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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, MAINE, 2004

			Number of Be	neficiaries				N	lumber of Ben	efit Months		
Beneficiary						Other/						Other/
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	249,409	1,225	24,168	102,498	121,375	143	2,469,557	9,018	269,754	954,185	1,235,362	1,238
Age												
5 and younger	39,143	0	816	9	38,318	0	383,264	0	8,777	77	374,410	0
6-14	54,285	0	3,142	13	51,130	0	578,868	0	35,433	111	543,324	0
15-20	35,431	0	2,515	1,025	31,891	0	353,648	0	27,861	8,434	317,353	0
21-44	90,973	0	8,031	82,886	35	21	870,243	0	90,857	778,967	263	156
45-64	28,330	0	9,664	18,544	0	122	274,356	0	106,826	166,448	0	1,082
65-74	515	497	0	18	0	0	4,710	4,575	0	135	0	0
75-84	365	363	0	2	0	0	2,642	2,638	0	4	0	0
85 and older	366	365	0	1	0	0	1,814	1,805	0	9	0	0
Unknown	1	0	0	0	1	0	12	0	0	0	12	0
Gender												
Female	134,311	781	12,683	60,639	60,066	142	1,351,006	5,650	142,595	587,928	613,597	1,236
Male	114,902	438	11,467	41,806	61,191	0	1,117,457	3,334	127,055	365,919	621,149	0
Unknown	196	6	18	53	118	1	1,094	34	104	338	616	2
Race												
White	221,566	1,012	21,994	90,537	107,905	118	2,203,970	6,885	246,334	845,892	1,103,828	1,031
African American	6,036	42	286	2,373	3,335	0	56,460	410	2,960	20,561	32,529	0
Other/unknown	21,807	171	1,888	9,588	10,135	25	209,127	1,723	20,460	87,732	99,005	207
Use of Nursing Facilities ^c												
Entire year	133	56	76	0	0	1	1,333	543	788	0	0	2
Part year	467	92	316	54	4	1	4,674	860	3,268	504	39	3
None	248,809	1,077	23,776	102,444	121,371	141	2,463,550	7,615	265,698	953,681	1,235,323	1,233
Maintenance Assistance Status												
Cash	38,865	324	19,235	19,297	9	0	416,028	2,570	220,304	193,111	43	0
Medically needy	1,147	115	193	444	395	0	8,503	623	1,224	3,402	3,254	0
Poverty-related	107,670	517	2,997	2,362	101,651	143	1,087,242	4,591	30,319	15,546	1,035,548	1,238
Other/unknown	101,727	269	1,743	80,395	19,320	0	957,784	1,234	17,907	742,126	196,517	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	249,409	1,225	24,168	102,498	121,375	143	2,469,557	9,018	269,754	954,185	1,235,362	1,238
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

0

0

- 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, MAINE, 2004

Beneficiary	Percentage with at	Mean Number			Mean \$, All Medicaid	Rx \$ as a Percentage of All Medicaid	Number of
Characteristics	Least One Rx	of Rx	Mean Rx \$	\$ per Rx	FFS \$ ^c	FFS \$ ^d	Beneficiaries
All	68.5 %	10.7	\$594	\$55	\$5,451	10.9 %	249,409
Age							
5 and younger	63.7	3.0	154	52	3,126	4.9	39,143
6-14	60.0	5.3	344	65	4,492	7.6	54,285
15-20	67.3	7.6	453	59	6,346	7.1	35,431
21-44	73.3	12.7	666	53	5,162	12.9	90,973
45-64	78.4	28.7	1,604	56	10,112	15.9	28,330
65-74	65.2	30.0	1,393	46	13,563	10.3	515
75-84	49.0	24.3	1,001	41	8,122	12.3	365
85 and older	30.3	15.1	567	38	6,749	8.4	366
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility ^e							
Aged	50.4	24.3	1,050	43	10,094	10.4	1,225
Disabled	88.1	38.4	2,632	69	21,187	12.4	24,168
Adults	71.8	11.4	521	46	3,807	13.7	102,498
Children	62.0	4.5	245	55	3,647	6.7	121,375
Unknown	88.8	17.5	936	53	15,818	5.9	143
Gender							
Female	74.0	12.7	643	51	5,377	11.9	134,311
Male	62.1	8.4	538	64	5,547	9.7	114,902
Unknown	19.9	0.8	31	37	48	64.9	196
Race							
White	69.4	11.1	614	55	5,563	11.0	221,566
African American	55.7	4.6	251	54	3,089	8.1	6,036
Other/unknown	63.2	8.6	479	56	4,964	9.7	21,807
Use of Nursing							
Facilities ^f							
Entire year	100.0	90.3	4,250	47	58,028	7.3	133
Part year	98.5	89.9	4,552	51	84,354	5.4	467
None	68.4	10.5	584	56	5,275	11.1	248,809
Maintenance Assistance Status							
Cash	79.9	25.1	1,606	64	12,176	13.2	38,865
Medically needy	54.4	10.4	546	53	7,810	7.0	1,147
Poverty related	62.1	5.1	279	55	3,605	7.7	107,670
Other/unknown	71.0	11.2	541	48	4,809	11.3	101,727

Table ND3 Nondual Beneficiaries

- 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 fost 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 ${\tt MEDICAID\ PHARMACY\ BENEFIT\ USE\ AND\ REIMBURSEMENT\ PER\ BENEFIT\ MONTH,\ BY\ BENEFICIARY\ CHARACTERISTIC}^{a,\,b}$ NONDUAL BENEFICIARIES, MAINE, 2004

					N	umber of Rx, Per	centage with:			_	Numb	er
Beneficiary Characteristics	Mean Number of Rx	A Mean Rx \$	Rx \$ as a centage of II Medicaid FFS \$ ^c	None	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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.1	\$60	10.9 %	31.5 %	48.1 %	8.1 %	8.7 %	3.0 %	0.6 %	\$551	249,409	2,469,557
Age												
5 and younger	0.3	16	4.9	36.3	60.6	2.2	8.0	0.0	0.0	319	39,143	383,264
6-14	0.5	32	7.6	40.0	50.3	5.0	4.3	0.5	0.0	421	54,285	578,868
15-20	0.8	45	7.1	32.7	52.4	7.9	6.1	0.9	0.1	636	35,431	353,648
21-44	1.3	70	12.9	26.7	46.7	11.4	11.4	3.3	0.5	540	90,973	870,243
45-64	3.0	166	15.9	21.6	27.1	12.3	22.5	13.2	3.4	1,044	28,330	274,356
65-74	3.3	152	10.3	34.8	18.6	9.7	17.7	13.4	5.8	1,483	515	4,710
75-84	3.4	138	12.3	51.0	9.9	5.5	15.1	13.2	5.5	1,122	365	2,642
85 and older	3.1	114	8.4	69.7	4.9	3.6	10.7	7.7	3.6	1,362	366	1,814
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	12
Basis of Eligibility ^e												
Aged	3.3	143	10.4	49.6	11.9	6.6	14.9	11.8	5.1	1,371	1,225	9,018
Disabled	3.4	236	12.4	11.9	26.2	13.2	27.0	17.0	4.8	1,898	24,168	269,754
Adults	1.2	56	13.7	28.2	46.0	11.3	11.4	2.8	0.3	409	102,498	954,185
Children	0.4	24	6.7	38.0	54.6	4.4	2.8	0.3	0.0	358	121,375	1,235,362
Unknown	2.0	108	5.9	11.2	43.4	21.7	17.5	4.9	1.4	1,827	143	1,238
Gender												
Female	1.3	64	11.9	26.0	50.2	9.5	9.9	3.7	0.8	535	134,311	1,351,006
Male	0.9	55	9.7	37.9	45.6	6.6	7.4	2.2	0.4	570	114,902	1,117,457
Unknown	0.2	6	64.9	80.1	16.8	1.5	1.5	0.0	0.0	9	196	1,094
Race												
White	1.1	62	11.0	30.6	48.2	8.3	9.0	3.1	0.6	559	221,566	2,203,970
African American	0.5	27	8.1	44.3	47.1	4.5	3.3	0.8	0.1	330	6,036	56,460
Other/unknown	0.9	50	9.7	36.8	46.4	7.1	7.2	2.2	0.3	518	21,807	209,127
Use of Nursing Facilities ^f												
Entire year	9.0	424	7.3	0.0	6.8	5.3	15.8	35.3	36.8	5,790	133	1,333
Part year	9.0	455	5.4	1.5	3.2	6.4	19.9	32.1	36.8	8,428	467	4,674
None	1.1	59	11.1	31.6	48.2	8.1	8.7	2.9	0.5	533	248,809	2,463,550
Maintenance Assistance Status												
Cash	2.3	150	13.2	20.1	38.1	11.7	17.7	9.8	2.6	1,138	38,865	416,028
Medically needy	1.4	74	7.0	45.6	31.4	6.5	9.1	5.4	2.1	1,054	1,147	8,503
Poverty related	0.5	28	7.7	37.9	53.8	4.3	3.1	0.7	0.1	357	107,670	1,087,242
Other/unknown	1.2	58	11.3	29.0	45.9	10.8	11.2	2.8	0.3	511	101,727	957,784

