

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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	Aged	Disabled	Adults	Children
All	105,347	850	7,529	17,293	79,675	0	890,098	7,774	75,046	127,579	679,699	0					
Age																	
5 and younger	27,803	0	39	0	27,764	0	232,504	0	431	0	232,073	0					
6-14	36,078	0	83	0	35,995	0	317,450	0	945	0	316,505	0					
15-20	16,184	0	427	0	15,757	0	134,734	0	4,327	0	130,407	0					
21-44	19,410	0	3,345	15,909	156	0	151,752	0	33,803	117,239	710	0					
45-64	4,992	0	3,629	1,363	0	0	45,785	0	35,475	10,310	0	0					
65-74	387	381	4	2	0	0	4,078	4,030	41	7	0	0					
75-84	287	285	2	0	0	0	2,621	2,597	24	0	0	0					
85 and older	184	184	0	0	0	0	1,147	1,147	0	0	0	0					
Unknown	22	0	0	19	3	0	27	0	0	23	4	0					
Gender																	
Female	59,178	562	4,275	15,023	39,298	0	495,002	5,315	43,791	113,278	332,618	0					
Male	46,169	268	3,254	2,270	40,377	0	395,096	2,459	31,255	14,301	347,081	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	95,148	618	7,209	15,738	71,583	0	807,041	5,298	72,066	116,815	612,862	0					
African American	2,228	12	99	441	1,676	0	18,401	126	900	3,059	14,316	0					
Other/unknown	7,971	220	221	1,114	6,416	0	64,656	2,350	2,080	7,705	52,521	0					
Use of Nursing Facilities^c																	
Entire year	159	91	65	0	3	0	1,690	938	716	0	36	0					
Part year	214	42	147	5	20	0	2,138	388	1,452	58	240	0					
None	104,974	717	7,317	17,288	79,652	0	886,270	6,448	72,878	127,521	679,423	0					
Maintenance Assistance Status																	
Cash	22,410	396	4,328	5,691	11,995	0	203,069	4,481	46,432	44,503	107,653	0					
Medically needy	4,387	189	769	1,897	1,532	0	33,599	1,167	6,285	12,644	13,503	0					
Poverty-related	59,160	5	2	3,516	55,637	0	478,167	26	12	20,119	458,010	0					
Other/unknown	19,390	260	2,430	6,189	10,511	0	175,263	2,100	22,317	50,313	100,533	0					
Managed Care (MC) Status																	
Fee-for-service (FFS) all year	91,632	850	7,498	16,552	66,732	0	803,154	7,774	74,830	123,030	597,520	0					
FFS part year, with Rx claims	10,262	0	29	677	9,556	0	65,732	0	204	4,211	61,317	0					
FFS part year, no Rx claims	3,453	0	2	64	3,387	0	21,212	0	12	338	20,862	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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL 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	64.1 %	8.0	\$477	\$60	\$3,475	13.7 %	105,347
Age							
5 and younger	61.2	2.8	99	35	1,575	6.3	27,803
6-14	60.0	4.6	276	60	2,617	10.5	36,078
15-20	63.5	6.5	411	63	3,765	10.9	16,184
21-44	72.2	13.6	842	62	5,211	16.2	19,410
45-64	79.5	39.7	2,622	66	11,248	23.3	4,992
65-74	84.0	37.4	2,044	55	10,856	18.8	387
75-84	69.3	35.4	1,828	52	11,788	15.5	287
85 and older	47.3	22.5	777	35	11,123	7.0	184
Unknown	0.0	0.0	0	0	0	0.0	22
Basis of Eligibility^e							
Aged	71.4	33.5	1,703	51	11,215	15.2	850
Disabled	80.7	38.5	2,794	73	16,454	17.0	7,529
Adults	70.7	10.7	546	51	2,633	20.8	17,293
Children	61.0	4.2	230	55	2,348	9.8	79,675
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	65.9	9.0	503	56	3,220	15.6	59,178
Male	61.8	6.6	444	67	3,801	11.7	46,169
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	64.9	8.3	501	60	3,653	13.7	95,148
African American	58.3	4.7	279	59	1,839	15.2	2,228
Other/unknown	55.5	4.4	242	55	1,806	13.4	7,971
Use of Nursing Facilities^f							
Entire year	98.7	81.7	4,377	54	58,573	7.5	159
Part year	96.3	65.3	3,826	59	44,545	8.6	214
None	64.0	7.7	464	60	3,307	14.0	104,974
Maintenance Assistance Status							
Cash	72.6	14.0	881	63	5,415	16.3	22,410
Medically needy	66.8	14.0	928	66	5,527	16.8	4,387
Poverty related	58.2	3.4	172	50	1,586	10.8	59,160
Other/unknown	71.7	13.5	839	62	6,530	12.9	19,390

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS ^d		
All	0.9	\$57	13.7 %	35.9 %	6.4 %	6.2 %	2.4 %	0.6 %	\$411	105,347	890,098	
Age												
5 and younger	0.3	12	6.3	38.8	2.3	0.9	0.2	0.0	188	27,803	232,504	
6-14	0.5	31	10.5	40.0	5.2	3.8	0.7	0.1	297	36,078	317,450	
15-20	0.8	49	10.9	36.5	7.9	6.4	1.2	0.2	452	16,184	134,734	
21-44	1.7	108	16.2	27.8	11.5	12.7	5.1	1.0	667	19,410	151,752	
45-64	4.3	286	23.3	20.5	11.3	24.4	18.6	6.7	1,226	4,992	45,785	
65-74	3.5	194	18.8	16.0	12.7	26.4	17.8	3.9	1,030	387	4,078	
75-84	3.9	200	15.5	30.7	11.8	20.6	16.7	7.0	1,291	287	2,621	
85 and older	3.6	125	7.0	52.7	8.2	16.8	15.8	2.7	1,784	184	1,147	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0	22	27	
Basis of Eligibility^e												
Aged	3.7	186	15.2	28.6	11.4	22.6	16.9	4.7	1,226	850	7,774	
Disabled	3.9	280	17.0	19.3	12.5	24.0	18.0	5.5	1,651	7,529	75,046	
