.3	4,052	0.6	36	230	27.2	2,434	0.6	33
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	72	45.0	810	1.1	89	72	45.0	758	0.6	45	56	35.0	641	0.5	22
75-84	112	32.2	1,148	1.0	54	167	48.0	1,774	0.6	35	85	24.4	892	0.6	38
85 and older	57	16.9	576	0.9	43	153	45.3	1,520	0.6	32	89	26.3	901	0.6	36
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 New Hampshire, released by CMS in 05/2007. 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 2,336 beneficiaries who were in nursing facilities for part of their enrollment and their 20,705 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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ANTIDIABETIC				DERMATOLOGICAL				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	1,380	31.1 %	14,992	0.9	\$36	6,149	138.6 %	69,130	0.3	\$7	4,436	46,306
Female	1,044	29.8	11,515	1.0	36	4,736	135.0	53,508	0.3	7	3,507	37,147
Disabled	45	39.8	484	1.1	45	196	173.5	2,175	0.3	6	113	1,248
64 or younger	38	35.8	405	1.2	45	188	177.4	2,094	0.3	6	106	1,176
65-74	2	66.7	19	1.4	57	7	233.3	69	0.3	13	3	31
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	5	125.0	60	0.7	41	1	25.0	12	0.3	6	4	41
Other Eligibles	999	29.4	11,031	0.9	36	4,540	133.8	51,333	0.3	7	3,394	35,899
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	130	49.6	1,465	1.0	43	440	167.9	5,126	0.3	14	262	2,862
75-84	444	40.5	4,823	0.9	37	1,517	138.4	17,277	0.3	6	1,096	11,660
85 and older	425	20.9	4,743	0.9	33	2,583	126.9	28,930	0.3	6	2,036	21,377
Male	336	36.2	3,477	0.9	35	1,413	152.1	15,622	0.3	7	929	9,159
Disabled	27	32.5	265	1.0	56	146	175.9	1,681	0.3	7	83	870
64 or younger	25	31.3	263	1.0	56	142	177.5	1,644	0.3	7	80	845
65-74	2	66.7	2	1.5	44	4	133.3	37	0.2	4	3	25
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	309	36.5	3,212	0.9	33	1,267	149.8	13,941	0.3	7	846	8,289
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	75	46.9	771	1.0	41	251	156.9	2,876	0.3	9	160	1,733
75-84	143	41.1	1,517	0.9	32	536	154.0	5,875	0.3	6	348	3,368
85 and older	91	26.9	924	0.9	28	480	142.0	5,190	0.3	6	338	3,188
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 New Hampshire, released by CMS in 05/2007. 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 2,336 beneficiaries who were in nursing facilities for part of their enrollment and their 20,705 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}
 NEW HAMPSHIRE, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	15,000	70.3 %	15.0	319,661	\$143	\$3,052,230	\$10	4.4 %	21,337	
Age										
5 and younger	1	100.0	18.0	18	469	469	26	4.9	1	
6-14	1	50.0	3.5	7	68	135	19	0.2	2	
15-20	17	36.2	3.0	142	35	1,640	12	1.1	47	
21-44	2,614	55.8	6.4	30,150	93	434,078	14	2.7	4,685	
45-64	3,473	67.5	11.4	58,861	158	810,989	14	3.6	5,142	
65-74	2,001	63.6	12.9	40,422	127	398,082	10	4.2	3,145	
75-84	3,091	76.1	19.3	78,445	154	623,335	8	5.4	4,060	
85 and older	3,802	89.4	26.2	111,616	184	783,502	7	7.8	4,255	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	8,843	77.8	20.2	229,484	158	1,795,834	8	5.9	11,369	
Disabled	5,671	62.6	9.5	86,204	131	1,190,448	14	3.3	9,053	
Adults	480	53.1	4.4	3,938	72	65,499	17	2.9	904	
Children	6	54.5	3.2	35	41	449	13	0.4	11	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	10,724	75.2	17.0	242,211	158	2,258,602	9	4.8	14,254	
Male	4,276	60.4	10.9	77,450	112	793,628	10	3.5	7,083	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	14,756	70.8	15.2	316,143	145	3,019,673	10	4.4	20,833	
African American	72	55.4	9.7	1,260	90	11,652	9	2.5	130	
Other/unknown	172	46.0	6.0	2,258	56	20,905	9	2.7	374	
Use of Nursing Facilities^d										
Entire year	4,299	96.9	34.2	151,833	247	1,095,926	7	7.3	4,436	
Part year	2,160	92.5	22.2	51,808	172	402,222	8	6.4	2,336	
None	8,541	58.6	8.0	116,020	107	1,554,082	13	3.2	14,565	
Maintenance Assistance Status										
Cash	2,302	64.8	9.7	34,323	109	387,263	11	3.2	3,552	
Medically needy	5,753	73.7	16.4	127,920	143	1,113,040	9	4.6	7,806	
Poverty related	450	43.6	3.8	3,964	60	61,635	16	4.4	1,033	
Other/unknown	6,495	72.6	17.2	153,454	167	1,490,292	10	4.7	8,946	