Table ND4 Nondual Beneficiaries

- 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^{6, b, c}

NONDUAL BENEFICIARIES, MAINE, 2004

Beneficiary		All Rx		Patented Br	and-Name	Drugs	Off-Patent B	Brand-Name	Drugs	Gen	eric Drugs	
<u>-</u>	Number			Number			Number			Number		
Beneficiary Characteristics	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx
All	1.1	\$60	\$55	0.4	\$45	\$113	0.1	\$7	\$66	0.6	\$8	\$14
Age												
5 and younger	0.3	16	52	0.1	13	117	0.0	1	41	0.2	2	13
6-14	0.5	32	65	0.3	27	102	0.0	2	66	0.2	3	16
15-20	8.0	45	59	0.3	33	113	0.1	7	52	0.3	5	16
21-44	1.3	70	53	0.4	51	117	0.1	9	64	0.7	10	13
45-64	3.0	166	56	1.1	126	114	0.2	15	91	1.7	24	14
65-74	3.3	152	46	1.2	117	98	0.2	9	58	1.9	25	13
75-84	3.4	138	41	1.3	108	83	0.2	9	49	1.9	22	12
85 and older	3.1	114	38	0.9	84	92	0.2	5	35	2.0	24	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility ^d												
Aged	3.3	143	43	1.2	110	92	0.2	8	51	1.9	24	13
Disabled	3.4	236	69	1.4	187	136	0.2	21	87	1.8	29	16
Adults	1.2	56	46	0.4	40	99	0.1	8	62	0.7	9	12
Children	0.4	24	55	0.2	19	99	0.1	3	51	0.2	3	15
Unknown	2.0	108	53	0.5	82	153	0.1	7	70	1.4	19	14
Gender												
Female	1.3	64	51	0.4	46	105	0.1	8	58	0.7	9	13
Male	0.9	55	64	0.4	44	125	0.0	4	94	0.5	7	15
Unknown	0.2	6	37	0.1	5	80	0.0	0	30	0.1	1	9
Race												
White	1.1	62	55	0.4	47	113	0.1	7	66	0.6	8	14
African American	0.5	27	54	0.2	21	120	0.0	3	67	0.3	3	12
Other/unknown	0.9	50	56	0.3	38	115	0.1	6	62	0.5	7	14
Use of Nursing Facilities ^e												
Entire year	9.0	424	47	2.9	305	107	0.5	36	70	5.6	81	15
Part year	9.0	455	51	2.9	334	114	0.5	40	76	5.5	81	15
None	1.1	59	56	0.4	45	113	0.1	7	66	0.6	8	14
Maintenance Assistance												
Status												
Cash	2.3	150	64	0.9	117	130	0.2	15	77	1.3	19	15
Medically needy	1.4	74	53	0.5	59	119	0.1	4	53	0.8	11	13
Poverty related	0.5	28	55	0.2	21	102	0.0	3	57	0.2	4	15
Other/unknown	1.2	58	48	0.4	42	103	0.1	8	62	0.7	8	13

Table ND5 Nondual Beneficiaries

- 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 Maine, 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).
- 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, MAINE, 2004

		er of Rx	•		\$ per Benefit Month Among Users					\$ pe	r Rx			_		Users ^e	
Therapeutic Category	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	Total Number of Rx	Total Rx \$		As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	\$11	\$7	\$2	\$2	\$50	\$102	\$92	\$14	244,193	\$12,223,001	100,508	40.3 %	1,105,036
Biologicals	0.3	0.2	0.0	0.0	163	141	1	22	635	598	478	1,072	2,976	1,888,936	1,091	0.4	11,584
Antineoplastic Agents	0.5	0.2	0.0	0.3	120	106	6	8	253	694	187	27	5,221	1,323,230	1,027	0.4	11,032
Endocrine/Metabolic Drugs	0.6	0.1	0.2	0.2	23	13	8	3	41	93	38	12	277,485	11,480,917	45,375	18.2	492,479
Cardiovascular Agents	1.0	0.3	0.0	0.6	32	25	1	6	32	73	40	9	311,990	9,977,172	29,104	11.7	313,700
Respiratory Agents	0.4	0.3	0.0	0.2	24	22	0	2	55	85	46	13	226,407	12,391,650	46,286	18.6	511,189
Gastrointestinal Agents	0.5	0.3	0.0	0.1	46	42	1	2	91	124	98	13	152,011	13,850,680	27,829	11.2	303,516
Genitourinary Agents	0.2	0.1	0.0	0.1	11	9	2	1	51	77	43	11	24,555	1,261,067	10,069	4.0	111,470
CNS Drugs	0.9	0.4	0.1	0.4	58	45	6	7	65	112	79	17	572,466	37,351,403	59,965	24.0	644,400
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.8	0.6	0.0	0.2	55	48	1	6	71	83	71	32	104,391	7,385,045	12,050	4.8	134,754
Neurological Agents	0.3	0.2	0.0	0.0	103	99	1	3	405	490	96	76	3,827	1,551,793	1,386	0.6	15,082
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	18	12	1	5	35	154	186	12	390,027	13,517,310	68,559	27.5	739,145
Neuromuscular Agents	0.6	0.2	0.1	0.3	37	24	9	4	63	134	123	13	178,515	11,253,313	28,109	11.3	307,487
Nutritional Products	0.2	0.0	0.0	0.2	4	0	0	3	17	33	17	16	31,877	526,302	13,497	5.4	147,963
Hematological Agents	0.6	0.2	0.0	0.4	179	171	1	6	300	989	65	15	24,428	7,318,130	3,842	1.5	40,986
Topical Products	0.2	0.0	0.0	0.1	7	3	1	2	35	71	54	19	110,403	3,906,705	51,914	20.8	573,846
Miscellaneous Products	0.2	0.1	0.0	0.1	16	11	3	2	99	107	281	48	7,488	741,275	4,078	1.6	45,248
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	34	0	0	0	4,511	154,070	1,935	0.8	21,737
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.	2,672,771	148,101,999	n.a.	n.a.	n.a.