Adults	1.4	74	20.8	29.3	11.1	11.4	3.5	0.7	357	17,293	127,579	
Children	0.5	27	9.8	39.0	4.7	3.2	0.5	0.1	275	79,675	679,699	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender												
Female	1.1	60	15.6	34.1	6.9	6.8	2.9	0.8	385	59,178	495,002	
Male	0.8	52	11.7	38.2	5.7	5.4	1.8	0.4	444	46,169	395,096	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race												
White	1.0	59	13.7	35.1	6.6	6.5	2.6	0.7	431	95,148	807,041	
African American	0.6	34	15.2	41.7	4.0	3.9	1.2	0.2	223	2,228	18,401	
Other/unknown	0.5	30	13.4	44.5	4.0	3.2	1.1	0.1	223	7,971	64,656	
Use of Nursing Facilities^f												
Entire year	7.7	412	7.5	1.3	5.0	29.6	37.7	23.3	5,511	159	1,690	
Part year	6.5	383	8.6	3.7	6.5	31.3	32.2	15.0	4,459	214	2,138	
None	0.9	55	14.0	36.0	6.4	6.1	2.3	0.5	392	104,974	886,270	
Maintenance Assistance Status												
Cash	1.5	97	16.3	27.4	8.6	10.0	5.3	1.4	598	22,410	203,069	
Medically needy	1.8	121	16.8	33.2	9.2	13.1	6.7	1.6	722	4,387	33,599	
Poverty related	0.4	21	10.8	41.8	4.2	2.4	0.4	0.1	196	59,160	478,167	
Other/unknown	1.5	93	12.9	28.3	9.9	11.6	4.3	1.2	722	19,390	175,263	

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary	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	0.9	\$57	\$60	0.4	\$46	\$105	0.0	\$2	\$66	0.5	\$9	\$19
Age												
5 and younger	0.3	12	35	0.1	9	75	0.0	1	55	0.2	3	12
6-14	0.5	31	60	0.3	26	94	0.0	1	84	0.2	4	17
15-20	0.8	49	63	0.4	41	97	0.0	2	79	0.3	7	20
21-44	1.7	108	62	0.7	86	117	0.1	3	66	1.0	18	19
45-64	4.3	286	66	1.9	228	118	0.2	9	60	2.2	48	22
65-74	3.5	194	55	1.7	153	92	0.1	6	44	1.8	35	20
75-84	3.9	200	52	1.7	154	89	0.2	5	27	2.0	41	21
85 and older	3.6	125	35	1.4	91	63	0.2	4	21	2.0	29	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.7	186	51	1.7	145	87	0.2	5	34	1.9	36	20
Disabled	3.9	280	73	1.8	226	128	0.2	10	68	1.9	44	22
Adults	1.4	74	51	0.6	58	101	0.0	2	49	0.8	14	17
Children	0.5	27	55	0.2	22	90	0.0	1	78	0.2	4	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.1	60	56	0.5	48	100	0.0	2	59	0.6	10	18
Male	0.8	52	67	0.4	43	113	0.0	2	80	0.4	7	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.0	59	60	0.5	48	105	0.0	2	67	0.5	9	19
African American	0.6	34	59	0.3	28	105	0.0	1	57	0.3	5	17
Other/unknown	0.5	30	55	0.2	25	102	0.0	1	45	0.3	5	16
Use of Nursing Facilities^e												
Entire year	7.7	412	54	3.2	308	96	0.4	15	35	4.0	86	22
Part year	6.5	383	59	2.8	288	104	0.2	10	45	3.5	84	24
None	0.9	55	60	0.4	44	105	0.0	2	68	0.5	9	19
Maintenance Assistance Status												
Cash	1.5	97	63	0.7	78	115	0.0	3	64	0.8	16	20
Medically needy	1.8	121	66	0.8	98	117	0.1	4	64	0.9	19	21
Poverty related	0.4	21	50	0.2	17	86	0.0	1	76	0.2	3	16
Other/unknown	1.5	93	62	0.7	76	106	0.0	3	64	0.7	14	19

Table ND5

Nondual 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 ND.5 includes the beneficiaries represented by Cell K 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	0.2	0.1	0.0	0.1	\$12	\$9	\$0	\$3	\$48	\$97	\$89	\$18	98,625	\$4,760,542	42,320	40.2 %	413,533
Biologicals	0.2	0.2	0.0	0.0	177	139	36	2	751	710	1,430	146	347	260,470	147	0.1	1,468
Antineoplastic Agents	0.6	0.3	0.0	0.2	167	154	3	10	296	511	104	44	1,673	495,511	286	0.3	2,963
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	28	23	2	4	58	92	31	20	68,625	3,980,592	14,551	13.8	142,427
Cardiovascular Agents	1.0	0.4	0.0	0.6	35	27	1	8	36	74	45	13	72,847	2,617,503	7,209	6.8	73,940
Respiratory Agents	0.4	0.3	0.0	0.2	24	20	1	3	54	77	78	18	101,665	5,526,548	22,883	21.7	226,531
Gastrointestinal Agents	0.5	0.2	0.0	0.3	37	27	2	9	77	120	220	35	36,574	2,824,428	7,439	7.1	75,339
Genitourinary Agents	0.3	0.2	0.0	0.1	13	12	0	1	50	62	43	15	8,732	432,909	3,324	3.2	33,497
CNS Drugs	1.0	0.6	0.0	0.4	84	74	2	8	83	121	120	20	161,973	13,510,358	16,317	15.5	161,414
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	55	48	1	7	77	89	56	40	41,363	3,171,663	5,797	5.5	57,496
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.1	45	35	0	10	180	215	0	114	2,011	362,668	767	0.7	8,106
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	21	15	1	6	40	142	66	14	98,690	3,946,875	19,212	18.2	187,399
Neuromuscular Agents	0.8	0.4	0.0	0.4	58	48	2	8	75	127	59	22	62,715	4,720,719	7,991	7.6	81,671
Nutritional Products	0.2	0.0	0.0	0.2	4	1	0	3	18	121	17	12	22,624	407,201	10,366	9.8	99,655
Hematological Agents	0.6	0.2	0.0	0.4	74	66	1	6	129	433	29	17	7,173	922,354	1,235	1.2	12,538
Topical Products	0.2	0.1	0.0	0.1	8	5	0	2	38	67	71	19	48,688	1,849,163	22,691	21.5	225,413
Miscellaneous Products	0.4	0.2	0.0	0.2	73	50	12	10	187	304	284	57	1,428	266,787	356	0.3	3,647
