

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	22,119	11,401	9,680	1,026	12	0	225,145	112,422	103,235	9,376	112	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	22	0	0	0	22	0
15-20	36	0	27	0	9	0	358	0	272	0	86	0
21-44	5,043	0	4,252	790	1	0	52,892	0	45,576	7,312	4	0
45-64	5,561	0	5,333	228	0	0	58,855	0	56,869	1,986	0	0
65-74	3,239	3,183	49	7	0	0	32,719	32,333	320	66	0	0
75-84	3,909	3,897	11	1	0	0	38,644	38,521	111	12	0	0
85 and older	4,328	4,321	7	0	0	0	41,643	41,568	75	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,680	8,810	5,080	783	7	0	150,391	88,598	54,328	7,395	70	0
Male	7,439	2,591	4,600	243	5	0	74,754	23,824	48,907	1,981	42	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,510	11,088	9,431	979	12	0	219,410	109,527	100,799	8,972	112	0
African American	165	39	106	20	0	0	1,586	373	1,035	178	0	0
Other/unknown	444	274	143	27	0	0	4,149	2,522	1,401	226	0	0
Use of Nursing Facilities^c												
Entire year	4,511	4,292	219	0	0	0	46,577	44,167	2,410	0	0	0
Part year	2,250	2,056	192	2	0	0	19,858	17,774	2,060	24	0	0
None	15,358	5,053	9,269	1,024	12	0	158,710	50,481	98,765	9,352	112	0
Maintenance Assistance Status												
Cash	3,602	1,118	2,418	66	0	0	40,388	12,708	27,159	521	0	0
Medically needy	7,971	4,894	2,445	630	2	0	75,239	45,246	24,134	5,835	24	0
Poverty-related	1,266	561	623	76	6	0	11,069	4,812	5,617	587	53	0
Other/unknown	9,280	4,828	4,194	254	4	0	98,449	49,656	46,325	2,433	35	0
Dual Medicare Status^d												
Full dual, all year	20,109	10,548	8,589	960	12	0	206,271	104,652	92,830	8,677	112	0
Full dual, part year	2,010	853	1,091	66	0	0	18,874	7,770	10,405	699	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,119	11,401	9,680	1,026	12	0	225,145	112,422	103,235	9,376	112	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. 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, 2004

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	90.8 %	53.3	\$3,384	\$64	\$19,941	17.0 %	22,119
Age							
5 and younger	100.0	104.0	3,807	37	76,858	5.0	1
6-14	100.0	71.0	10,720	151	17,064	62.8	2
15-20	83.3	30.7	3,037	99	13,764	22.1	36
21-44	87.8	37.5	3,372	90	16,810	20.1	5,043
45-64	91.4	58.4	4,533	78	19,997	22.7	5,561
65-74	86.7	54.3	3,036	56	15,253	19.9	3,239
75-84	91.6	60.4	2,968	49	20,759	14.3	3,909
85 and older	95.8	58.2	2,555	44	26,328	9.7	4,328
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.9	57.9	2,834	49	21,347	13.3	11,401
Disabled	89.8	49.7	4,105	83	19,873	20.7	9,680
Adults	87.8	35.5	2,642	74	5,063	52.2	1,026
Children	75.0	41.1	6,853	167	11,972	57.2	12
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	93.1	57.5	3,407	59	19,514	17.5	14,680
Male	86.2	45.0	3,337	74	20,785	16.1	7,439
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.0	53.8	3,406	63	20,187	16.9	21,510
African American	82.4	35.4	3,147	89	12,462	25.3	165
Other/unknown	84.2	37.2	2,383	64	10,801	22.1	444
Use of Nursing Facilities^f							
Entire year	98.1	74.5	3,645	49	37,396	9.7	4,511
Part year	96.6	58.4	2,786	48	21,974	12.7	2,250
None	87.8	46.3	3,395	73	14,517	23.4	15,358
Maintenance Assistance Status							
Cash	91.6	48.4	3,465	72	21,830	15.9	3,602
Medically needy	91.4	54.2	3,288	61	18,404	17.9	7,971
Poverty related	73.3	21.0	1,364	65	4,689	29.1	1,266
Other/unknown	92.3	58.8	3,710	63	22,609	16.4	9,280

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	5.2	\$332	17.0 %	9.2 %	13.5 %	9.8 %	28.6 %	28.5 %	10.3 %	\$1,959	22,119	225,145
Age												
5 and younger	8.7	317	5.0	0.0	0.0	0.0	0.0	100.0	0.0	6,405	1	12
6-14	6.5	975	62.8	0.0	0.0	0.0	0.0	100.0	0.0	1,551	2	22
15-20	3.1	305	22.1	16.7	36.1	11.1	16.7	13.9	5.6	1,384	36	358
21-44	3.6	322	20.1	12.2	24.9	13.6	27.8	17.2	4.3	1,603	5,043	52,892
45-64	5.5	428	22.7	8.6	12.6	10.4	28.8	27.8	11.7	1,890	5,561	58,855
65-74	5.4	301	19.9	13.3	12.2	8.2	26.6	28.0	11.7	1,510	3,239	32,719
75-84	6.1	300	14.3	8.4	8.1	7.6	28.1	34.2	13.6	2,100	3,909	38,644
85 and older	6.0	266	9.7	4.2	7.2	7.5	31.5	37.9	11.7	2,736	4,328	41,643
Unknown	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	5.9	287	13.3	8.1	8.9	7.7	29.0	33.9	12.3	2,165	11,401	112,422
Disabled	4.7	385	20.7	10.2	17.9	11.9	28.2	23.1	8.6	1,863	9,680	103,235
Adults	3.9	289	52.2	12.2	23.2	11.9	28.8	19.5	4.5	554	1,026	9,376
Children	4.4	734	57.2	25.0	33.3	0.0	0.0	33.3	8.3	1,283	12	112
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.6	333	17.5	6.9	11.4	9.5	29.4	31.5	11.3	1,905	14,680	150,391
Male	4.5	332	16.1	13.8	17.8	10.3	27.1	22.6	8.4	2,068	7,439	74,754
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.3	334	16.9	9.0	13.3	9.7	28.7	28.8	10.5	1,979	21,510	219,410
African American	3.7	327	25.3	17.6	22.4	12.1	27.3	13.9	6.7	1,297	165	1,586
Other/unknown	4.0	255	22.1	15.8	19.8	11.5	27.7	19.4	5.9	1,156	444	4,149
use of nursing Facilities^f												
Entire year	7.2	353	9.7	1.9	4.5	5.0	28.5	40.5	19.6	3,622	4,511	46,577
Part year	6.6	316	12.7	3.4	6.4	7.2	28.8	39.4	14.7	2,490	2,250	19,858
None	4.5	329	23.4	12.2	17.2	11.5	28.7	23.4	7.0	1,405	15,358	158,710
Maintenance Assistance Status												
Cash	4.3	309	15.9	8.4	18.2	12.1	31.0	24.5	5.7	1,947	3,602	40,388
Medically needy	5.7	348	17.9	8.6	9.9	8.6	29.8	32.3	10.9	1,950	7,971	75,239
Poverty related	2.4	156	29.1	26.7	29.1	10.4	16.7	12.6	4.3	536	1,266	11,069
Other/unknown	5.5	350	16.4	7.7	12.7	9.8	28.4	29.0	12.5	2,131	9,280	98,449