- 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 Maine, 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 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 ND.7 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c} NONDUAL BENEFICIARIES, MAINE, 2004

			Users		Ar	nong Users	
Top 10 Drug Groups	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx : \$ per Rx	\$ per Benefit Month
ANTIDEPRESSANTS	\$18,706,206	67,480	27.1 %	734,856	0.5	\$53	\$25
ANTIPSYCHOTICS	17,595,647	18,925	7.6	210,781	0.6	148	83
ULCER DRUGS	11,948,504	28,177	11.3	308,849	0.4	89	39
ANTICONVULSANT	10,332,103	18,370	7.4	202,785	0.6	81	51
ANTIASTHMATIC	9,257,696	50,760	20.4	564,154	0.3	55	16
ANALGESICS - Narcotic	7,430,363	81,284	32.6	888,054	0.3	28	8
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	7,385,045	14,558	5.8	164,629	0.6	71	45
ANTIHYPERLIPIDEMIC	6,037,639	11,654	4.7	126,875	0.6	81	48
MISC. HEMATOLOGICAL	5,875,345	1,027	0.4	10,703	0.6	919	549
ANTIVIRAL	4,879,357	4,295	1.7	46,957	0.3	326	104
Total	99,447,905	296,530		3,258,643	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.

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

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^{6, b, c}

NONDUAL BENEFICIARIES, MAINE, 2004

	All Top 10 Dru	g Groups		ANTIDE	PRESSANTS				ANTIPS	SYCHOTICS		
		_		Users as %	Number of Benefit Months	of Rx	Mean Rx \$ per		Users as %	Number of Benefit Months	of Rx	Mean Rx \$ per
Beneficiary			Number of	of All	Among	Benefit	Benefit	Number of	of All	Among	Benefit	-
Characteristics	Number of Rx	Rx\$	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month
All	1,368,324	\$99,447,905	67,480	27.1 %	734,856	0.5	\$26	18,925	7.6 %	210,781	0.6	\$84
Female	820,649	53,919,348	46,527	34.6	510,326	0.5	26	10,110	7.5	113,302	0.5	72
Disabled	311,162	25,311,789	10,735	84.6	124,111	0.6	34	4,364	34.4	50,471	0.7	103
5 d	902	61,714	2	0.7	24	0.8	34	8	2.6	93	0.3	42
5 and younger	10,556	813,368	265	27.4	3,057	0.6	19	221	22.9	2,550	0.6	89
6-14	12,379	1,783,970	488	55.1	5,626	0.6	29	324	36.6	3,774	0.7	92
15-20	111,615	9,170,715	4,379	95.5	50,958	0.6	32	1,967	42.9	22,891	0.6	99
21-44	175,710	13,482,022	5,601	94.2	64,446	0.7	36	1,844	31.0	21,163	0.7	110
45-64	0	0	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	509,487	28,607,559	35,792	29.4	386,215	0.4	23	5,746	4.7	62,831	0.4	47
Other Engines	8,981	433,049	24	0.1	278	0.3	9	29	0.2	327	0.4	44
5 and younger	44,994	2,921,787	1,597	6.4	18,352	0.5	20	604	2.4	6,996	0.6	76
6-14	57,428	3,169,420	4,867	28.2	53,705	0.4	19	1,119	6.5	12,461	0.4	47
15-20	305,367	16,041,709	23,928	47.8	259,665	0.4	23	3,323	6.6	36,201	0.3	39
21-44	85,298	5,570,186	5,168	52.5	51,996	0.5	30	589	6.0	5,955	0.4	55
45-64	4,246	300,189	107	34.4	1,157	0.6	26	43	13.8	469	0.7	108
65-74	1,931	116,320	55	26.4	603	0.8	29	24	11.5	272	0.7	72
75-84	1,242	54,899	46	17.0	459	0.8	23	15	5.6	150	0.6	54
85 and older	1,272	34,033	40	17.0	700	0.0	20	13	5.0	130	0.0	J-1
Male	547,593	45,523,578	20,948	18.2	224,506	0.5	25	8,811	7.7	97,452	0.6	97
Disabled	198,981	20,506,783	5,569	48.6	64,006	0.6	29	3,860	33.7	44,531	0.7	125
	2,465	618,966	16	3.1	179	0.4	8	29	5.7	335	0.6	57
5 and younger	30,921	2,482,742	743	34.2	8,572	0.6	24	881	40.5	10,291	0.7	98
6-14	21,810	2,126,111	722	44.4	8,364	0.6	29	688	42.3	7,952	0.7	107
15-20	61,057	7,842,175	1,981	57.5	22,767	0.5	29	1,447	42.0	16,715	0.8	143
21-44	82,728	7,436,789	2,107	56.7	24,124	0.6	32	815	21.9	9,238	0.8	140
45-64	0	0	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	348,612	25,016,795	15,379	14.9	160,500	0.4	23	4,951	4.8	52,921	0.5	74
Other Eligibles	15,759	1,011,930	64	0.3	741	0.3	8	72	0.4	831	0.4	46
5 and younger	86,670	7,342,260	2,224	8.6	25,571	0.5	22	1,354	5.2	15,620	0.7	92
6-14	45,035	3,347,840	2,150	13.7	23,795	0.4	24	1,044	6.7	11,695	0.6	82
15-20	142,069	8,816,333	8,279	25.2	83,727	0.4	22	2,030	6.2	20,330	0.4	59
21-44	55,543	4,276,346	2,572	29.2	25,737	0.4	25	423	4.8	4,205	0.4	62
45-64	1,910	129,507	2,572 42	20.9	25,737 471	0.8	26 26	423	4.6 5.5	4,203	0.4	60
65-74	· · · · · · · · · · · · · · · · · · ·	74,875	42 35	20.9	334	0.8	26 21	10	5.5 6.5	76	0.7	63
75-84	1,273	*			334 124	0.8	21 25	7			0.9	32
85 and older	353	17,704	13	13.7	124	0.8	25	1	7.4	65	0.4	32
Unknown	82	4,979	5	2.5	24	0.7	31	4	2.0	27	0.3	48

Table ND7A Nondual Beneficiaries

- 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 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 ND7A Nondual Beneficiaries