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	51	0	0	0	3,762	192,416	2,288	2.2	23,263
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.	839,515	50,248,707	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$6,685,922	6,066	5.8 %	64,963	0.6	\$160
ANTIDEPRESSANTS	5,625,018	16,279	15.5	165,666	0.5	67
ANTICONVULSANT	4,122,510	6,361	6.0	67,645	0.7	87
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,898,846	6,761	6.4	69,882	0.5	77
ANTIASTHMATIC	2,861,069	18,069	17.2	185,764	0.3	55
ANALGESICS - Narcotic	2,392,262	21,012	19.9	213,020	0.3	37
ULCER DRUGS	2,051,696	6,735	6.4	70,011	0.4	79
ANTIVIRAL	1,687,766	1,258	1.2	12,946	0.3	426
MISC. ENDOCRINE	1,630,237	1,013	1.0	10,960	0.5	279
ANTIHISTAMINES	1,312,833	9,714	9.2	101,887	0.3	48
Total	31,268,159	93,268		962,744	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 ND.7 includes the beneficiaries represented by Cell K 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benes	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benes	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users
All	390,309	\$31,268,159	6,066	5.8 %	64,963	\$103	16,279	15.5 %	165,666	0.5	\$34						
Female	236,669	17,510,796	3,396	5.7	36,364	91	11,888	20.1	120,094	0.5	33						
Disabled	97,349	8,413,418	1,675	39.2	18,862	120	3,440	80.5	38,497	0.6	41						
5 and younger	262	34,713	0	0.0	0	0	1	6.3	12	0.5	3						
6-14	358	100,056	0	0.0	0	0	1	3.1	12	0.4	31						
15-20	2,121	202,148	53	30.3	619	95	68	38.9	772	0.5	32						
21-44	37,204	3,447,122	848	46.7	9,534	106	1,497	82.5	16,713	0.6	40						
45-64	57,320	4,623,380	773	34.6	8,697	136	1,872	83.8	20,976	0.7	42						
65-74	76	5,846	1	33.3	12	23	1	33.3	12	1.1	165						
75-84	8	153	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	139,320	9,097,378	1,721	3.1	17,502	59	8,448	15.4	81,597	0.4	30						
5 and younger	5,778	408,828	10	0.1	107	11	12	0.1	133	0.5	25						
6-14	27,774	2,226,061	337	1.9	3,682	73	842	4.9	8,851	0.5	29						
15-20	22,238	1,457,471	390	4.6	4,037	58	1,718	20.2	16,932	0.4	28						
21-44	68,676	3,900,860	770	5.4	7,447	45	5,216	36.7	49,042	0.4	30						
45-64	7,893	604,069	92	9.8	900	69	485	51.8	4,699	0.5	39						
65-74	3,472	269,875	42	16.8	488	143	72	28.8	832	0.7	37						
75-84	2,375	175,097	51	26.2	543	100	67	34.4	725	0.7	38						
85 and older	1,114	55,117	29	21.0	298	38	36	26.1	383	0.7	25						
Male	153,640	13,757,363	2,670	5.8	28,599	119	4,391	9.5	45,572	0.6	36						
Disabled	50,888	5,430,812	1,032	31.7	11,298	151	1,461	44.9	15,785	0.6	41						
5 and younger	331	41,404	0	0.0	0	0	1	4.3	12	0.6	9						
6-14	595	74,939	0	0.0	0	0	5	9.8	52	0.9	56						
15-20	3,111	298,960	89	35.3	976	123	95	37.7	1,062	0.6	41						
21-44	23,307	2,605,319	606	39.6	6,630	148	708	46.2	7,724	0.6	40						
45-64	23,544	2,410,190	337	24.2	3,692	164	652	46.7	6,935	0.7	42						
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	102,752	8,326,551	1,638	3.8	17,301	97	2,930	6.8	29,787	0.5	33						
5 and younger	10,222	578,247	49	0.3	528	52	35	0.2	388	0.3	9						
6-14	57,711	4,683,181	968	5.2	10,337	97	1,411	7.5	15,021	0.5	34						
15-20	23,140	2,182,414	501	6.9	5,273	104	944	13.1	9,469	0.5	36						
21-44	7,409	505,749	76	4.1	725	85	379	20.5	3,349	0.4	25						
45-64	2,326	240,522	20	4.7	173	118	115	27.0	1,079	0.5	38						
65-74	1,085	80,953	14	10.5	156	124	21	15.8	252	0.5	21						
75-84	630	45,365	7	7.8	73	50	14	15.6	130	0.9	49						
85 and older	229	10,120	3	6.5	36	45	11	23.9	99	0.6	32						
Unknown	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 ND.7A includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ANTICONVULSANT					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTI-ASTHMATIC				
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	6,361	6.0 %	67,645	0.7	\$61	6,761	6.4 %	69,882	0.5	\$42	18,069	17.2 %	185,764	0.3	\$15
Female	3,991	6.7	42,195	0.7	54	2,048	3.5	21,315	0.5	40	10,304	17.4	105,649	0.3	16
Disabled	1,805	42.2	20,263	0.8	64	167	3.9	1,895	0.5	47	2,191	51.3	24,618	0.4	27
5 and younger	15	93.8	180	0.7	120	0	0.0	0	0.0	0	9	56.3	108	0.5	44
6-14	18	56.3	216	0.7	112	0	0.0	0	0.0	0	6	18.8	72	0.2	3
15-20	76	43.4	885	0.9	103	17	9.7	191	0.4	25	35	20.0	370	0.3	16
21-44	878	48.4	9,854	0.7	65	79	4.4	915	0.4	42	749	41.3	8,395	0.3	19
45-64	818	36.6	9,128	0.8	58	71	3.2	789	0.6	58	1,389	62.2	15,637	0.5	32
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	100.0	36	0.2	19
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	2,186	4.0	21,932	0.6	45	1,881	3.4	19,420	0.5	39	8,113	14.8	81,031	0.2	13
5 and younger	68	0.5	763	0.6	67	45	0.3	470	0.3	19	1,437	10.8	14,707	0.2	10