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	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	5.2	\$332	\$64	2.1	\$244	\$118	0.3	\$26	\$80	2.8	\$63	\$22
Age												
5 and younger	8.7	317	37	5.8	276	47	0.0	0	0	2.8	41	15
6-14	6.5	975	151	2.9	951	327	0.4	3	9	3.2	21	7
15-20	3.1	305	99	1.4	263	190	0.1	9	69	1.6	34	21
21-44	3.6	322	90	1.4	242	169	0.3	33	120	1.9	46	25
45-64	5.5	428	78	2.2	316	143	0.4	41	104	2.9	72	25
65-74	5.4	301	56	2.1	220	103	0.3	19	63	2.9	62	21
75-84	6.1	300	49	2.4	218	90	0.3	15	46	3.3	67	20
85 and older	6.0	266	44	2.3	186	82	0.3	12	37	3.4	68	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.9	287	49	2.3	207	91	0.3	15	47	3.2	66	20
Disabled	4.7	385	83	1.9	287	152	0.3	38	108	2.4	60	25
Adults	3.9	289	74	1.4	203	148	0.3	33	131	2.3	53	24
Children	4.4	734	167	1.9	676	354	0.3	15	55	2.2	43	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.6	333	59	2.2	244	111	0.3	24	69	3.1	65	21
Male	4.5	332	74	1.8	244	137	0.3	31	103	2.4	57	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	334	63	2.1	245	118	0.3	26	79	2.9	63	22
African American	3.7	327	89	1.6	245	156	0.3	37	143	1.9	46	25
Other/unknown	4.0	255	64	1.7	194	114	0.2	17	75	2.0	44	22
Use of Nursing Facilities^e												
Entire year	7.2	353	49	2.8	245	88	0.4	18	45	4.0	89	22
Part year	6.6	316	48	2.5	222	90	0.4	16	45	3.8	77	21
None	4.5	329	73	1.8	246	136	0.3	30	98	2.4	53	22
Maintenance Assistance Status												
Cash	4.3	309	72	1.7	229	135	0.3	27	95	2.3	53	23
Medically needy	5.7	348	61	2.3	254	112	0.3	26	76	3.1	68	22
Poverty related	2.4	156	65	0.9	115	122	0.2	14	91	1.3	27	21
Other/unknown	5.5	350	63	2.2	256	117	0.4	27	77	3.0	67	22

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, 0.3 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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$23	\$16	\$2	\$5	\$67	\$142	\$112	\$23	43,103	\$2,875,056	11,348	51.3 %	123,810
Biologicals	0.1	0.0	0.0	0.1	8	1	2	4	76	67	2,805	52	270	20,478	247	1.1	2,572
Antineoplastic Agents	0.6	0.1	0.0	0.5	82	57	1	25	140	458	141	54	3,994	559,619	666	3.0	6,792
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	42	30	3	8	42	81	22	17	102,539	4,275,514	9,529	43.1	102,529
Cardiovascular Agents	1.8	0.6	0.1	1.2	60	40	2	18	33	69	35	15	244,652	8,178,628	12,852	58.1	135,946
Respiratory Agents	0.8	0.5	0.0	0.2	50	45	0	5	65	86	42	21	68,142	4,447,092	8,215	37.1	88,955
Gastrointestinal Agents	0.8	0.3	0.0	0.5	54	38	2	15	68	135	56	30	80,774	5,511,357	9,432	42.6	101,631
Genitourinary Agents	0.6	0.4	0.0	0.1	34	30	2	3	62	77	45	23	20,012	1,233,986	3,299	14.9	35,971
CNS Drugs	1.7	0.8	0.1	0.8	154	118	14	22	90	149	113	27	266,676	23,957,872	14,633	66.2	155,701
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	60	47	1	11	94	140	123	40	3,382	318,361	480	2.2	5,349
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	116	114	0	2	156	160	104	64	18,199	2,846,659	2,343	10.6	24,628
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	64	47	4	13	66	132	177	22	121,444	7,973,653	11,689	52.8	123,783
Neuromuscular Agents	1.1	0.3	0.2	0.6	85	47	21	17	78	141	113	30	91,143	7,138,648	7,717	34.9	84,121
Nutritional Products	0.6	0.0	0.0	0.6	15	2	0	12	23	231	16	19	22,629	515,805	3,389	15.3	35,259
Hematological Agents	0.9	0.2	0.1	0.6	53	43	2	7	60	198	31	12	37,155	2,242,047	4,032	18.2	42,444
Topical Products	0.5	0.2	0.0	0.3	20	14	1	5	43	76	46	20	49,123	2,091,095	9,326	42.2	102,613
Miscellaneous Products	0.5	0.2	0.0	0.2	125	99	10	15	266	539	252	62	2,330	619,760	471	2.1	4,975
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	6	0	0	0	12	0	0	0	3,183	38,636	580	2.6	6,069
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.	1,178,750	74,844,266	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.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, 0.3 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 2004.

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, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$15,421,166	9,533	43.1 %	104,539	0.9	\$171	\$148
ANTIDEPRESSANTS	7,224,218	15,516	70.1	166,803	0.7	58	43
ANTICONVULSANT	5,963,945	7,329	33.1	80,534	0.8	88	74
ANALGESICS - Narcotic	4,689,722	13,531	61.2	144,371	0.5	61	32
ULCER DRUGS	4,443,129	9,108	41.2	99,254	0.6	77	45
ANTIHYPERLIPIDEMIC	3,627,636	5,752	26.0	63,589	0.7	86	57
ANTIASTHMATIC	3,019,297	8,875	40.1	95,848	0.5	68	32
NEUROLOGICAL	2,885,669	2,954	13.4	31,319	0.6	152	92
ANTIDIABETIC	2,693,673	6,419	29.0	68,695	0.8	52	39
ANALGESICS - ANTI-INFLAMMATORY	2,423,085	6,802	30.8	75,090	0.4	74	32
Total	52,391,540	85,819		930,042	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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, 2004