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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}
 NEW HAMPSHIRE, 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	1.5	\$14	\$10	\$0	\$3	217,103
Age						
5 and younger	1.5	39	26	0	0	12
6-14	0.3	6	19	0	0	24
15-20	0.3	3	12	0	1	470
21-44	0.6	9	14	0	4	49,067
45-64	1.1	15	14	0	5	54,053
65-74	1.3	12	10	0	3	31,921
75-84	1.9	15	8	0	3	40,360
85 and older	2.7	19	7	0	2	41,196
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	2.0	16	8	0	3	112,632
Disabled	0.9	12	14	0	4	96,416
Adults	0.5	8	17	0	5	7,948
Children	0.3	4	13	0	0	107
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.7	15	9	0	4	146,387
Male	1.1	11	10	0	3	70,716
Unknown	0.0	0	0	0	0	0
Race						
White	1.5	14	10	0	4	212,367
African American	1.0	9	9	0	2	1,304
Other/unknown	0.7	6	9	0	1	3,432
Use of Nursing Facilities^d						
Entire year	3.3	24	7	0	3	46,306
Part year	2.5	19	8	0	3	20,705
None	0.8	10	13	0	4	150,092
Maintenance Assistance Status						
Cash	0.9	10	11	0	3	39,972
Medically needy	1.7	15	9	0	4	73,557
Poverty related	0.5	7	16	0	2	8,575
Other/unknown	1.6	16	10	0	4	94,999

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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}
 NEW HAMPSHIRE, 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
			Total Rx \$	Excluded Rx \$	100.0 %	100.0 %			
All	24,400	\$125	\$3,052,230	\$319,661	100.0 %	319,661	\$10	100.0 %	
Anorexia or weight loss/gain	15	246	3,693	0.1	59	63	0.0		
Fertility drugs	0	0	0	0.0	0	0	0.0		
Drugs for cosmetic purposes	19	17	314	0.0	40	8	0.0		
Cough and cold medications	2,474	82	202,496	6.6	7,543	27	2.4		
Vitamins and minerals	3,189	133	424,381	13.9	22,288	19	7.0		
Non-prescription drugs	11,628	125	1,453,871	47.6	235,511	6	73.7		
Barbiturates	232	78	18,192	0.6	2,555	7	0.8		
Benzodiazepines	6,287	121	757,991	24.8	48,934	15	15.3		
Other Part D Excl Rx Drugs	556	344	191,292	6.3	2,731	70	0.9		

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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.

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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	21,341	11,369	9,053	908	0	217,404	112,632	96,492	8,173	107	0
Age											
5 and younger	1	0	1	0	0	12	0	12	0	0	0
6-14	2	0	0	0	0	24	0	0	0	24	0
15-20	47	0	39	0	8	476	0	404	0	72	0
21-44	4,689	0	3,981	707	1	49,317	0	42,842	6,464	11	0
45-64	5,142	0	4,948	194	0	54,098	0	52,447	1,651	0	0
65-74	3,145	3,073	65	7	0	31,921	31,274	589	58	0	0
75-84	4,060	4,051	9	0	0	40,360	40,259	101	0	0	0
85 and older	4,255	4,245	10	0	0	41,196	41,099	97	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	14,258	8,812	4,784	656	6	146,645	89,025	51,356	6,204	60	0
Male	7,083	2,557	4,269	252	5	70,759	23,607	45,136	1,969	47	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	20,836	11,110	8,834	882	10	212,651	110,237	94,372	7,947	95	0
African American	130	32	90	7	1	1,304	330	889	73	12	0
Other/unknown	375	227	129	19	0	3,449	2,065	1,231	153	0	0
Use of Nursing Facilities^c											
Entire year	4,436	4,240	196	0	0	46,306	44,188	2,118	0	0	0
Part year	2,336	2,115	221	0	0	20,705	18,444	2,261	0	0	0
None	14,569	5,014	8,636	908	11	150,393	50,000	92,113	8,173	107	0
Maintenance Assistance Status											
Cash	3,554	1,118	2,374	62	0	40,004	12,762	26,744	498	0	0
Medically needy	7,807	4,862	2,415	529	1	73,678	44,681	24,036	4,950	11	0
Poverty related	1,033	478	492	57	6	8,618	3,895	4,244	418	61	0
Other/unknown	8,947	4,911	3,772	260	4	95,104	51,294	41,468	2,307	35	0
Dual Status^d											
Full dual, all year	19,643	10,607	8,172	854	10	201,880	105,914	88,213	7,657	96	0
Full dual, part year	1,698	762	881	54	1	15,524	6,718	8,279	516	11	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	21,278	11,369	9,036	862	11	216,748	112,632	96,323	7,686	107	0
FFS part year, with Rx claims	57	0	16	41	0	629	0	162	467	0	0
FFS part year, no Rx claims	2	0	1	1	0	10	0	7	3	0	0
MC all year, with Rx claims	4	0	0	4	0	17	0	0	17	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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 Mo(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, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	Beneficiaries and			
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Included in Cell G of Table 1 Number of Beneficiaries	Excluded from Cell G of Table 1 Number of Beneficiaries
All	21,341	217,404	21,337	0
Fee-for-service (FFS) all year	21,278	216,748	21,278	0
FFS part year, with Rx claims	57	629	57	0
FFS part year, with no Rx claims	2	10	2	0
Managed care (MC) all year, with Rx claims	4	17	0	0
MC all year, with no Rx claims	0	0	0	0

Source: Data for this table are from the MAX 2003 file for New Hampshire, released by CMS in 05/2007. 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.