6-14	349	2.0	3,799	0.7	80	1,233	7.1	12,856	0.5	39	2,247	13.0	22,895	0.2	11
15-20	317	3.7	3,258	0.6	48	329	3.9	3,314	0.5	42	1,262	14.8	12,562	0.2	12
21-44	1,261	8.9	12,225	0.5	32	241	1.7	2,436	0.4	42	2,742	19.3	26,458	0.3	14
45-64	128	13.7	1,174	0.6	40	32	3.4	332	0.5	41	264	28.2	2,608	0.4	22
65-74	36	14.4	418	0.8	45	1	0.4	12	0.9	102	92	36.8	1,051	0.6	39
75-84	21	10.8	224	0.9	36	0	0.0	0	0.0	0	53	27.2	574	0.6	48
85 and older	6	4.3	71	0.9	30	0	0.0	0	0.0	0	16	11.6	176	0.2	8
Male	2,370	5.1	25,450	0.8	73	4,713	10.2	48,567	0.6	42	7,765	16.8	80,115	0.3	15
Disabled	1,061	32.6	11,838	0.9	78	125	3.8	1,360	0.5	37	925	28.4	10,252	0.5	26
5 and younger	13	56.5	148	0.9	172	0	0.0	0	0.0	0	15	65.2	146	0.2	16
6-14	24	47.1	282	1.0	134	6	11.8	72	0.6	32	15	29.4	174	0.3	23
15-20	89	35.3	1,019	0.8	73	36	14.3	367	0.6	38	55	21.8	629	0.3	16
21-44	589	38.5	6,610	0.8	83	60	3.9	675	0.4	32	334	21.8	3,827	0.4	22
45-64	346	24.8	3,779	0.9	63	23	1.6	246	0.6	49	506	36.3	5,476	0.5	30
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	1,309	3.1	13,612	0.7	68	4,588	10.7	47,207	0.6	42	6,840	15.9	69,863	0.2	13
5 and younger	88	0.6	906	0.6	59	199	1.4	2,109	0.4	23	2,430	16.8	25,238	0.2	11
6-14	614	3.3	6,676	0.8	70	3,479	18.6	35,909	0.6	43	3,219	17.2	32,883	0.3	13
15-20	379	5.2	3,945	0.7	77	876	12.1	8,858	0.6	45	870	12.0	8,780	0.3	13
21-44	159	8.6	1,363	0.5	42	28	1.5	271	0.4	44	194	10.5	1,722	0.4	22
45-64	37	8.7	351	0.5	58	5	1.2	48	0.9	61	59	13.8	484	0.4	29
65-74	22	16.5	261	0.8	67	0	0.0	0	0.0	0	39	29.3	450	0.6	36
75-84	7	7.8	84	0.7	44	1	1.1	12	0.1	1	24	26.7	272	0.5	32
85 and older	3	6.5	26	1.4	19	0	0.0	0	0.0	0	5	10.9	34	0.1	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTIVIRAL				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	21,012	19.9 %	213,020	\$11	0.3	6,735	6.4 %	70,011	\$29	0.4	1,258	1.2 %	12,946	\$130	0.3
Female	15,667	26.5	158,996	10	0.3	4,638	7.8	48,541	29	0.4	895	1.5	9,078	87	0.3
Disabled	3,281	76.7	37,015	25	0.5	1,857	43.4	21,021	38	0.4	200	4.7	2,304	165	0.4
5 and younger	1	6.3	12	1	0.2	10	62.5	120	31	0.4	0	0.0	0	0	0.0
6-14	3	9.4	36	1	0.1	15	46.9	180	43	0.5	0	0.0	0	0	0.0
15-20	52	29.7	572	3	0.2	41	23.4	475	18	0.3	3	1.7	36	11	0.1
21-44	1,464	80.7	16,480	21	0.4	638	35.2	7,213	31	0.4	109	6.0	1,229	208	0.4
45-64	1,759	78.7	19,891	29	0.5	1,149	51.4	12,992	43	0.5	87	3.9	1,027	122	0.3
65-74	1	33.3	12	1	0.3	3	100.0	29	51	0.5	1	33.3	12	3	0.1
75-84	1	100.0	12	12	0.5	1	100.0	12	1	0.2	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	12,386	22.6	121,981	5	0.3	2,781	5.1	27,520	22	0.3	695	1.3	6,774	60	0.2
5 and younger	282	2.1	2,994	1	0.1	237	1.8	2,159	19	0.3	31	0.2	300	6	0.1
6-14	919	5.3	9,707	1	0.1	245	1.4	2,592	20	0.3	93	0.5	977	32	0.2
15-20	1,981	23.2	19,557	1	0.2	405	4.8	4,073	10	0.2	120	1.4	1,192	13	0.1
21-44	8,477	59.6	82,267	6	0.3	1,497	10.5	14,517	21	0.3	412	2.9	3,929	74	0.3
45-64	518	55.3	5,143	20	0.4	187	20.0	1,784	30	0.4	31	3.3	293	198	0.4
65-74	107	42.8	1,232	7	0.3	119	47.6	1,381	41	0.5	3	1.2	36	238	0.3
75-84	61	31.3	666	13	0.4	64	32.8	712	39	0.6	3	1.5	26	9	0.1
85 and older	41	29.7	415	24	0.6	27	19.6	302	49	0.7	2	1.4	21	9	0.1
Male	5,345	11.6	54,024	15	0.3	2,097	4.5	21,470	30	0.4	363	0.8	3,868	233	0.4
Disabled	1,531	47.0	16,571	35	0.5	841	25.8	9,148	41	0.5	153	4.7	1,709	434	0.6
5 and younger	3	13.0	32	1	0.1	16	69.6	184	50	0.6	1	4.3	12	28	0.6
6-14	2	3.9	18	1	0.1	10	19.6	120	60	0.6	0	0.0	0	0	0.0
15-20	46	18.3	541	1	0.1	47	18.7	549	41	0.6	1	0.4	12	5	0.1
21-44	639	41.7	7,018	26	0.4	331	21.6	3,683	40	0.4	79	5.2	883	311	0.5
45-64	841	60.3	8,962	44	0.6	437	31.3	4,612	42	0.6	72	5.2	802	582	0.7
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	3,814	8.9	37,453	7	0.2	1,256	2.9	12,322	22	0.3	210	0.5	2,159	73	0.2
5 and younger	427	3.0	4,573	1	0.1	377	2.6	3,555	17	0.3	41	0.3	424	26	0.2
6-14	1,025	5.5	10,692	2	0.1	296	1.6	3,201	19	0.3	91	0.5	965	38	0.1
15-20	1,101	15.2	11,137	2	0.1	218	3.0	2,186	23	0.3	44	0.6	462	16	0.2
21-44	983	53.3	8,375	20	0.4	73	11.8	1,912	28	0.3	16	0.9	155	191	0.3
45-64	221	51.9	2,074	20	0.4	20	17.1	657	34	0.4	14	3.3	108	678	0.9
65-74	28	21.1	316	5	0.2	41	30.8	453	33	0.4	4	3.0	45	14	0.2
75-84	18	20.0	200	6	0.2	30	33.3	335	40	0.5	0	0.0	0	0	0.0
85 and older	11	23.9	86	8	0.6	3	6.5	23	54	0.7	0	0.0	0	0	0.0
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	MISC. ENDOCRINE					ANTIHIISTAMINES						
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per \$ per Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per \$ per Month	Number of Beneficiaries	Number of Benefit Months
All	1,013	1.0 %	10,960	0.5	\$149	9,714	9.2 %	101,887	0.3	\$13	105,347	890,098