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, MAINE, 2004

		ULCE	R DRUGS				ANTICO	NVULSANT			ANTIASTHMATIC				
				Mean					Mean					Mean	
			Number of	Number				Number of	Number				Number of	Number	
		Users	Benefit	of Rx	Mean		Users	Benefit	of Rx	Mean		Users	Benefit	of Rx	Mean
		as %	Months	per	Rx \$ per		as %	Months	per	Rx \$ per		as %	Months	per	Rx \$ per
Beneficiary	Number of	of All	Among	Benefit	Benefit	Number of	of All	Among	Benefit	Benefit	Number of	of All	Among	Benefit	Benefit
Characteristics	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month
All	28,177	11.3 %	308,849	0.4	\$39	18,370	7.4 %	202,785	0.6	\$51	50,760	20.4 %	564,154	0.3	\$16
Female	18,398	13.7	203,861	0.4	38	11,461	8.5	127,766	0.6	49	30,312	22.6	337,793	0.3	16
Disabled	5,744	45.3	66,494	0.6	55	4,677	36.9	54,242	0.8	71	7,028	55.4	81,628	0.4	25
5 and younger	40	13.2	425	0.4	14	48	15.9	531	0.7	68	111	36.8	1,225	0.2	11
6-14	63	6.5	740	0.5	32	264	27.3	3,102	0.8	85	272	28.2	3,143	0.3	16
15-20	159	17.9	1,854	0.4	27	287	32.4	3,359	0.9	93	236	26.6	2,757	0.3	13
21-44	2,007	43.8	23,433	0.5	49	2,093	45.7	24,371	0.8	71	2,401	52.4	28,184	0.4	21
45-64	3,475	58.4	40,042	0.6	61	1,985	33.4	22,879	0.8	65	4,008	67.4	46,319	0.5	29
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
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	12,654	10.4	137,367	0.4	30	6,784	5.6	73,524	0.5	32	23,284	19.1	256,165	0.3	13
5 and younger	444	2.4	4,221	0.3	12	78	0.4	865	0.4	38	2,942	15.8	32,927	0.2	9
6-14	535	2.1	6,100	0.2	14	326	1.3	3,712	0.6	59	4,412	17.6	50,132	0.3	14
15-20	1,447	8.4	16,126	0.2	15	766	4.4	8,623	0.5	42	3,329	19.3	36,862	0.2	11
21-44	7,671	15.3	84,469	0.3	30	4,647	9.3	50,537	0.5	29	10,050	20.1	110,059	0.3	13
45-64	2,374	24.1	24,493	0.5	47	916	9.3	9,271	0.5	31	2,364	24.0	24,143	0.4	23
65-74	111	35.7	1,201	0.6	57	27	8.7	282	1.0	52	115	37.0	1,311	0.5	28
75-84	40	19.2	426	0.7	55	16	7.7	176	0.8	45	41	19.7	433	0.6	36
85 and older	32	11.9	331	0.8	62	8	3.0	58	1.1	22	31	11.5	298	0.3	13
Male	9,779	8.5	104,988	0.4	39	6.904	6.0	74.992	0.6	55	20.440	17.8	226,286	0.3	17
	2,873	25.1	33,068	0.6	52	3,026	26.4	34,816	0.8	76	3,709	32.3	42,740	0.4	25
Disabled	70	13.7	809	0.5	24	78	15.3	919	0.6	46	259	50.8	3,064	0.3	16
5 and younger	128	5.9	1,494	0.4	23	472	21.7	5,470	0.8	74	647	29.8	7,526	0.3	16
6-14	177	10.9	2,054	0.4	29	401	24.7	4,659	0.8	82	291	17.9	3,388	0.3	13
15-20	940	27.3	10,883	0.5	49	1,171	34.0	13,487	0.8	86	754	21.9	8,799	0.4	20
21-44	1,558	41.9	17,828	0.6	- 59	904	24.3	10,281	0.8	63	1,758	47.3	19,963	0.5	34
45-64	0	0.0	0	0.0	0	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	6,906	6.7	71,920	0.4	34	3,878	3.7	40,176	0.5	37	16,731	16.2	183,546	0.3	15
Other Eligibles	651	3.3	6,278	0.3	14	100	0.5	1,139	0.4	35	4,390	22.3	48,862	0.3	11
5 and younger	507	2.0	5,852	0.2	14	461	1.8	5,250	0.6	55 55	5,873	22.6	66,900	0.2	15
6-14	620	4.0	6,740	0.2	17	458	2.9	5,250	0.5	49	2,095	13.4	22,948	0.3	14
15-20	3,574	10.9	37,311	0.3	37	2,207	6.7	22,330	0.5	31	3,118	9.5	32,111	0.3	17
21-44	1,460	16.6	14,765	0.4	48	617	7.0	6,078	0.5	32	1,152	13.1	11,630	0.3	23
45-64	40	19.9	427	0.5	64	19	7.0 9.5	183	0.5	52 51	1,152 54	26.9	602	0.4	45
65-74	38	24.5	394	0.7	54	15	9.7	121	0.7	37	41	26.5	402	0.0	30
75-84	36 16	24.5 16.8	153	0.7	36	15	9. <i>1</i> 1.1	121	0.9	37 26	8	26.5 8.4	91	0.4	10
85 and older						•						-			
Unknown	0	0.0	0	0.0	0	5	2.5	27	0.6	51	8	4.1	75	0.3	6

Table ND7B Nondual Beneficiaries

- 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 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 ND7B Nondual Beneficiaries

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, MAINE, 2004

		ANALGES	SICS - Narcot	c		STIMULA	NTS/ANTI-0	DBESITY/AN	OREXIAN	ITS		ANTIHYP	ERLIPIDEMIC	0	
Beneficiary Characteristics	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Rx \$ per Benefit Month
All	81,284	32.6 %	888,054	0.3	\$8	14,558	5.8 %	164,629	0.6	\$45	11,654	4.7 %	126,875	0.6	\$48
Female	51,581	38.4	573,566	0.3	7	4,936	3.7	55,939	0.6	41	6,660	5.0	73,646	0.6	48
Disabled	10,174	80.2	118,046	0.4	17	952	7.5	11,091	0.6	43	3,196	25.2	37,029	0.6	54
5 and younger	17	5.6	193	0.1	1	6	2.0	63	0.4	14	0	0.0	0	0.0	0
6-14	109	11.3	1,272	0.1	1	340	35.2	3,934	0.7	47	2	0.2	24	0.4	22
15-20	310	35.0	3,648	0.2	2	170	19.2	1,979	0.7	47	13	1.5	142	0.5	
21-44	4,491	98.0	52,401	0.4	14	283	6.2	3,309	0.6	37	571	12.5	6,662	0.5	44
45-64	5,247	88.2	60,532	0.5	20	153	2.6	1,806	0.5	39	2,610	43.9	30,201	0.7	57
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
85 and older Other Eligibles	41,407	34.0	455,520	0.2	5	3,984	3.3	44,848	0.6	41	3,464	2.8	36,617	0.5	42
5 and younger	500	2.7	5,623	0.1	1 1	97	0.5	1,114	0.4	27	1	0.0	12	0.1	1
6-14	1,476 5,653	5.9 32.8	16,960 62,478	0.1 0.2	2	1,976 773	7.9 4.5	22,850 8,625	0.6 0.6	43 42	12 42	0.0 0.2	133 461	0.4 0.4	33 33
15-20	29,112	52.0 58.2	321,730	0.2	4	978	2.0	10,659	0.6	36	1,427	2.9	15,696	0.4	34
21-44	4,452	45.2	46,521	0.3	11	157	1.6	1,569	0.5	41	1,838	18.7	18,708	0.5	47
45-64	124	39.9	1,325	0.3	11	137	0.3	1,309	0.6	28	99	31.8	1,125	0.7	65
65-74	49	23.6	517	0.4	8	1	0.5	10	0.0	7	33	15.9	359	0.7	61
75-84	41	15.2	366	0.6	5	1	0.4	9	0.3	1	12	4.4	123	0.6	38
85 and older	71	10.2	000	0.0	J	•	0.4	3	0.2		12	7.7	120	0.0	
Male	29,697	25.8	314,433	0.3	11	9,620	8.4	108,675	0.7	47	4,992	4.3	53,214	0.6	47
Disabled	5,402	47.1	61,822	0.5	26	1,992	17.4	22,976	0.8	50	1,811	15.8	20,854	0.7	56
5 and younger	44	8.6	506	0.1	1	51	10.0	586	0.5	28	0	0.0	0	0.0	0
6-14	203	9.3	2,397	0.1	1	1,131	52.0	13,073	0.8	51	3	0.1	36	0.3	19
15-20	361	22.2	4,196	0.2	2	512	31.5	5,914	0.8	57	10	0.6	120	0.5	23
21-44	2,099	60.9	24,063	0.4	22	223	6.5	2,568	0.6	38	369	10.7	4,273	0.6	51
45-64	2,695	72.6	30,660	0.6	34	75	2.0	835	0.6	36	1,429	38.5	16,425	0.7	58
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	24,295	23.5	252,611	0.3	7 1	7,628	7.4	85,699	0.6	46	3,181	3.1	32,360	0.5	41
5 and younger	683	3.5	7,745	0.1	1	300	1.5	3,463 56,868	0.4 0.7	27 48	4	0.0	40 142	0.1	6 28
6-14	1,512	5.8	17,301	0.1		4,978	19.1	,			12	0.0		0.4	
15-20	3,430 14,917	21.9 45.4	37,214 152,045	0.2 0.3	2 8	1,487 755	9.5 2.3	16,665 7,605	0.6 0.6	50 35	32 1,334	0.2 4.1	337 13,928	0.5 0.5	42 34
21-44	3,643	45.4 41.4	37,179	0.3	11	107	2.3 1.2	1,086	0.6	39	1,334 1,702	19.3	16,920	0.6	34 46
45-64	3,643 64	31.8	670	0.4	20	0	0.0	0,000	0.0	0	1,702 52	25.9	551	0.6	46 55
65-74	31	20.0	318	0.3	10	1	0.6	12	0.0	1	38	24.5	379	0.7	56
75-84	15	15.8	139	0.3	3	0	0.0	0	0.0	0	7	7.4	63	0.7	56 56
85 and older				0.4	3										
Unknown	6	3.0	55	0.1	1	2	1.0	15	0.7	54	2	1.0	15	0.3	16