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
All	606,262	\$52,391,540	9,533	43.1 %	104,539	0.9	\$148	15,516	70.1 %	166,803	0.7	\$43
Female	419,451	34,338,913	5,945	40.5	64,712	0.8	126	11,345	77.3	122,236	0.7	43
Disabled	166,800	16,539,796	2,721	53.6	30,900	0.8	163	4,734	93.2	52,946	0.7	46
5 and younger	14	765	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	178	14,013	4	36.4	48	0.1	9	13	118.2	139	0.3	25
21-44	52,244	5,425,303	1,193	60.3	13,413	0.8	155	1,814	91.7	20,161	0.6	45
45-64	113,357	11,025,702	1,514	49.7	17,336	0.9	170	2,887	94.8	32,430	0.7	48
65-74	627	50,283	5	15.2	44	0.3	75	14	42.4	146	0.6	39
75-84	215	15,085	3	50.0	36	0.6	59	3	50.0	36	0.7	45
85 and older	165	8,645	2	28.6	23	1.3	96	3	42.9	34	0.5	26
Other Eligibles	252,651	17,799,117	3,224	33.6	33,812	0.7	92	6,611	68.9	69,290	0.8	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	17	238	1	100.0	10	0.2	4	0	0.0	0	0.0	0
15-20	40	3,498	0	0.0	0	0.0	0	3	60.0	36	0.3	42
21-44	13,482	1,120,816	198	31.5	2,115	0.5	78	608	96.7	6,355	0.5	44
45-64	4,232	328,987	46	30.7	478	0.7	101	161	107.3	1,619	0.7	44
65-74	60,874	4,619,640	564	26.2	6,292	0.8	120	1,248	58.0	13,727	0.8	42
75-84	85,255	5,931,450	1,012	34.0	10,630	0.8	101	2,040	68.5	21,677	0.8	41
85 and older	88,751	5,794,488	1,403	38.0	14,287	0.7	74	2,551	69.2	25,876	0.8	40
Male	186,811	18,052,627	3,588	48.2	39,827	1.0	183	4,171	56.1	44,567	0.7	43
Disabled	122,401	13,336,169	2,682	58.3	30,598	1.0	205	2,606	56.7	29,133	0.7	46
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	20,833	6	37.5	66	0.6	117	7	43.8	77	0.8	73
21-44	50,185	5,947,935	1,377	60.6	15,700	1.0	200	1,233	54.2	13,889	0.7	46
45-64	71,629	7,341,674	1,297	56.7	14,808	1.1	211	1,359	59.4	15,112	0.8	46
65-74	274	21,387	2	12.5	24	1.6	219	5	31.3	47	0.9	47
75-84	78	4,340	0	0.0	0	0.0	0	2	40.0	8	0.8	53
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	64,410	4,716,458	906	31.9	9,229	0.8	112	1,565	55.1	15,434	0.8	38
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	8	533	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	61	8,235	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,142	205,420	30	18.5	316	0.6	147	76	46.9	700	0.5	33
45-64	1,674	173,190	8	10.3	86	0.5	70	50	64.1	489	0.6	41
65-74	23,992	1,866,743	279	26.8	3,029	0.9	142	470	45.2	4,985	0.8	39
75-84	22,064	1,538,989	350	38.0	3,496	0.8	103	521	56.5	5,057	0.8	37
85 and older	14,469	923,348	239	37.8	2,302	0.7	83	448	70.9	4,203	0.8	39
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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. 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 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, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	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	7,329	33.1 %	80,534	0.8	\$74	13,531	61.2 %	144,371	0.5	\$33	9,108	41.2 %	99,254	0.6	\$45
Female	4,757	32.4	52,242	0.8	70	9,908	67.5	106,179	0.5	31	6,593	44.9	72,214	0.6	45
Disabled	2,675	52.7	30,112	0.8	83	4,135	81.4	46,151	0.5	33	2,338	46.0	26,592	0.5	41
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	0	2	200.0	24	0.4	29
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	45.5	54	0.6	71	13	118.2	141	0.3	10	5	45.5	52	0.3	41
21-44	1,074	54.3	12,029	0.8	86	1,593	80.5	17,726	0.4	22	727	36.8	8,204	0.4	36
45-64	1,587	52.1	17,953	0.9	81	2,505	82.3	28,068	0.5	39	1,584	52.0	18,120	0.5	44
65-74	7	21.2	53	0.8	33	16	48.5	139	0.8	68	10	30.3	83	0.5	44
75-84	1	16.7	12	0.6	22	3	50.0	26	0.2	2	7	116.7	79	0.5	29
85 and older	1	14.3	11	1.5	43	4	57.1	39	0.5	13	3	42.9	30	0.8	51
Other Eligibles	2,082	21.7	22,130	0.8	51	5,773	60.1	60,028	0.6	30	4,255	44.3	45,622	0.6	48
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	2	200.0	20	0.5	4
15-20	1	20.0	12	0.1	5	6	120.0	72	0.1	1	1	20.0	12	0.8	103
21-44	299	47.5	3,135	0.6	63	750	119.2	8,076	0.5	29	224	35.6	2,384	0.3	22
45-64	63	42.0	638	0.8	52	156	104.0	1,561	0.6	49	60	40.0	630	0.5	46
65-74	570	26.5	6,348	0.9	61	1,301	60.5	14,450	0.5	28	1,006	46.8	11,290	0.6	44
75-84	631	21.2	6,687	0.9	45	1,596	53.6	16,833	0.6	29	1,372	46.1	14,815	0.6	48
85 and older	518	14.0	5,310	0.8	40	1,964	53.2	19,036	0.6	32	1,590	43.1	16,471	0.7	54
Male	2,572	34.6	28,292	0.9	83	3,623	48.7	38,192	0.5	36	2,515	33.8	27,040	0.6	43
Disabled	1,886	41.0	21,281	0.9	91	2,337	50.8	25,601	0.5	37	1,386	30.1	15,609	0.6	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	43.8	73	1.0	57	1	6.3	12	0.1	0	3	18.8	25	0.6	19
21-44	926	40.7	10,526	0.9	92	1,099	48.3	12,208	0.4	25	550	24.2	6,197	0.5	35
45-64	950	41.5	10,661	1.0	90	1,221	53.3	13,268	0.6	48	826	36.1	9,318	0.6	44
65-74	3	18.8	21	1.0	44	8	50.0	65	0.3	8	4	25.0	41	0.5	29
75-84	0	0.0	0	0.0	0	8	160.0	48	0.4	3	3	60.0	28	0.5	5
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	686	24.2	7,011	0.8	58	1,286	45.3	12,591	0.6	34	1,129	39.8	11,431	0.6	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	1	25.0	12	0.8	44	0	0.0	0	0.0	0	2	50.0	24	0.5	6
21-44	38	23.5	398	0.6	46	125	77.2	1,271	0.6	58	43	26.5	421	0.4	37
45-64	27	34.6	285	0.6	81	51	65.4	548	1.0	137	27	34.6	296	0.5	42
65-74	259	24.9	2,831	0.9	73	432	41.5	4,651	0.5	27	409	39.3	4,361	0.6	45
75-84	240	26.0	2,351	0.9	49	391	42.4	3,619	0.5	27	374	40.6	3,735	0.7	50
85 and older	121	19.1	1,134	0.8	35	287	45.4	2,502	0.6	24	274	43.4	2,594	0.7	49
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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. 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 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, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTI-ASTHMATIC					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 Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean 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 of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	5,752	26.0 %	63,589	0.7	\$57	8,875	40.1 %	95,848	0.5	\$32	2,954	13.4 %	31,319	0.6	\$92
Female	3,806	25.9	42,307	0.7	57	6,584	44.9	71,811	0.5	31	2,165	14.7	23,141	0.6	95
Disabled	1,370	27.0	15,518	0.6	55	2,608	51.3	29,321	0.4	30	512	10.1	5,817	0.4	133
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.1	2	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	9.1	11	0.4	44	7	63.6	76	0.1	5	2	18.2	24	0.3	20
21-44	225	11.4	2,546	0.5	43	827	41.8	9,305	0.3	23	167	8.4	1,869	0.3	98
45-64	1,128	37.1	12,805	0.6	58	1,752	57.6	19,766	0.5	34	340	11.2	3,895	0.4	150
65-74	13	39.4	120	0.6	58	13	39.4	81	0.4	37	1	3.0	5	0.2	15
75-84	2	33.3	24	0.8	51	7	116.7	69	0.6	61	2	33.3	24	0.9	77
85 and older	1	14.3	12	0.6	49	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,436	25.4	26,789	0.7	58	3,976	41.4	42,490	0.5	32	1,653	17.2	17,324	0.7	82
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	10	0.5	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	20.0	12	0.6	54	1	20.0	12	0.1	1	0	0.0	0	0.0	0
21-44	60	9.5	644	0.5	42	264	42.0	2,839	0.3	19	48	7.6	523	0.2	62
45-64	55	36.7	567	0.6	51	74	49.3	700	0.4	27	13	8.7	147	0.1	8
65-74	936	43.5	10,491	0.7	60	1,087	50.6	12,064	0.5	37	204	9.5	2,230	0.6	74
75-84	954	32.1	10,523	0.7	60	1,265	42.5	13,552	0.5	35	541	18.2	5,741	0.8	86
85 and older	429	11.6	4,542	0.7	52	1,285	34.8	13,323	0.4	28	847	23.0	8,683	0.8	84
Male	1,946	26.2	21,282	0.7	57	2,291	30.8	24,037	0.5	32	789	10.6	8,178	0.5	85
Disabled	1,206	26.2	13,530	0.7	58	1,133	24.6	12,603	0.4	28	320	7.0	3,585	0.3	95
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	7	43.8	84	0.5	25	0	0.0	0	0.0	0
21-44	347	15.3	3,932	0.6	51	423	18.6	4,825	0.3	19	134	5.9	1,503	0.3	117
45-64	848	37.0	9,509	0.7	60	700	30.6	7,658	0.5	34	184	8.0	2,066	0.3	79
65-74	7	43.8	57	0.8	52	3	18.8	36	0.4	30	1	6.3	12	1.0	141
75-84	4	80.0	32	0.6	42	0	0.0	0	0.0	0	1	20.0	4	0.8	100
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	740	26.1	7,752	0.7	55	1,158	40.8	11,434	0.6	36	469	16.5	4,593	0.7	77
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.7	44	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	0.9	61	3	75.0	36	0.8	189	0	0.0	0	0.0	0
21-44	20	12.3	199	0.3	35	46	28.4	445	0.4	24	12	7.4	96	0.3	19
45-64	21	26.9	218	0.5	43	35	44.9	332	0.3	19	6	7.7	65	0.3	172
65-74	381	36.6	4,101	0.6	54	449	43.2	4,630	0.6	39	101	9.7	1,075	0.6	64
75-84	240	26.0	2,493	0.7	60	363	39.4	3,541	0.6	36	187	20.3	1,808	0.7	80
85 and older	76	12.0	717	0.8	55	262	41.5	2,450	0.6	35	163	25.8	1,549	0.7	80
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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. 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 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, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	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	6,419	29.0 %	68,695	0.8	\$39	6,802	30.8 %	75,090	0.4	\$32	22,119	225,145
Female	4,451	30.3	48,002	0.8	38	5,131	35.0	56,975	0.4	35	14,680	150,391
Disabled	1,369	26.9	15,307	0.7	45	2,093	41.2	23,806	0.4	32	5,080	54,328
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	36.4	36	0.4	31	4	36.4	42	0.1	8	11	122
21-44	265	13.4	2,929	0.7	39	722	36.5	8,130	0.3	13	1,978	21,070
45-64	1,065	35.0	12,026	0.7	47	1,353	44.4	15,499	0.4	42	3,044	32,767
65-74	22	66.7	190	0.9	55	13	39.4	123	0.5	49	33	215
75-84	4	66.7	38	0.8	39	1	16.7	12	0.1	3	6	67
85 and older	9	128.6	88	0.6	28	0	0.0	0	0.0	0	7	75
Other Eligibles	3,082	32.1	32,695	0.8	35	3,038	31.6	33,169	0.5	38	9,600	96,063
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	1	10
15-20	0	0.0	0	0.0	0	1	20.0	12	0.1	0	5	56
21-44	67	10.7	690	0.5	36	281	44.7	3,057	0.3	16	629	6,003
45-64	51	34.0	451	0.5	30	66	44.0	674	0.3	12	150	1,347
65-74	961	44.7	10,561	0.7	39	736	34.2	8,289	0.5	41	2,150	22,287
75-84	1,184	39.8	12,684	0.8	34	949	31.9	10,461	0.5	43	2,976	30,278
85 and older	819	22.2	8,309	0.8	31	1,005	27.2	10,676	0.6	38	3,689	36,082
Male	1,968	26.5	20,693	0.8	42	1,671	22.5	18,115	0.4	23	7,439	74,754
Disabled	1,005	21.8	10,903	0.8	47	1,063	23.1	11,862	0.3	20	4,600	48,907
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	1	6.3	10	0.9	83	0	0.0	0	0.0	0	16	150
21-44	244	10.7	2,752	0.8	48	483	21.2	5,426	0.2	14	2,274	24,506
45-64	750	32.8	8,085	0.8	47	573	25.0	6,382	0.4	24	2,289	24,102
65-74	7	43.8	36	1.1	87	5	31.3	38	0.8	62	16	105
75-84	3	60.0	20	0.5	59	2	40.0	16	0.5	42	5	44
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	963	33.9	9,790	0.8	36	608	21.4	6,253	0.5	29	2,839	25,847
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	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	30
21-44	11	6.8	120	0.7	48	39	24.1	384	0.2	9	162	1,313
45-64	20	25.6	177	0.6	41	19	24.4	192	0.5	12	78	639
65-74	440	42.3	4,663	0.7	39	216	20.8	2,350	0.4	29	1,040	10,112
75-84	331	35.9	3,297	0.8	33	196	21.3	1,971	0.5	31	922	8,255
85 and older	161	25.5	1,533	0.8	29	138	21.8	1,356	0.6	34	632	5,486
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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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, 2004