Female	554	0.9	6,028	0.5	139	5,860	9.9	61,124	0.3	13	59,163	494,983
Disabled	232	5.4	2,601	0.6	72	1,005	23.5	11,573	0.4	20	4,275	43,791
5 and younger	3	18.8	36	0.7	127	0	0.0	0	0.0	0	16	175
6-14	7	21.9	78	0.9	853	4	12.5	48	0.6	21	32	366
15-20	6	3.4	72	0.8	29	27	15.4	321	0.3	10	175	1,802
21-44	32	1.8	342	0.6	92	434	23.9	4,988	0.3	16	1,814	18,833
45-64	183	8.2	2,061	0.5	40	539	24.1	6,204	0.5	24	2,234	22,574
65-74	1	33.3	12	1.1	70	1	33.3	12	0.7	44	3	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	322	0.6	3,427	0.5	189	4,855	8.8	49,551	0.2	12	54,888	451,192
5 and younger	17	0.1	188	0.6	593	709	5.3	7,525	0.2	5	13,328	110,897
6-14	144	0.8	1,498	0.5	237	1,622	9.4	16,951	0.2	12	17,296	151,489
15-20	32	0.4	349	0.7	363	821	9.6	8,318	0.3	14	8,525	69,547
21-44	14	0.1	126	0.4	34	1,497	10.5	14,573	0.2	12	14,219	106,621
45-64	24	2.6	224	0.4	31	127	13.6	1,268	0.3	16	937	7,322
65-74	47	18.8	547	0.6	43	43	17.2	503	0.4	22	250	2,630
75-84	32	16.4	376	0.5	46	25	12.8	285	0.3	14	195	1,795
85 and older	12	8.7	119	0.5	30	11	8.0	128	0.3	18	138	891
Male	459	1.0	4,932	0.5	161	3,854	8.3	40,763	0.3	12	46,162	395,088
Disabled	68	2.1	787	0.6	87	343	10.5	3,906	0.4	19	3,254	31,255
5 and younger	3	13.0	32	0.8	111	3	13.0	36	0.4	15	23	256
6-14	8	15.7	96	0.8	212	4	7.8	48	0.6	12	51	579
15-20	10	4.0	114	0.7	75	32	12.7	381	0.4	15	252	2,525
21-44	24	1.6	270	0.7	98	168	11.0	1,944	0.4	18	1,531	14,970
45-64	23	1.6	275	0.5	36	136	9.7	1,497	0.4	21	1,395	12,901
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	391	0.9	4,145	0.5	175	3,511	8.2	36,857	0.2	12	42,908	363,833
5 and younger	25	0.2	258	0.5	146	980	6.8	10,470	0.2	5	14,436	121,176
6-14	280	1.5	2,973	0.5	117	1,895	10.1	19,987	0.3	14	18,699	165,016
15-20	63	0.9	664	0.6	491	514	7.1	5,254	0.3	17	7,232	60,860
21-44	4	0.2	48	0.2	18	77	4.2	691	0.2	9	1,846	11,328
45-64	2	0.5	16	0.7	51	29	6.8	293	0.3	15	426	2,988
65-74	7	5.3	76	0.6	49	8	6.0	85	0.4	20	133	1,407
75-84	5	5.6	58	0.9	111	6	6.7	62	0.4	29	90	802
85 and older	5	10.9	52	0.9	51	2	4.3	15	0.1	2	46	256
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	22	27

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$412	7.7	159	1,690
Age				
0-64	502	8.1	68	752
65-74	470	8.4	12	131
75-84	448	8.6	38	386
85 and older	199	6.0	41	421
Unknown	0	0.0	0	0
Gender				
Female	428	7.8	112	1,172
Male	374	7.4	47	518
Unknown	0	0.0	0	0
Race				
White	413	7.7	158	1,678
African American	0	0	0	0
Other/unknown	226	4.3	1	12
Basis of Eligibility^c				
Aged	339	7.4	91	938
Disabled	518	8.2	65	716
Adults	0	0.0	0	0
Children	188	4.3	3	36
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 214 beneficiaries who were in nursing facilities for part of their enrollment and their 2,138 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e} NONDUAL 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 All-Year Nursing Facility Residents	Number of Benefit Months			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	As a							
Anti-infective Agents	0.4	0.2	0.0	0.2	\$20	\$11	\$4	\$4	\$52	\$64	\$265	\$23	473	\$24,466	107	67.3 %	1,219
Biologicals	0.1	0.1	0.0	0.0	1	1	0	1	16	11	0	26	20	325	20	12.6	232
Antineoplastic Agents	0.5	0.2	0.0	0.3	27	12	0	15	57	55	0	59	31	1,773	6	3.8	66
Endocrine/Metabolic Drugs	1.3	0.6	0.3	0.4	40	28	5	8	30	49	15	17	1,064	32,374	74	46.5	800
Cardiovascular Agents	2.1	0.6	0.0	1.5	53	29	0	24	25	49	16	16	2,208	55,515	100	62.9	1,053
Respiratory Agents	0.8	0.4	0.1	0.3	33	26	3	5	44	62	52	16	588	25,704	69	43.4	773
Gastrointestinal Agents	1.1	0.4	0.0	0.7	59	41	0	18	53	94	0	27	1,279	68,328	105	66.0	1,164
Genitourinary Agents	1.0	0.7	0.0	0.3	60	50	1	9	60	72	32	33	398	23,881	35	22.0	400
CNS Drugs	2.0	1.1	0.0	0.9	158	133	2	24	78	123	66	26	2,710	210,403	122	76.7	1,329
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	32	28	0	5	67	139	0	16	29	1,937	5	3.1	60
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	183	182	0	1	235	235	0	177	174	40,900	21	13.2	224
Analgesics and Anesthetics	1.1	0.5	0.0	0.7	39	32	0	7	34	68	22	11	1,075	37,072	87	54.7	951
Neuromuscular Agents	1.7	0.8	0.1	0.8	132	92	6	34	79	121	56	42	1,306	102,600	69	43.4	775
Nutritional Products	0.7	0.0	0.1	0.6	17	0	2	14	24	0	22	24	276	6,629	36	22.6	398
Hematological Agents	1.2	0.3	0.3	0.6	89	79	5	6	74	271	16	9	571	42,129	45	28.3	473
Topical Products	0.6	0.2	0.0	0.4	14	8	1	5	23	38	42	13	703	15,904	110	69.2	1,168
Miscellaneous Products	0.5	0.1	0.3	0.1	23	6	16	1	47	42	60	12	47	2,188	8	5.0	96
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	38	0	0	0	87	0	0	0	43	3,733	9	5.7	97