Table ND7C Nondual Beneficiaries

- 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 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 Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table ND7C Nondual Beneficiaries

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, MAINE, 2004

		MISC. HE	MATOLOGICA	λL			AN	TIVIRAL				
Beneficiary Characteristics	Number of Users 1,027	Users as % of All Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users 4,29 5	Users as % of All Benes	Number of Benefit Months Among Users 46,957	of Rx	Mean Rx \$ per Benefit Month	Number of Beneficiaries 249,409	Number of Benefit Months 2,469,557
Female	451	0.3	4,875	0.6	272	2,993	2.2	32,840	0.3	58	134,311	1,351,006
	268	2.1	3,073	0.6	400	533	4.2	6,177	0.4	117	12,683	142,595
Disabled	0	0.0	0,070	0.0	0	5	1.7	60	0.1	4	302	•
5 and younger	0	0.0	0	0.0	0	6	0.6	72	0.1	3	966	•
6-14	1	0.1	12	4.3	63,729	21	2.4	249	0.3	35	886	·
15-20	31	0.7	354	0.5	808	251	5.5	2,876	0.4	121	4,583	·
21-44	236	4.0	2,707	0.6	66	250	4.2	2,920	0.4	126	5,946	
45-64	0	0.0	2,707	0.0	0	0	0.0	2,320	0.0	0	0,540	,
65-74	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	
85 and older Other Eligibles	183	0.0	1.802	0.0	53	2.460	2.0	26.663	0.0	44	121,628	
Other Eligibles	0	0.2	1,002	0.0	0	2,460 40		-,	0.2	44 5	121,626	,,
5 and younger	0	0.0	0	0.0	0	40 86	0.2 0.3	456 972	0.1	13	25,099	181,927 266,929
6-14											•	,
15-20	2 51	0.0	24	0.5	19	363	2.1	3,955	0.2	24	17,250	171,929
21-44		0.1	571	0.4	45	1,736	3.5	18,789	0.3	45	50,056	492,200
45-64	100	1.0	913	0.5	52	226	2.3	2,393	0.3	97	9,846	89,729
65-74	14	4.5	134	8.0	87	4	1.3	48	0.1	8	311	2,873
75-84	8	3.8	96	0.7	65	3	1.4	26	0.1	7	208	,
85 and older	8	3.0	64	8.0	66	2	0.7	24	0.1	2	270	1,334
Male	576	0.5	5,828	0.6	781	1,301	1.1	14,115	0.4	211	114,901	1,117,445
Disabled	240	2.1	2,692	0.6	1,017	332	2.9	3,789	0.5	264	11,467	127,055
2.040.04	6	1.2	70	1.1	6,719	4	0.8	48	0.1	6	510	·
5 and younger	0	0.0	0	0.0	0	23	1.1	276	0.4	141	2,173	24,633
6-14	2	0.1	24	0.3	8,448	16	1.0	177	0.1	4	1,626	18,054
15-20	28	0.8	312	0.5	5,395	146	4.2	1.625	0.5	236	3,444	38,489
21-44	204	5.5	2,286	0.6	167	143	3.9	1,663	0.6	347	3,714	40,338
45-64	0	0.0	2,200	0.0	0	0	0.0	0	0.0	0	0,714	·
65-74	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	
85 and older Other Eligibles	336	0.3	3,136	0.6	578	969	0.0	10,326	0.4	191	103,434	990,390
Other Eligibles	0	0.0	0,130	0.0	0	51	0.3	577	0.4	4	19,678	192,287
5 and younger	6	0.0	72	1.4	16.433	81	0.3	945	0.1	35	26,000	276,214
6-14	2	0.0	8	0.8	22,352	106	0.3	1,148	0.2	63	26,000 15,652	153,804
15-20	90	0.0	840	0.5	163	511	1.6	5,346	0.2	194	32,844	286,924
21-44	223	0.3 2.5	2,072	0.6	61	216	2.5	2,262	0.4	368	32,844 8,809	77,726
45-64	223 8	2.5 4.0	2,072				2.5 1.0	•		368 10	8,809 201	,
65-74				0.4	44	2		24	0.1		_	1,829
75-84	4	2.6	26	0.8	35 53	2	1.3	24	0.1	3	155	1,138
85 and older	3	3.2	35	0.5	53	0	0.0	0	0.0	0	95	468
Unknown	0	0.0	0	0.0	0	1	0.5	2	0.5	20	197	1,106

Table ND7D Nondual Beneficiaries

- 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 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 Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Table ND7D Nondual Beneficiaries

TABLE ND.8 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC^{a, b} NONDUAL BENEFICIARIES, MAINE, 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	\$424	9.0	133	1,333
Age				
0-64	518	9.8	77	790
65-74	391	8.5	12	113
75-84	303	8.5	17	166
85 and older	234	7.2	27	264
Unknown	0	0.0	0	0
Gender				
Female	437	9.1	90	908
Male	397	8.9	43	425
Unknown	0	0.0	0	0
Race				
White	436	9.3	121	1,200
African American	179	3.1	2	24
Other/unknown	342	7.2	10	109
Basis of Eligibility ^c				
Aged	288	7.9	56	543
Disabled	513	9.8	76	788
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	2,182	19.5	1	2

Source: Data for this table are from the MAX 2004 file for Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 467 beneficiaries who were in nursing facilities for part of their enrollment and their 4,674 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.