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	\$353	7.2	4,511	46,577
Age				
0-64	610	8.8	208	2,292
65-74	483	8.5	454	4,706
75-84	385	7.8	1,380	14,121
85 and older	288	6.5	2,469	25,458
Unknown	0	0.0	0	0
Gender				
Female	342	7.1	3,577	37,471
Male	399	7.5	934	9,106
Unknown	0	0.0	0	0
Race				
White	353	7.2	4,439	45,869
African American	423	9.3	8	88
Other/unknown	322	6.9	64	620
Basis of Eligibility^c				
Aged	340	7.1	4,292	44,167
Disabled	600	8.7	219	2,410
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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 2,250 beneficiaries who were in nursing facilities for part of their enrollment and their 19,858 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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$14	\$8	\$1	\$5	\$36	\$67	\$47	\$20	11,695	\$425,576	2,836	62.9 %	30,969
Biologicals	0.1	0.0	0.0	0.1	3	0	0	2	28	63	109	25	157	4,382	154	3.4	1,608
Antineoplastic Agents	0.6	0.1	0.0	0.5	67	32	1	35	112	368	145	69	1,214	136,550	206	4.6	2,041
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	46	33	3	10	37	69	17	17	27,298	1,013,142	2,044	45.3	21,837
Cardiovascular Agents	2.2	0.5	0.1	1.7	57	26	2	29	26	53	28	18	75,425	1,944,035	3,251	72.1	33,922
Respiratory Agents	0.8	0.6	0.0	0.2	42	38	0	4	56	69	20	21	13,874	779,467	1,719	38.1	18,384
Gastrointestinal Agents	1.0	0.3	0.0	0.7	55	31	1	23	56	105	41	34	27,080	1,512,819	2,550	56.5	27,400
Genitourinary Agents	0.6	0.4	0.1	0.1	34	28	2	3	56	68	43	25	6,160	346,370	937	20.8	10,152
CNS Drugs	1.8	0.9	0.1	0.8	123	94	6	23	67	101	61	29	68,442	4,574,433	3,517	78.0	37,064
Stimulants/Anti-obesity/Anorexia	0.9	0.3	0.0	0.6	50	44	0	6	57	139	0	11	385	21,771	41	0.9	436
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	114	114	0	0	120	120	0	37	10,636	1,277,645	1,069	23.7	11,244
Analgesics and Anesthetics	1.1	0.6	0.0	0.6	61	51	1	9	54	91	60	17	28,983	1,574,819	2,452	54.4	25,636
Neuromuscular Agents	1.3	0.3	0.2	0.7	87	34	21	32	68	102	91	44	18,394	1,242,441	1,329	29.5	14,280
Nutritional Products	0.8	0.0	0.0	0.8	13	0	0	13	17	8	17	17	8,482	140,487	1,037	23.0	10,853
Hematological Agents	1.2	0.3	0.1	0.8	54	45	2	7	44	164	21	9	16,214	719,230	1,263	28.0	13,230
Topical Products	0.6	0.2	0.0	0.4	22	15	1	6	35	64	32	17	19,677	694,695	2,843	63.0	31,197
Miscellaneous Products	0.2	0.0	0.0	0.2	10	1	1	7	43	49	181	36	307	13,132	129	2.9	1,378
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	8	0	0	0	12	0	0	0	1,850	21,455	263	5.8	2,776
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.	336,273	16,442,449	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. A total of 2,250 beneficiaries who were in nursing facilities for part of their enrollment and their 19,858 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 2004. 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, 0.3 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, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	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	\$2,516,153	2,298	50.9 %	24,900	0.8	\$127	\$101
ANTIDEPRESSANTS	1,825,022	3,761	83.4	40,192	0.9	49	45
ULCER DRUGS	1,294,938	1,975	43.8	21,161	0.8	75	61
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,278,043	1,240	27.5	13,088	0.8	120	98
ANALGESICS - Narcotic	940,494	2,232	49.5	23,177	0.8	52	41
ANTICONVULSANT	820,567	1,165	25.8	12,570	1.0	63	65
ANTIASTHMATIC	644,298	1,740	38.6	18,723	0.5	63	34
ANTIDIABETIC	575,370	1,437	31.9	15,461	1.0	39	37
ANALGESICS - ANTI-INFLAMMATORY	540,107	1,343	29.8	14,725	0.6	62	37
ANTIHYPERTENSIVE	452,421	1,607	35.6	17,055	0.9	30	27
Total	10,887,413	18,798		201,052	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. A total of 2,250 beneficiaries who were in nursing facilities for part of their enrollment and their 19,858 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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, 2004