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.	12,995	695,861	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 214 beneficiaries who were in nursing facilities for part of their enrollment and their 2,138 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.medspan.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 ND.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}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	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	\$133,172	90	56.6 %	1,002	0.8	\$174	\$133
ANTICONVULSANT	81,694	76	47.8	867	1.2	78	94
ANTIDEPRESSANTS	62,726	123	77.4	1,347	1.0	49	47
ULCER DRUGS	56,819	75	47.2	854	0.9	77	67
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	41,057	24	15.1	252	0.7	229	163
HEMATOPOIETIC AGENTS	25,989	47	29.6	510	0.8	65	51
ANALGESICS - Narcotic	19,645	76	47.8	842	0.8	29	23
ANTIDIABETIC	19,091	56	35.2	600	0.9	35	32
MUSCULOSKELETAL THERAPY AGENTS	17,623	18	11.3	216	0.9	95	82
ANALGESICS - ANTI-INFLAMMATORY	15,065	56	35.2	626	0.6	40	24
Total	472,881	641		7,116	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 214 beneficiaries who were in nursing facilities for part of their enrollment and their 2,138 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 ND.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} NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	6,185	\$472,881	90	56.6 %	1,002	0.8	\$133	76	47.8 %	867	1.2	\$94					
Female	4,346	346,648	65	58.0	720	0.8	135	54	48.2	610	1.3	109					
Disabled	1,833	172,253	15	41.7	180	0.9	201	36	100.0	423	1.4	132					
64 or younger	1,833	172,253	15	41.7	180	0.9	201	36	100.0	423	1.4	132					
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	2,513	174,395	50	65.8	540	0.8	113	18	23.7	187	1.1	56					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	458	39,790	11	91.7	129	0.9	173	3	25.0	36	1.4	129					
75-84	1,127	90,089	24	85.7	240	0.9	133	10	35.7	92	1.2	43					
85 and older	928	44,516	15	41.7	171	0.5	40	5	13.9	59	0.9	33					
Male	1,839	126,233	25	53.2	282	0.7	128	22	46.8	257	1.0	60					
Disabled	1,335	95,351	18	62.1	209	0.7	148	18	62.1	209	1.0	68					
64 or younger	1,335	95,351	18	62.1	209	0.7	148	18	62.1	209	1.0	68					
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	504	30,882	7	38.9	73	0.5	71	4	22.2	48	0.8	26					
64 or younger	23	1,450	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	343	22,830	4	40.0	37	0.7	96	4	40.0	48	0.8	26					
85 and older	138	6,602	3	60.0	36	0.3	45	0	0.0	0	0.0	0					
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 214 beneficiaries who were in nursing facilities for part of their enrollment and their 2,138 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 ND.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}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	123	77.4 %	1,347	1.0	\$47	75	47.2 %	854	0.9	\$67	24	15.1 %	252	0.7	\$163
Female	84	75.0	929	1.0	47	51	45.5	583	0.9	63	15	13.4	161	0.8	217
Disabled	28	77.8	326	1.1	56	17	47.2	194	0.8	57	7	19.4	84	0.7	350
64 or younger	28	77.8	326	1.1	56	17	47.2	194	0.8	57	7	19.4	84	0.7	350
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	56	73.7	603	0.9	42	34	44.7	389	0.9	66	8	10.5	77	0.8	73
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	5	41.7	60	0.9	44	6	50.0	69	0.7	49	2	16.7	21	0.6	80
75-84	25	89.3	266	0.9	54	13	46.4	141	0.9	73	2	7.1	19	0.5	73
85 and older	26	72.2	277	0.8	31	15	41.7	179	0.9	67	4	11.1	37	1.1	68
Male	39	83.0	418	0.9	45	24	51.1	271	0.9	74	9	19.1	91	0.6	67
Disabled	25	86.2	276	1.0	43	15	51.7	180	0.9	78	7	24.1	67	0.6	66
64 or younger	25	86.2	276	1.0	43	15	51.7	180	0.9	78	7	24.1	67	0.6	66
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	14	77.8	142	0.9	51	9	50.0	91	0.8	67	2	11.1	24	0.5	70
64 or younger	1	33.3	12	0.9	99	1	33.3	12	0.8	21	0	0.0	0	0.0	0
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	9	90.0	82	1.0	52	7	70.0	67	0.8	69	2	20.0	24	0.5	70
85 and older	4	80.0	48	0.7	36	1	20.0	12	1.0	102	0	0.0	0	0.0	0
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 214 beneficiaries who were in nursing facilities for part of their enrollment and their 2,138 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=09e0ffed-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 ND10B

Nondual Beneficiaries

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}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					ANTIDIABETIC				
	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	47	29.6 %	510	0.8	\$51	76	47.8 %	842	0.8	\$23	56	35.2 %	600	0.9	\$32
Female	27	24.1	281	0.9	61	59	52.7	648	0.7	25	39	34.8	435	0.9	32
Disabled	6	16.7	61	1.0	6	20	55.6	230	0.5	19	18	50.0	196	0.9	35