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, MAINE, 2004

		er of Ra	•			er Bene Among		:h		\$ per						Users	
Therapeutic Category	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	Total Number of Rx	Total Rx \$	F Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.2	0.2	0.4	\$38	\$23	\$11	\$5	\$57	\$136	\$68	\$15	628	\$35,650	89	66.9 %	927
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.7	0.5	0.0	0.3	148	139	0	9	198	292	0	34	44	8,728	6	4.5	59
Endocrine/Metabolic Drugs	1.5	0.6	0.0	0.9	48	37	1	11	31	60	19	12	1,057	32,869	69	51.9	682
Cardiovascular Agents	2.5	0.5	0.0	1.9	49	32	0	17	20	59	8	9	1,867	37,168	75	56.4	756
Respiratory Agents	0.9	0.4	0.0	0.5	40	30	1	9	44	82	34	18	534	23,722	57	42.9	591
Gastrointestinal Agents	1.3	0.7	0.0	0.6	88	78	1	9	67	112	33	15	1,040	69,195	78	58.6	790
Genitourinary Agents	0.6	0.3	0.2	0.1	30	21	8	2	51	69	44	15	139	7,137	22	16.5	235
CNS Drugs	2.0	0.8	0.1	1.0	106	82	9	15	54	97	61	16	2,141	115,149	109	82.0	1,083
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	8.0	0.1	0.0	0.7	11	4	0	7	14	36	0	11	45	625	5	3.8	56
Neurological Agents	1.2	1.2	0.0	0.0	309	309	0	0	265	265	0	0	190	50,347	15	11.3	163
Analgesics and Anesthetics	1.5	0.5	0.1	1.0	64	52	2	10	42	109	27	10	1,229	52,146	84	63.2	816
Neuromuscular Agents	1.9	0.4	0.2	1.2	128	62	28	37	68	143	128	31	1,383	94,333	71	53.4	739
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	10	14	16	0	14	254	3,594	32	24.1	339
Hematological Agents	2.0	0.1	0.0	1.9	32	15	2	15	16	124	75	8	819	12,912	43	32.3	402
Topical Products	0.6	0.1	0.0	0.4	21	11	2	7	34	103	45	15	536	18,291	84	63.2	892
Miscellaneous Products	0.1	0.0	0.0	0.1	2	0	0	2	19	0	0	19	3	56	3	2.3	28
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	14	0	0	0	33	0	0	0	101	3,293	23	17.3	238
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.	12,010	565,215	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 467 beneficiaries who were in nursing facilities for part of their enrollment and their 4,674 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In Maine, 0.4 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 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 ND9 Nondual Beneficiaries

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, MAINE, 2004

			Users		Among Users			
Top 10 Drug Groups in Nursing Facilities	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	
ANTICONVULSANT	\$67,816	61	45.9 %	635	1.2	\$88	\$107	
ANTIPSYCHOTICS	65,689	50	37.6	490	1.2	115	134	
ULCER DRUGS	61,392	82	61.7	846	1.0	74	73	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	51,912	21	15.8	226	1.0	232	230	
ANTIDEPRESSANTS	45,501	96	72.2	1,017	1.1	41	45	
ANALGESICS - Narcotic	39,094	93	69.9	924	1.0	40	42	
ANTIASTHMATIC	19,871	82	61.7	863	0.5	47	23	
ANTIHYPERLIPIDEMIC	15,623	25	18.8	255	1.0	64	61	
ANTIDIABETIC	15,359	36	27.1	302	1.3	39	51	
MISC. ENDOCRINE	14,281	25	18.8	280	0.7	70	51	
Total	396,538	571		5,838	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2004 file for Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.

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 2004. A total of 467 beneficiaries who were in nursing facilities for part of their enrollment and their 4,674 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).

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, MAINE, 2004

	All Top 10 Drug	g Groups		ANTICC	NVULSANT			ANTIPSYCHOTICS				
Beneficiary Characteristics	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	5,738	\$396,538	61	45.9 %	635	1.2	\$107	50	37.6 %	490	1.2	\$134
Female	3,994	293.681	43	47.8	454	1.2	111	35	38.9	341	1.1	114
Disabled	2,750	224,773	31	63.3	333	1.2	134	23	46.9	207	1.3	136
Disabled	2,750	224,773	31	63.3	333	1.2	134	23	46.9	207	1.3	136
64 or younger	_,0	0	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	1,244	68,908	12	29.3	121	1.1	48	12	29.3	134	0.8	79
Other Engines	23	3,792	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	297	18,320	3	37.5	36	1.4	67	3	37.5	29	1.0	122
65-74	417	21,864	6	66.7	67	1.0	42	4	44.4	48	1.0	78
75-84	507	24,932	3	13.0	18	0.7	32	5	21.7	57	0.5	59
85 and older	4 744	100.057	40	44.0	404	4.0	07	4.5	0.4.0	4.40	4.0	400
Male	1,744	102,857	18	41.9	181	1.3	97	15	34.9	149	1.3	180
Disabled	1,257	80,460	14	51.9	157	1.3	103	9	33.3	108	1.5	223
64 or younger	1,257	80,460	14	51.9	157	1.3	103	9	33.3	108	1.5	223
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	487	22,397 0	4	25.0 0.0	24 0	1.2 0.0	55 0	6 0	37.5	41	0.9	69 0
64 or younger	0 107	ŭ	0	0.0 50.0	11	1.7	0 87	0	0.0	0	0.0	
65-74	107 247	6,065	2				_	1	25.0	5	0.2 1.0	22 65
75-84		11,132	1	12.5	1	3.0	70 26	3	37.5	21		90
85 and older	133	5,200	1	25.0	12	0.5	20	2	50.0	15	0.9	90
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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.

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 2004. A total of 467 beneficiaries who were in nursing facilities for part of their enrollment and their 4,674 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).

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, MAINE, 2004

		ULCE	R DRUGS			MISC PSYC	HOTHERAP	EUTIC AND I	NEUROLO	GICAL	ANTIDEPRESSANTS				
		Users as % of All-Year Nursing	Number of Benefit Months	Mean			Users as % of All-Year Nursing	Number of Benefit Months	Mean			Users as % of All-Year Nursing	Number of Benefit Months	Mean	
Beneficiary	Number of	Facility	Among	Number	Mean	Number of	Facility	Among	Number	Mean	Number of	Facility		Number	Mean
Characteristics	Users	Residents	Users	of Rx	Rx \$	Users	Residents	Users	of Rx	Rx \$	Users	Residents	Users	of Rx	Rx \$
All	82	61.7 %	846	1.0	\$73	21	15.8 %	226	1.0	\$230	96	72.2 %	1,017	1.1	\$45
Female	50	55.6	507	1.0	81	20	22.2	225	1.0	230	67	74.4	705	1.0	46
Disabled	35	71.4	350	1.0	87	13	26.5	147	1.0	300	36	73.5	389	1.1	57
r	35	71.4	350	1.0	87	13	26.5	147	1.0	300	36	73.5	389	1.1	57
64 or younge	0	0.0	0	0.0	0	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	15	36.6	157	0.9	68	7	17.1	78	0.9	97	31	75.6	316	0.9	33
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younge	4	50.0	48	0.7	60	1	12.5	12	1.0	136	2	25.0	24	1.0	40
65-74	3	33.3	31	1.1	18	4	44.4	48	1.0	102	7	77.8	79	1.1	47
75-84	8	34.8	78	1.0	93	2	8.7	18	0.6	54	22	95.7	213	0.9	27
85 and older Male	32	74.4	339	1.0	60	1	2.3	1	3.0	275	29	67.4	312	1.2	42
	22	81.5	253	1.0	54	0	0.0	0	0.0	0	17	63.0	192	1.3	52
Disabled r	22	81.5	253	1.0	54	0	0.0	0	0.0	0	17	63.0	192	1.3	52
64 or younge .	0	0.0	0	0.0	0	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	10	62.5	86	1.0	77	1	6.3	1	3.0	275	12	75.0	120	1.1	25
other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younge	1	25.0	12	0.8	77	0	0.0	0	0.0	0	3	75.0	30	0.9	22
65-74	5	62.5	35	1.2	114	1	12.5	1	3.0	275	7	87.5	66	1.2	27
75-84	4	100.0	39	0.8	44	0	0.0	0	0.0	0	2	50.0	24	1.1	23
85 and older	7	100.0	33	0.0	7-7	O	0.0	O	0.0	3	_	00.0	24	1.1	20
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 Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.