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 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	165,219	\$10,887,413	2,298	50.9 %	24,900	0.8	\$101	3,761	83.4 %	40,192	0.9	\$45
Female	130,548	8,521,660	1,761	49.2	19,239	0.8	96	2,997	83.8	32,349	0.9	46
Disabled	6,887	614,127	78	65.5	904	1.0	165	114	95.8	1,332	0.9	48
64 or younger	6,480	587,607	75	68.2	869	1.0	168	106	96.4	1,238	0.9	49
65-74	157	13,562	0	0.0	0	0.0	0	3	75.0	36	1.0	29
75-84	69	4,700	1	100.0	12	1.2	97	2	200.0	24	0.6	36
85 and older	181	8,258	2	50.0	23	1.3	96	3	75.0	34	0.5	26
Other Eligibles	123,661	7,907,533	1,683	48.7	18,335	0.8	93	2,883	83.4	31,017	0.9	46
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13,291	982,796	166	60.1	1,905	0.9	127	246	89.1	2,672	1.0	57
75-84	43,275	2,774,712	584	56.0	6,282	0.8	106	965	92.5	10,482	0.9	47
85 and older	67,095	4,150,025	933	43.6	10,148	0.7	79	1,672	78.2	17,863	0.9	43
Male	34,671	2,365,753	537	57.5	5,661	0.9	117	764	81.8	7,843	0.9	45
Disabled	5,134	447,295	68	68.0	752	1.0	195	90	90.0	1,031	1.0	47
64 or younger	5,031	439,641	66	67.3	728	1.0	194	88	89.8	1,007	1.0	48
65-74	103	7,654	2	100.0	24	1.6	219	2	100.0	24	0.6	5
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	29,537	1,918,458	469	56.2	4,909	0.8	105	674	80.8	6,812	0.9	44
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,205	515,538	107	62.2	1,146	0.9	137	146	84.9	1,533	0.9	49
75-84	12,494	799,368	213	63.4	2,206	0.8	102	255	75.9	2,522	0.9	43
85 and older	9,838	603,552	149	45.7	1,557	0.8	87	273	83.7	2,757	0.9	44
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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. A total of 2,250 beneficiaries who were in nursing facilities for part of their enrollment and their 19,858 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 2004. 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 2004 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.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, 2004