64 or younger	6	16.7	61	1.0	6	20	55.6	230	0.5	19	18	50.0	196	0.9	35
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	21	27.6	220	0.9	76	39	51.3	418	0.8	29	21	27.6	239	0.9	29
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	2	16.7	21	0.6	2	7	58.3	78	0.4	4	7	58.3	84	1.0	31
75-84	11	39.3	114	1.0	144	14	50.0	143	0.8	27	9	32.1	98	1.0	40
85 and older	8	22.2	85	0.7	3	18	50.0	197	0.9	40	5	13.9	57	0.5	6
Male	20	42.6	229	0.6	39	17	36.2	194	1.1	16	17	36.2	165	1.0	32
Disabled	10	34.5	115	0.7	37	10	34.5	120	1.6	24	11	37.9	115	0.9	32
64 or younger	10	34.5	115	0.7	37	10	34.5	120	1.6	24	11	37.9	115	0.9	32
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	10	55.6	114	0.6	42	7	38.9	74	0.5	4	6	33.3	50	1.2	33
64 or younger	2	66.7	24	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	6	60.0	66	0.8	71	3	30.0	26	0.2	2	4	40.0	26	1.3	41
85 and older	2	40.0	24	0.5	2	4	80.0	48	0.6	6	2	40.0	24	1.0	24
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 214 beneficiaries who were in nursing facilities for part of their enrollment and their 2,138 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 ND.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} NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS				ANALGESICS - ANTI-INFLAMMATORY				Benefit Months Among All-Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$		
All	18	11.3 %	216	0.9	56	35.2 %	626	0.6	\$24	1,690
Female	12	10.7	144	0.7	42	37.5	465	0.6	23	1,172
Disabled	7	19.4	84	0.8	13	36.1	145	0.6	12	391
64 or younger	7	19.4	84	0.8	13	36.1	145	0.6	12	391
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	6.6	60	0.7	29	38.2	320	0.6	28	781
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
65-74	1	8.3	12	2.0	4	33.3	45	0.6	32	131
75-84	2	7.1	24	0.6	13	46.4	143	0.5	24	289
85 and older	2	5.6	24	0.1	12	33.3	132	0.6	31	361
Male	6	12.8	72	1.1	14	29.8	161	0.6	27	518
Disabled	5	17.2	60	1.2	10	34.5	113	0.5	15	325
64 or younger	5	17.2	60	1.2	10	34.5	113	0.5	15	325
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	1	5.6	12	0.4	4	22.2	48	0.9	57	193
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	36
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0
75-84	1	10.0	12	0.4	2	20.0	24	1.1	64	97
85 and older	0	0.0	0	0.0	2	40.0	24	0.7	49	60
Unknown	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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 214 beneficiaries who were in nursing facilities for part of their enrollment and their 2,138 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, 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 Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Part D Excluded Rx	Rx \$ per Beneficiary			Excluded Rx	%	
All	23,360	22.2 %	1.1	110,717	\$17	\$1,798,057	\$16	3.6 %	105,347	
Age										
5 and younger	5,738	20.6	0.5	12,841	6	175,318	14	6.4	27,803	
6-14	5,625	15.6	0.4	14,770	9	312,441	21	3.1	36,078	
15-20	2,814	17.4	0.5	8,723	14	219,376	25	3.3	16,184	
21-44	6,237	32.1	1.8	35,838	28	545,670	15	3.3	19,410	
45-64	2,531	50.7	6.1	30,582	95	475,686	16	3.6	4,992	
65-74	198	51.2	8.1	3,146	79	30,701	10	3.9	387	
75-84	145	50.5	9.6	2,744	87	24,977	9	4.8	287	
85 and older	72	39.1	11.3	2,073	75	13,888	7	9.7	184	
Unknown	0	0.0	0.0	0	0	0	0	0.0	22	
Basis of Eligibility^c										
Aged	411	48.4	9.2	7,859	80	68,345	9	4.7	850	
Disabled	3,932	52.2	6.4	48,399	103	775,351	16	3.7	7,529	
Adults	5,033	29.1	1.2	20,782	20	342,001	16	3.6	17,293	
Children	13,984	17.6	0.4	33,677	8	612,360	18	3.3	79,675	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	14,614	24.7	1.2	73,567	20	1,177,893	16	4.0	59,178	
Male	8,746	18.9	0.8	37,150	13	620,164	17	3.0	46,169	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	21,207	22.3	1.1	104,500	18	1,693,927	16	3.6	95,148	
African American	483	21.7	0.7	1,493	23	52,324	35	8.4	2,228	
Other/unknown	1,670	21.0	0.6	4,724	6	51,806	11	2.7	7,971	
Use of Nursing Facilities^d										
Entire year	155	97.5	38.0	6,038	430	68,384	11	9.8	159	
Part year	183	85.5	18.2	3,887	185	39,693	10	4.8	214	
None	23,022	21.9	1.0	100,792	16	1,689,980	17	3.5	104,974	
Maintenance Assistance Status										
Cash	7,397	33.0	2.1	47,375	31	694,284	15	3.5	22,410	
Medically needy	1,371	31.3	2.1	9,346	38	166,762	18	4.1	4,387	
Poverty related	8,797	14.9	0.3	18,924	6	337,225	18	3.3	59,160	
Other/unknown	5,795	29.9	1.8	35,072	31	599,786	17	3.7	19,390	

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS 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	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$16	\$0	\$1	890,098
Age						