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 2004. A total of 467 beneficiaries who were in nursing facilities for part of their enrollment and their 4,674 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).

TABLE ND.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} NONDUAL BENEFICIARIES, MAINE, 2004

		ANALGES	SICS - Narcot	ic			ANTIA	STHMATIC			ANTIHYPERLIPIDEMIC				
Beneficiary Characteristics	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	Users	Mean Number of Rx	Mean Rx \$
All	93	69.9 %	924	1.0	\$42	82	61.7 %	863	0.5	\$23	25	18.8 %	255	1.0	\$61
Female	64	71.1	618	1.2	48	54	60.0	552	0.6	28	19	21.1	216	0.9	58
Disabled	42	85.7	422	1.4	59	30	61.2	321	0.4	24	15	30.6	168	1.0	64
r 64 or younge	42	85.7	422	1.4	59	30	61.2	321	0.4	24	15	30.6	168	1.0	64
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
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	22	53.7	196	0.7	23	24	58.5	231	0.8	33	4	9.8	48	0.6	40
64 or younge	1	100.0	2	11.5	1,896	0 6	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4 5	50.0 55.6	19	0.4	4 4	10	75.0 111.1	65	1.4 0.6	49 34	2 2	25.0	24 24	0.4	24 55
75-84	12	55.6 52.2	55 120	0.6 0.6	4	8	34.8	100 66	0.6	34 17	0	22.2 0.0	0	0.8 0.0	0
85 and older	12	32.2	120	0.0	4	0	34.0	00	0.4	17	U	0.0	U	0.0	U
Male	29	67.4	306	8.0	32	28	65.1	311	0.4	14	6	14.0	39	1.3	77
Disabled	16	59.3	177	0.9	28	17	63.0	200	0.4	17	1	3.7	12	1.2	116
r 64 or younge	16	59.3	177	0.9	28	17	63.0	200	0.4	17	1	3.7	12	1.2	116
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
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	13	81.3	129	0.7	37	11	68.8	111	0.3	11	5	31.3	27	1.3	60
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	100.0	29	1.1	96	0	0.0	0	0.0	0	1	25.0	6	1.2	81
75-84	5	62.5	52	0.7	33	6	75.0	51	0.3	6	3	37.5	18	1.3	53
85 and older	4	100.0	48	0.5	5	5	125.0	60	0.4	14	1	25.0	3	1.3	58
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 Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004. A total of 467 beneficiaries who were in nursing facilities for part of their enrollment and their 4,674 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 ND10C Nondual Beneficiaries

TABLE ND.10D DICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT

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^{6, b, c, d}
NONDUAL BENEFICIARIES, MAINE, 2004

		ANTI	DIABETIC				MISC. E	NDOCRINE				
Beneficiary Characteristics	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	Benefit Months Among All- Year Nursing Facility Residents
All	36	27.1 %	302	1.3	\$51	25	18.8 %	280	0.7	\$51	133	1,333
Female Disabled 64 or younger 65-74 75-84 85 and older Other Eligibles 64 or younger 65-74	22 15 15 0 0 7 0 4	24.4 30.6 30.6 0.0 0.0 17.1 0.0 50.0	207 140 140 0 0 0 67 0 34	1.2 1.2 1.2 0.0 0.0 0.0 1.1 0.0 1.0	42 40 40 0 0 0 47 0 73	21 10 10 0 0 0 11 0	23.3 20.4 20.4 0.0 0.0 0.0 26.8 0.0 12.5 33.3	232 120 120 0 0 0 112 0 12	0.8 0.8 0.0 0.0 0.0 0.0 0.8 0.0 0.6	57 57 57 0 0 0 59 0 47 38	90 49 49 0 0 0 41 1 8	908 500 500 0 0 408 2 78 103
75-84 85 and older	3	13.0	33	1.2	20	7	30.4	69	0.8	70	23	225
Male Disabled 64 or younger 65-74 75-84 85 and older Other Eligibles 64 or younger 65-74 75-84 85 and older	14 4 4 0 0 0 10 0 2 7	32.6 14.8 14.8 0.0 0.0 0.0 62.5 0.0 50.0 87.5 25.0	95 48 48 0 0 0 47 0 12 32 3	1.6 2.3 2.3 0.0 0.0 0.0 0.9 0.0 0.9 0.8 1.3	70 120 120 0 0 0 19 0 14 21	4 4 0 0 0 0 0 0 0 0	9.3 14.8 14.8 0.0 0.0 0.0 0.0 0.0 0.0 0.0	48 48 48 0 0 0 0 0 0 0 0	0.4 0.4 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	20 20 20 0 0 0 0 0 0 0	43 27 27 0 0 0 16 0 4 8	425 288 288 0 0 0 137 0 35 63 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 Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.

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 2004. A total of 467 beneficiaries who were in nursing facilities for part of their enrollment and their 4,674 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).

TABLE ND.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}

MAINE, 2004

	Number of	Percentage of							
	Beneficiaries with	Beneficiaries with at	Number of Part	Total Number Pa	art D Excluded			Part D Excluded Rx	
Beneficiary	at Least One Part	Least One Part D	D Excluded Rx	Part D	Rx \$ per	Total Part D		as a Percentage of	Total Number of
Characteristics	D Excluded Rx	Excluded Rx	per Beneficiary	Excluded Rx	Beneficiary	Excluded Rx \$	Excluded Rx	All Nondual Rx \$	Beneficiaries
All	48,828	19.6 %	1.0	237,747	\$17	\$4,209,582	\$18	2.8 %	249,409
Age									
5 and younger	3,321	8.5	0.2	7,992	8	308,197	39	5.1	39,143
6-14	6,793	12.5	0.4	20,706	12	659,314	32	3.5	54,285
15-20	5,362	15.1	0.5	16,172	10	359,898	22	2.2	35,431
21-44	22,857	25.1	1.3	114,682	19	1,743,756	15	2.9	90,973
45-64	10,182	35.9	2.7	75,523	39	1,106,327	15	2.4	28,330
65-74	154	29.9	2.6	1,332	34	17,514	13	2.4	515
75-84	98	26.8	2.0	721	21	7,830	11	2.1	365
85 and older	61	16.7	1.7	619	18	6,746	11	3.3	366
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility ^c									
Aged	311	25.4	2.2	2,662	26	31,802	12	2.5	1,225
Disabled	10,855	44.9	4.0	96,141	75	1,808,174	19	2.8	24,168
Adults	23,911	23.3	1.0	103,366	15	1,571,175	15	2.9	102,498
Children	13,706	11.3	0.3	35,357	7	795,287	22	2.7	121,375
Unknown	45	31.5	1.5	221	22	3,144	14	2.3	143
Gender									
Female	32,128	23.9	1.2	161,394	18	2,462,468	15	2.9	134,311
Male	16,695	14.5	0.7	76,342	15	1,747,027	23	2.8	114,902
Unknown	5	2.6	0.1	11	0	87	8	1.4	196
Race									
White	44,282	20.0	1.0	218,531	17	3,862,367	18	2.8	221,566
African American	786	13.0	0.4	2,372	7	44,017	19	2.9	6,036
Other/unknown	3,760	17.2	0.8	16,844	14	303,198	18	2.9	21,807
Use of Nursing									
Facilities ^d									
Entire year	83	62.4	8.4	1,119	98	13,039	12	2.3	133
Part year	375	80.3	9.5	4,425	140	65,376	15	3.1	467
None	48,370	19.4	0.9	232,203	17	4,131,167	18	2.8	248,809
Maintenance									
Assistance Status									
Cash	13,006	33.5	2.5	98,276	45	1,737,093	18	2.8	38,865
Medically needy	228	19.9	1.0	1,168	15	17,633	15	2.8	1,147
Poverty related	12,930	12.0	0.4	38,630	7	797,594	21	2.7	107,670
Other/unknown	22,664	22.3	1.0	99,673	16	1,657,262	17	3.0	101,727