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	1,975	43.8 %	21,161	0.8	\$61	1,240	27.5 %	13,088	0.8	\$98	2,232	49.5 %	23,177	0.8	\$41
Female	1,558	43.6	16,871	0.8	62	978	27.3	10,486	0.8	100	1,820	50.9	19,157	0.8	42
Disabled	46	38.7	523	0.8	72	25	21.0	285	0.8	365	68	57.1	773	1.1	71
64 or younger	41	37.3	469	0.8	75	23	20.9	261	0.8	392	63	57.3	727	1.1	66
65-74	1	25.0	12	0.6	59	0	0.0	0	0.0	0	2	50.0	16	3.1	420
75-84	1	100.0	12	1.0	44	2	200.0	24	0.9	77	0	0.0	0	0.0	0
85 and older	3	75.0	30	0.8	51	0	0.0	0	0.0	0	3	75.0	30	0.5	17
Other Eligibles	1,512	43.7	16,348	0.8	62	953	27.6	10,201	0.8	92	1,752	50.7	18,384	0.8	41
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	129	46.7	1,400	0.9	69	61	22.1	662	0.9	122	156	56.5	1,710	0.9	52
75-84	479	45.9	5,153	0.8	59	313	30.0	3,394	0.8	92	552	52.9	5,916	0.9	42
85 and older	904	42.3	9,795	0.8	62	579	27.1	6,145	0.8	89	1,044	48.8	10,758	0.7	39
Male	417	44.6	4,290	0.8	58	262	28.1	2,602	0.8	90	412	44.1	4,020	0.7	32
Disabled	49	49.0	557	0.8	57	16	16.0	191	0.6	153	54	54.0	589	1.1	59
64 or younger	48	49.0	545	0.9	57	16	16.3	191	0.6	153	54	55.1	589	1.1	59
65-74	1	50.0	12	0.4	44	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	368	44.1	3,733	0.8	59	246	29.5	2,411	0.8	85	358	42.9	3,431	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	84	48.8	871	0.7	58	40	23.3	416	0.8	80	78	45.3	817	0.7	27
75-84	151	44.9	1,506	0.8	64	105	31.3	1,008	0.8	86	152	45.2	1,425	0.6	21
85 and older	133	40.8	1,356	0.8	54	101	31.0	987	0.8	85	128	39.3	1,189	0.8	35
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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. A total of 2,250 beneficiaries who were in nursing facilities for part of their enrollment and their 19,858 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					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	1,165	25.8 %	12,570	1.0	\$65	1,740	38.6 %	18,723	0.5	\$34	1,437	31.9 %	15,461	1.0	\$37
Female	839	23.5	9,148	1.0	60	1,364	38.1	14,911	0.5	34	1,081	30.2	11,847	1.0	36
Disabled	84	70.6	968	1.4	111	52	43.7	624	0.8	55	64	53.8	748	1.0	50
64 or younger	80	72.7	929	1.4	114	51	46.4	612	0.8	55	54	49.1	648	1.1	53
65-74	2	50.0	16	1.0	67	1	25.0	12	0.3	19	1	25.0	12	1.6	82
75-84	1	100.0	12	0.6	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	25.0	11	1.5	43	0	0.0	0	0.0	0	9	225.0	88	0.6	28
Other Eligibles	755	21.8	8,180	1.0	54	1,312	37.9	14,287	0.5	33	1,017	29.4	11,099	1.0	35
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	131	47.5	1,459	1.1	86	134	48.6	1,428	0.7	51	110	39.9	1,265	1.1	44
75-84	306	29.3	3,279	1.0	50	416	39.9	4,563	0.6	37	451	43.2	4,819	0.9	36
85 and older	318	14.9	3,442	0.9	44	762	35.6	8,296	0.4	27	456	21.3	5,015	0.9	33
Male	326	34.9	3,422	1.1	79	376	40.3	3,812	0.6	38	356	38.1	3,614	1.0	41
Disabled	66	66.0	727	1.2	122	34	34.0	357	0.6	54	44	44.0	430	1.1	59
64 or younger	65	66.3	715	1.2	124	32	32.7	333	0.7	57	44	44.9	430	1.1	59
65-74	1	50.0	12	1.0	33	2	100.0	24	0.3	16	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	260	31.2	2,695	1.0	67	342	41.0	3,455	0.6	36	312	37.4	3,184	1.0	38
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	79	45.9	858	1.1	87	88	51.2	900	0.7	42	70	40.7	740	1.0	45
75-84	124	36.9	1,263	1.0	64	139	41.4	1,379	0.6	37	144	42.9	1,464	1.0	39
85 and older	57	17.5	574	0.9	44	115	35.3	1,176	0.6	32	98	30.1	980	0.8	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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. A total of 2,250 beneficiaries who were in nursing facilities for part of their enrollment and their 19,858 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					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-Year Nursing Facility Residents	Nursing Facility Residents
All	1,343	29.8 %	14,725	0.6	\$37	1,607	35.6 %	17,055	0.9	\$27	4,511	46,577
Female	1,101	30.8	12,160	0.6	38	1,252	35.0	13,409	0.9	27	3,577	37,471
Disabled	43	36.1	515	0.7	32	33	27.7	390	0.8	23	119	1,338
64 or younger	41	37.3	491	0.7	29	29	26.4	348	0.8	23	110	1,244
65-74	1	25.0	12	1.0	162	1	25.0	12	1.1	72	4	40
75-84	1	100.0	12	0.1	3	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	3	75.0	30	0.8	7	4	42
Other Eligibles	1,058	30.6	11,645	0.6	38	1,219	35.3	13,019	0.9	27	3,458	36,133
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	83	30.1	913	0.6	42	84	30.4	910	1.0	34	276	2,922
75-84	346	33.2	3,814	0.6	39	379	36.3	4,068	0.9	26	1,043	10,901
85 and older	629	29.4	6,918	0.6	37	756	35.3	8,041	0.9	27	2,139	22,310
Male	242	25.9	2,565	0.6	33	355	38.0	3,646	0.9	26	934	9,106
Disabled	29	29.0	319	0.7	29	31	31.0	336	1.1	40	100	1,072
64 or younger	28	28.6	307	0.7	28	30	30.6	324	1.1	41	98	1,048
65-74	1	50.0	12	1.1	54	1	50.0	12	1.1	26	2	24
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	213	25.5	2,246	0.6	33	324	38.8	3,310	0.9	24	834	8,034
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	49	28.5	539	0.5	31	70	40.7	664	0.9	23	172	1,720
75-84	82	24.4	859	0.6	33	147	43.8	1,570	0.9	24	336	3,208
85 and older	82	25.2	848	0.6	35	107	32.8	1,076	0.8	26	326	3,106
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 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. A total of 2,250 beneficiaries who were in nursing facilities for part of their enrollment and their 19,858 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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, 2004