5 and younger	0.1	1	14	0	0	232,504
6-14	0.0	1	21	0	0	317,450
15-20	0.1	2	25	0	0	134,734
21-44	0.2	4	15	0	1	151,752
45-64	0.7	10	16	0	4	45,785
65-74	0.8	8	10	0	2	4,078
75-84	1.0	10	9	0	2	2,621
85 and older	1.8	12	7	0	2	1,147
Unknown	0.0	0	0	0	0	27
Basis of Eligibility^c						
Aged	1.0	9	9	0	2	7,774
Disabled	0.6	10	16	0	4	75,046
Adults	0.2	3	16	0	1	127,579
Children	0.0	1	18	0	0	679,699
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	16	0	1	495,002
Male	0.1	2	17	0	0	395,096
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	16	0	1	807,041
African American	0.1	3	35	0	0	18,401
Other/unknown	0.1	1	11	0	0	64,656
Use of Nursing Facilities^d						
Entire year	3.6	40	11	0	17	1,690
Part year	1.8	19	10	0	5	2,138
None	0.1	2	17	0	1	886,270
Maintenance Assistance Status						
Cash	0.2	3	15	0	1	203,069
Medically needy	0.3	5	18	0	1	33,599
Poverty related	0.0	1	18	0	0	478,167
Other/unknown	0.2	3	17	0	1	175,263

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{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	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	29,939	\$60	\$1,798,057	100.0 %	110,717	\$16	100.0 %		
Anorexia or weight loss/gain	39	179	6,999	0.4	124	56	0.1		
Fertility drugs	0	0	0	0.0	0	0	0.0		
Drugs for cosmetic purposes	113	13	1,429	0.1	168	9	0.2		
Cough and cold medications	6,661	53	355,554	19.8	12,130	29	11.0		
Vitamins and minerals	3,816	49	188,240	10.5	11,032	17	10.0		
Non-prescription drugs	12,838	34	435,538	24.2	50,328	9	45.5		
Barbiturates	197	64	12,554	0.7	1,740	7	1.6		
Benzodiazepines	5,247	107	563,622	31.3	31,469	18	28.4		
Other Part D Excl Rx Drugs	1,028	228	234,121	13.0	3,726	63	3.4		

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.
 - 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.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	106,480	850	7,529	17,411	80,690	962,170	7,774	75,192	131,544	747,660	0
Age											
5 and younger	28,012	0	39	0	27,973	249,266	0	443	0	248,823	0
6-14	36,571	0	83	0	36,488	355,752	0	969	0	354,783	0
15-20	16,495	0	427	0	16,068	147,731	0	4,394	0	143,337	0
21-44	19,519	0	3,345	16,016	158	155,446	0	33,833	120,900	713	0
45-64	5,003	0	3,629	1,374	0	46,096	0	35,488	10,608	0	0
65-74	387	381	4	2	0	4,084	4,030	41	13	0	0
75-84	287	285	2	0	0	2,621	2,597	24	0	0	0
85 and older	184	184	0	0	0	1,147	1,147	0	0	0	0
Unknown	22	0	0	19	3	27	0	0	23	4	0
Gender											
Female	59,776	582	4,275	15,130	39,789	532,047	5,315	43,866	116,938	365,928	0
Male	46,704	268	3,254	2,281	40,901	430,123	2,459	31,326	14,606	381,732	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	96,177	618	7,209	15,847	72,503	873,456	5,298	72,200	120,449	675,509	0
African American	2,239	12	99	443	1,685	19,904	126	906	3,192	15,680	0
Other/unknown	8,064	220	221	1,121	6,502	68,810	2,350	2,086	7,903	56,471	0
Use of Nursing Facilities^c											
Entire year	159	91	65	0	3	1,690	938	716	0	36	0
Part year	214	42	147	5	20	2,144	388	1,458	58	240	0
None	106,107	717	7,317	17,406	80,667	958,336	6,448	73,018	131,486	747,384	0
Maintenance Assistance Status											
Cash	22,493	396	4,328	5,715	12,054	213,945	4,481	46,539	45,816	117,109	0
Medically needy	4,408	189	769	1,907	1,543	35,225	1,167	6,285	12,995	14,778	0
Poverty related	60,051	5	2	3,537	56,507	528,396	26	12	20,283	508,075	0
Other/unknown	19,528	260	2,430	6,252	10,586	184,604	2,100	22,356	52,450	107,698	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	91,632	850	7,498	16,552	66,732	803,154	7,774	74,830	123,030	597,520	0
FFS part year, with Rx claims	10,262	0	29	677	9,556	117,230	0	338	7,468	109,424	0
FFS part year, no Rx claims	3,453	0	2	64	3,387	37,608	0	24	624	36,960	0
MC all year, with Rx claims	500	0	0	86	414	2,065	0	0	328	1,737	0
MC all year, no Rx claims	633	0	0	32	601	2,113	0	0	94	2,019	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.1 includes the beneficiaries represented by Cell J 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.
- 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2003

	Beneficiaries and			Excluded from Cell K of Table 1 Number of Beneficiaries
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Number of Benefit Months	
All	106,480	105,347	890,098	0
Fee-for-service (FFS) all year	91,632	91,632	803,154	0
FFS part year, with Rx claims	10,262	10,262	65,732	0
FFS part year, with no Rx claims	3,453	3,453	21,212	0
Managed care (MC) all year, with Rx claims	500	0	0	0
MC all year, with no Rx claims	633	0	0	0
				72,072

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 1/01/2007.

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.