Table ND11 Nondual Beneficiaries

- 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 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 ND.12 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTICa,b MAINE, 2004

Beneficiary	Number Rx per	Rx \$ per		Barbiturate \$ per Ber		Number of
Characteristics	Benefit Month	Benefit Month	\$ per Rx	Benefit Month	Benefit Month	Benefit Months
All	0.1	\$2	\$18	\$0	\$0	2,469,557
Age						
5 and younger	0.0	1	39	0	0	383,264
6-14	0.0	1	32	0	0	578,868
15-20	0.0	1	22	0	0	353,648
21-44	0.1	2	15	0	1	870,243
45-64	0.3	4	15	0	1	274,356
65-74	0.3	4	13	0	1	4,710
75-84	0.3	3	11	0	0	2,642
85 and older	0.3	4	11	0	1	1,814
Unknown	0.0	0	0	0	0	12
Basis of Eligibility ^c						
Aged	0.3	4	12	0	1	9,018
Disabled	0.4	7	19	0	2	269,754
Adults	0.1	2	15	0	0	954,185
Children	0.0	1	22	0	0	1,235,362
Unknown	0.2	3	14	0	1	1,238
Gender						
Female	0.1	2	15	0	0	1,351,006
Male	0.1	2	23	0	0	1,117,457
Unknown	0.0	0	8	0	0	1,094
Race						
White	0.1	2	18	0	0	2,203,970
African American	0.0	1	19	0	0	56,460
Other/unknown	0.1	1	18	0	0	209,127
Use of Nursing						
Facilities ^d						
Entire year	0.8	10	12	0	3	1,333
Part year	0.9	14	15	0	3	4,674
None	0.1	2	18	0	0	2,463,550
Maintenance Assistance Status						
Cash	0.2	4	18	0	1	416,028
Medically needy	0.1	2	15	0	0	8,503
Poverty related	0.0	1	21	0	0	1,087,242
Other/unknown	0.1	2	17	0	0	957,784

Table ND12 Nondual Beneficiaries

- a. Table ND.12 includes the beneficaries 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 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 beneficaries 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} MAINE. 2004

		ı	Number Rx as a Percentage of All Part D				
Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	58,379	\$72	\$4,209,582	100.0 %	237,747	\$18	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	33	23	761	0.0	43	18	0.0
Drugs for cosmetic purposes	336	13	4,287	0.1	480	9	0.2
Cough and cold medications	142	50	7,065	0.2	257	27	0.1
Vitamins and minerals	2,415	112	270,845	6.4	11,138	24	4.7
Non-prescription drugs	32,005	79	2,544,062	60.4	95,978	27	40.4
Barbiturates	443	30	13,427	0.3	2,986	4	1.3
Benzodiazepines	20,334	46	938,189	22.3	117,395	8	49.4
Other Part D Excl Rx Drugs	2,671	161	430,946	10.2	9,470	46	4.0

Source: Data for this table are from the MAX 2004 file for Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 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, MAINE, 2004

Beneficiary			Number of Be	neficiaries				N	lumber of Ben	efit Months		
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	249,409	1,225	24,168	102,498	121,375	143	2,469,557	9,018	269,754	954,185	1,235,362	1,238
Age												
5 and younger	39,143	0	816	9	38,318	0	383,264	0	8,777	77	374,410	0
6-14	54,285	0	3,142	13	51,130	0	578,868	0	35,433	111	543,324	0
15-20	35,431	0	2,515	1,025	31,891	0	353,648	0	27,861	8,434	317,353	0
21-44	90,973	0	8,031	82,886	35	21	870,243	0	90,857	778,967	263	156
45-64	28,330	0	9,664	18,544	0	122	274,356	0	106,826	166,448	0	1,082
65-74	515	497	0	18	0	0	4,710	4,575	0	135	0	0
75-84	365	363	0	2	0	0	2,642	2,638	0	4	0	0
85 and older	366	365	0	1	0	0	1,814	1,805	0	9	0	0
Unknown	1	0	0	0	1	0	12	0	0	0	12	0
Gender												
Female	134,311	781	12,683	60,639	60,066	142	1,351,006	5,650	142,595	587,928	613,597	1,236
Male	114,902	438	11,467	41,806	61,191	0	1,117,457	3,334	127,055	365,919	621,149	0
Unknown	196	6	18	53	118	1	1,094	34	104	338	616	2
Race												
White	221,566	1,012	21,994	90,537	107,905	118	2,203,970	6,885	246,334	845,892	1,103,828	1,031
African American	6,036	42	286	2,373	3,335	0	56,460	410	2,960	20,561	32,529	0
Other/unknown	21,807	171	1,888	9,588	10,135	25	209,127	1,723	20,460	87,732	99,005	207
Use of Nursing Facilities ^c												
Entire year	133	56	76	0	0	1	1,333	543	788	0	0	2
Part year	467	92	316	54	4	1	4,674	860	3,268	504	39	3
None	248,809	1,077	23,776	102,444	121,371	141	2,463,550	7,615	265,698	953,681	1,235,323	1,233
Maintenance Assistance Status												
Cash	38,865	324	19,235	19,297	9	0	416,028	2,570	220,304	193,111	43	0
Medically needy	1,147	115	193	444	395	0	8,503	623	1,224	3,402	3,254	0
Poverty related	107,670	517	2,997	2,362	101,651	143	1,087,242	4,591	30,319	15,546	1,035,548	1,238
Other/unknown	101,727	269	1,743	80,395	19,320	0	957,784	1,234	17,907	742,126	196,517	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	249,409	1,225	24,168	102,498	121,375	143	2,469,557	9,018	269,754	954,185	1,235,362	1,238
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

0 0

- 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(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, MAINE, 2004

	Beneficiaries Benefit Months in Ce		Included in Cell K o	of Table 1	Excluded from Cell K	of Table 1
		mber of Benefit Months	Number of Nu Beneficiaries	mber of Benefit Months	Number of Num Beneficiaries	nber of Benefit Months
All	249,409	2,469,557	249,409	2,469,557	0	0
Fee-for-service (FFS) all year	249,409	2,469,557	249,409	2,469,557	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 Maine, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.