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	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	15,524	70.2 %	14.9	330,070	\$128	\$2,823,166	\$9	3.8 %	22,119
Age									
5 and younger	1	100.0	10.0	10	126	126	13	3.3	1
6-14	1	50.0	6.5	13	55	109	8	0.5	2
15-20	14	38.9	3.8	137	58	2,081	15	1.9	36
21-44	2,788	55.3	6.1	30,742	81	409,285	13	2.4	5,043
45-64	3,770	67.8	11.2	62,412	135	750,612	12	3.0	5,561
65-74	2,102	64.9	13.0	41,969	109	353,606	8	3.6	3,239
75-84	2,991	76.5	19.9	77,662	148	578,692	7	5.0	3,909
85 and older	3,857	89.1	27.1	117,125	168	728,655	6	6.6	4,328
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	8,906	78.1	20.7	236,040	145	1,655,411	7	5.1	11,401
Disabled	6,038	62.4	9.2	89,466	112	1,088,580	12	2.7	9,680
Adults	575	56.0	4.4	4,510	76	78,388	17	2.9	1,026
Children	5	41.7	4.5	54	66	787	15	1.0	12
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	11,039	75.2	16.9	248,742	144	2,118,463	9	4.2	14,680
Male	4,485	60.3	10.9	81,328	95	704,703	9	2.8	7,439
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	15,185	70.6	15.1	324,877	129	2,777,551	9	3.8	21,510
African American	88	53.3	7.9	1,305	94	15,503	12	3.0	165
Other/unknown	251	56.5	8.8	3,888	68	30,112	8	2.8	444
Use of Nursing Facilities^d									
Entire year	4,373	96.9	35.6	160,470	234	1,055,910	7	6.4	4,511
Part year	2,093	93.0	21.7	48,817	150	337,877	7	5.4	2,250
None	9,058	59.0	7.9	120,783	93	1,429,379	12	2.7	15,358
Maintenance Assistance Status									
Cash	2,346	65.1	9.8	35,478	95	342,809	10	2.7	3,602
Medically needy	5,929	74.4	16.7	133,496	130	1,038,921	8	4.0	7,971
Poverty related	539	42.6	3.9	4,949	40	51,024	10	3.0	1,266
Other/unknown	6,710	72.3	16.8	156,147	150	1,390,412	9	4.0	9,280

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004.

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, 2004

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	\$13	\$9	\$0	\$3	225,145
Age						
5 and younger	0.8	11	13	0	0	12
6-14	0.6	5	8	0	0	22
15-20	0.4	6	15	0	2	358
21-44	0.6	8	13	0	3	52,892
45-64	1.1	13	12	0	4	58,855
65-74	1.3	11	8	0	3	32,719
75-84	2.0	15	7	0	3	38,644
85 and older	2.8	17	6	0	2	41,643
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	2.1	15	7	0	2	112,422
Disabled	0.9	11	12	0	4	103,235
Adults	0.5	8	17	0	4	9,376
Children	0.5	7	15	0	0	112
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.7	14	9	0	3	150,391
Male	1.1	9	9	0	3	74,754
Unknown	0.0	0	0	0	0	0
Race						
White	1.5	13	9	0	3	219,410
African American	0.8	10	12	0	2	1,586
Other/unknown	0.9	7	8	0	1	4,149
Use of Nursing Facilities^d						
Entire year	3.4	23	7	0	3	46,577
Part year	2.5	17	7	0	3	19,858
None	0.8	9	12	0	3	158,710
Maintenance Assistance Status						
Cash	0.9	8	10	0	3	40,388
Medically needy	1.8	14	8	0	3	75,239
Poverty related	0.4	5	10	0	1	11,069
Other/unknown	1.6	14	9	0	3	98,449

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004.

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, 2004

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
All	25,004	\$113	\$2,823,166	100.0 %	330,070	\$9	100.0 %
Anorexia or weight loss/gain	18	313	5,631	0.2	66	85	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	23	11	242	0.0	42	6	0.0
Cough and cold medications	2,053	77	158,110	5.6	5,284	30	1.6
Vitamins and minerals	3,290	125	410,861	14.6	22,100	19	6.7
Non-prescription drugs	12,107	112	1,351,912	47.9	246,107	5	74.6
Barbiturates	234	73	17,150	0.6	2,363	7	0.7
Benzodiazepines	6,768	106	716,310	25.4	51,633	14	15.6
Other Part D Excl Rx Drugs	511	319	162,950	5.8	2,475	66	0.7

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEW HAMPSHIRE, 2004

Total Number of Dual Eligible Beneficiaries	22,119
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$74,844,266
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,384

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,040	9.2 %	\$0	0.0 %
1-500	3,528	16.0	724,841	1.0
501-1,000	2,127	9.6	1,579,501	2.1
1,001-1,500	1,671	7.6	2,070,395	2.8
1,501-2,000	1,486	6.7	2,603,028	3.5
2,001-2,500	1,299	5.9	2,919,131	3.9
2,501-3,000	1,211	5.5	3,315,121	4.4
3,001-3,500	1,039	4.7	3,378,313	4.5
3,501-4,000	962	4.3	3,597,103	4.8
4,001-4,500	816	3.7	3,471,532	4.6
4,501-5,000	764	3.5	3,613,814	4.8
5,001-5,500	660	3.0	3,462,432	4.6
5,501-6,000	564	2.5	3,240,812	4.3
6,001-6,500	487	2.2	3,048,544	4.1
6,501-7,000	402	1.8	2,711,076	3.6
7,001-7,500	387	1.7	2,801,066	3.7
7,501-8,000	332	1.5	2,568,454	3.4
8,001-8,500	273	1.2	2,253,237	3.0
8,501-9,000	247	1.1	2,159,011	2.9
9,001-9,500	197	0.9	1,822,134	2.4
9,501-10,000	198	0.9	1,928,120	2.6
10,001+	1,429	6.5	21,576,601	28.8

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEW HAMPSHIRE, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	9,613
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$39,573,735
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,117

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	973	10.1 %	0	0.0 %
1-500	1,535	16.0	299,561	0.8
501-1,000	810	8.4	597,470	1.5
1,001-1,500	608	6.3	752,515	1.9
1,501-2,000	500	5.2	877,428	2.2
2,001-2,500	465	4.8	1,048,692	2.6
2,501-3,000	437	4.5	1,198,553	3.0
3,001-3,500	396	4.1	1,290,083	3.3
3,501-4,000	340	3.5	1,273,401	3.2
4,001-4,500	305	3.2	1,296,632	3.3
4,501-5,000	303	3.2	1,435,378	3.6
5,001-5,500	307	3.2	1,609,650	4.1
5,501-6,000	246	2.6	1,415,610	3.6
6,001-6,500	235	2.4	1,474,279	3.7
6,501-7,000	208	2.2	1,405,461	3.6
7,001-7,500	205	2.1	1,484,121	3.8
7,501-8,000	173	1.8	1,338,050	3.4
8,001-8,500	152	1.6	1,254,563	3.2
8,501-9,000	136	1.4	1,189,485	3.0
9,001-9,500	108	1.1	999,342	2.5
9,501-10,000	128	1.3	1,249,379	3.2
10,001+	1,043	10.8	16,084,082	40.6

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEW HAMPSHIRE, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	11,476
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$32,495,274
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,832

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	941	8.2 %	0	0.0 %
1-500	1,733	15.1	379,755	1.2
501-1,000	1,196	10.4	894,762	2.8
1,001-1,500	980	8.5	1,214,976	3.7
1,501-2,000	921	8.0	1,611,331	5.0
2,001-2,500	784	6.8	1,757,443	5.4
2,501-3,000	733	6.4	2,002,243	6.2
3,001-3,500	610	5.3	1,981,971	6.1
3,501-4,000	585	5.1	2,186,033	6.7
4,001-4,500	478	4.2	2,034,217	6.3
4,501-5,000	433	3.8	2,046,416	6.3
5,001-5,500	334	2.9	1,753,812	5.4
5,501-6,000	307	2.7	1,761,961	5.4
6,001-6,500	242	2.1	1,511,616	4.7
6,501-7,000	186	1.6	1,251,623	3.9
7,001-7,500	167	1.5	1,208,321	3.7
7,501-8,000	150	1.3	1,160,873	3.6
8,001-8,500	111	1.0	916,610	2.8
8,501-9,000	108	0.9	943,515	2.9
9,001-9,500	78	0.7	720,708	2.2
9,501-10,000	62	0.5	601,013	1.8
10,001+	337	2.9	4,556,075	14.0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 NEW HAMPSHIRE, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	3,239
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$9,834,963
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,036

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	431	13.3 %	0	0.0 %
1-500	475	14.7	101,979	1.0
501-1,000	270	8.3	202,392	2.1
1,001-1,500	238	7.3	295,864	3.0
1,501-2,000	227	7.0	400,026	4.1
2,001-2,500	176	5.4	394,563	4.0
2,501-3,000	188	5.8	514,572	5.2
3,001-3,500	145	4.5	469,502	4.8
3,501-4,000	155	4.8	577,524	5.9
4,001-4,500	119	3.7	507,636	5.2
4,501-5,000	122	3.8	576,536	5.9
5,001-5,500	92	2.8	482,178	4.9
5,501-6,000	90	2.8	516,139	5.2
6,001-6,500	75	2.3	468,411	4.8
6,501-7,000	49	1.5	330,395	3.4
7,001-7,500	57	1.8	411,863	4.2
7,501-8,000	50	1.5	388,037	3.9
8,001-8,500	34	1.0	279,252	2.8
8,501-9,000	37	1.1	323,331	3.3
9,001-9,500	36	1.1	332,308	3.4
9,501-10,000	22	0.7	212,996	2.2
10,001+	151	4.7	2,049,459	20.8

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEW HAMPSHIRE, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	3,909
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$11,602,864
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,968

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	329	8.4 %	0	0.0 %
1-500	542	13.9	118,878	1.0
501-1,000	373	9.5	283,947	2.4
1,001-1,500	318	8.1	392,231	3.4
1,501-2,000	313	8.0	550,415	4.7
2,001-2,500	266	6.8	597,830	5.2
2,501-3,000	257	6.6	700,915	6.0
3,001-3,500	227	5.8	739,412	6.4
3,501-4,000	216	5.5	807,633	7.0
4,001-4,500	170	4.3	724,542	6.2
4,501-5,000	135	3.5	639,286	5.5
5,001-5,500	114	2.9	599,580	5.2
5,501-6,000	94	2.4	538,856	4.6
6,001-6,500	99	2.5	619,090	5.3
6,501-7,000	77	2.0	517,937	4.5
7,001-7,500	58	1.5	421,022	3.6
7,501-8,000	61	1.6	472,050	4.1
8,001-8,500	41	1.0	339,151	2.9
8,501-9,000	44	1.1	384,616	3.3
9,001-9,500	23	0.6	213,030	1.8
9,501-10,000	26	0.7	252,128	2.2
10,001+	126	3.2	1,690,315	14.6

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEW HAMPSHIRE, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	4,328
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$11,057,447
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,555

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	181	4.2 %	0	0.0 %
1-500	716	16.5	158,898	1.4
501-1,000	553	12.8	408,423	3.7
1,001-1,500	424	9.8	526,881	4.8
1,501-2,000	381	8.8	660,890	6.0
2,001-2,500	342	7.9	765,050	6.9
2,501-3,000	288	6.7	786,756	7.1
3,001-3,500	238	5.5	773,057	7.0
3,501-4,000	214	4.9	800,876	7.2
4,001-4,500	189	4.4	802,039	7.3
4,501-5,000	176	4.1	830,594	7.5
5,001-5,500	128	3.0	672,054	6.1
5,501-6,000	123	2.8	706,966	6.4
6,001-6,500	68	1.6	424,115	3.8
6,501-7,000	60	1.4	403,291	3.6
7,001-7,500	52	1.2	375,436	3.4
7,501-8,000	39	0.9	300,786	2.7
8,001-8,500	36	0.8	298,207	2.7
8,501-9,000	27	0.6	235,568	2.1
9,001-9,500	19	0.4	175,370	1.6
9,501-10,000	14	0.3	135,889	1.2
10,001+	60	1.4	816,301	7.4

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	22,119	11,401	9,680	1,026	12	0	225,145	112,422	103,235	9,376	112	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	22	0	0	0	22	0
15-20	36	0	27	0	9	0	358	0	272	0	86	0
21-44	5,043	0	4,252	790	1	0	52,892	0	45,576	7,312	4	0
45-64	5,561	0	5,333	228	0	0	58,855	0	56,869	1,986	0	0
65-74	3,239	3,183	49	7	0	0	32,719	32,333	320	66	0	0
75-84	3,909	3,897	11	1	0	0	38,644	38,521	111	12	0	0
85 and older	4,328	4,321	7	0	0	0	41,643	41,568	75	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	14,680	8,810	5,080	783	7	0	150,391	88,598	54,328	7,395	70	0
Male	7,439	2,591	4,600	243	5	0	74,754	23,824	48,907	1,981	42	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	21,510	11,088	9,431	979	12	0	219,410	109,527	100,799	8,972	112	0
African American	165	39	106	20	0	0	1,586	373	1,035	178	0	0
Other/unknown	444	274	143	27	0	0	4,149	2,522	1,401	226	0	0
Use of Nursing Facilities^c												
Entire year	4,511	4,292	219	0	0	0	46,577	44,167	2,410	0	0	0
Part year	2,250	2,056	192	2	0	0	19,858	17,774	2,060	24	0	0
None	15,358	5,053	9,269	1,024	12	0	158,710	50,481	98,765	9,352	112	0
Maintenance Assistance Status												
Cash	3,602	1,118	2,418	66	0	0	40,388	12,708	27,159	521	0	0
Medically needy	7,971	4,894	2,445	630	2	0	75,239	45,246	24,134	5,835	24	0
Poverty related	1,266	561	623	76	6	0	11,069	4,812	5,617	587	53	0
Other/unknown	9,280	4,828	4,194	254	4	0	98,449	49,656	46,325	2,433	35	0
Dual Status^d												
Full dual, all year	20,109	10,548	8,589	960	12	0	206,271	104,652	92,830	8,677	112	0
Full dual, part year	2,010	853	1,091	66	0	0	18,874	7,770	10,405	699	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,119	11,401	9,680	1,026	12	0	225,145	112,422	103,235	9,376	112	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	22,119	225,145	22,119	225,145	0	0
Fee-for-service (FFS) all year	22,119	225,145	22,119	225,145	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.