

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at [ORDI\\_508\\_Compliance@cms.hhs.gov](mailto:ORDI_508_Compliance@cms.hhs.gov).

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
NEW HAMPSHIRE**

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

**FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES  
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES  
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NEW HAMPSHIRE, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	139646 (A)	26175 (E)	113471 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	136197 (B)	22760 (F)	113437 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	136197 (C)	22760 (G)	113437 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	4618 (D)	4461 (H)	157 (L)

Source: Data for this table are from the MAX 2005 file for New Hampshire, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for New Hampshire in 2005 was \$133,718,313, of which \$14,219 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and N+B18D.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NEW HAMPSHIRE, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>136,197</b>	<b>12,167</b>	<b>18,813</b>	<b>19,838</b>	<b>85,379</b>	<b>0</b>	<b>1,269,975</b>	<b>119,023</b>	<b>196,311</b>	<b>153,820</b>	<b>800,821</b>	<b>0</b>
<b>Age</b>												
5 and younger	29,683	0	37	0	29,646	0	266,852	0	443	0	266,409	0
6-14	37,698	0	78	0	37,620	0	372,450	0	920	0	371,530	0
15-20	18,569	0	613	0	17,956	0	168,577	0	6,347	0	162,230	0
21-44	26,261	0	8,101	18,005	155	0	224,850	0	85,169	139,042	639	0
45-64	11,685	0	9,887	1,797	1	0	117,209	0	102,539	14,658	12	0
65-74	3,667	3,579	78	10	0	0	37,209	36,449	680	80	0	0
75-84	4,103	4,091	12	0	0	0	40,442	40,307	135	0	0	0
85 and older	4,504	4,497	7	0	0	0	42,345	42,267	78	0	0	0
Unknown	27	0	0	26	1	0	41	0	0	40	1	0
<b>Gender</b>												
Female	78,563	9,245	10,139	17,086	42,093	0	727,242	92,228	107,210	135,501	392,303	0
Male	57,634	2,922	8,674	2,752	43,286	0	542,733	26,795	89,101	18,319	408,518	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	123,958	11,583	18,100	17,944	76,331	0	1,158,634	113,037	189,291	139,544	716,762	0
African American	3,177	66	258	647	2,206	0	29,239	654	2,564	5,077	20,944	0
Other/unknown	9,062	518	455	1,247	6,842	0	82,102	5,332	4,456	9,199	63,115	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	4,618	4,305	310	0	3	0	47,451	43,987	3,428	0	36	0
Part year	2,560	2,150	385	6	19	0	22,350	18,141	3,950	47	212	0
None	129,019	5,712	18,118	19,832	85,357	0	1,200,174	56,895	188,933	153,773	800,573	0
<b>Maintenance Assistance Status</b>												
Cash	26,275	1,486	7,199	5,504	12,086	0	257,608	16,660	79,124	44,850	116,974	0
Medically needy	12,595	4,988	3,430	2,688	1,489	0	112,641	45,008	33,021	20,273	14,339	0
Poverty-related	65,144	605	771	3,972	59,796	0	581,310	5,371	7,178	22,709	546,052	0
Other/unknown	32,183	5,088	7,413	7,674	12,008	0	318,416	51,984	76,988	65,988	123,456	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	20,450	10,399	9,050	991	10	0	211,094	102,586	98,933	9,472	103	0
Full dual, part year	2,310	900	1,309	101	0	0	22,474	8,529	12,911	1,034	0	0
Non-dual, all year	113,437	868	8,454	18,746	85,369	0	1,036,407	7,908	84,467	143,314	800,718	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	136,197	12,167	18,813	19,838	85,379	0	1,269,975	119,023	196,311	153,820	800,821	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 2005 file for New Hampshire, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NEW HAMPSHIRE, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>67.4</b>	<b>15.2</b>	<b>\$982</b>	<b>\$65</b>	<b>\$6,037</b>	<b>16.3</b>	<b>136,197</b>
<b>Age</b>							
5 and younger	60.4	2.8	108	39	1,519	7.1	29,683
6-14	57.2	4.5	310	70	2,379	13.0	37,698
15-20	62.2	6.4	426	67	3,751	11.4	18,569
21-44	75.5	17.6	1,309	74	7,164	18.3	26,261
45-64	84.6	46.8	3,591	77	15,207	23.6	11,685
65-74	85.5	51.4	2,960	58	14,630	20.2	3,667
75-84	89.7	58.9	2,955	50	20,130	14.7	4,103
85 and older	92.8	58.7	2,582	44	25,699	10.0	4,504
Unknown	0.0	0.0	0	0	0	0.0	27
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	89.7	56.7	2,818	50	20,564	13.7	12,167
Disabled	84.7	42.2	3,469	82	17,432	19.9	18,813
Adults	72.2	11.8	637	54	2,723	23.4	19,838
Children	59.2	4.1	252	61	2,226	11.3	85,379
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	70.1	17.9	1,070	60	6,127	17.5	78,563
Male	63.7	11.5	861	75	5,914	14.6	57,634
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	68.3	16.1	1,037	65	6,400	16.2	123,958
African American	57.3	6.7	478	72	2,406	19.9	3,177
Other/unknown	58.4	6.6	407	62	2,342	17.4	9,062
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.8	79.2	3,911	49	39,049	10.0	4,618
Part year	94.9	56.3	2,835	50	23,855	11.9	2,560
None	65.8	12.1	840	69	4,502	18.7	129,019
<b>Maintenance Assistance Status</b>							
Cash	74.3	18.6	1,255	67	7,501	16.7	26,275
Medically needy	82.3	39.8	2,538	64	13,579	18.7	12,595
Poverty related	56.9	3.7	215	59	1,584	13.5	65,144
Other/unknown	77.2	26.2	1,702	65	10,903	15.6	32,183

Source: Data for this table are from the MAX 2005 file for New Hampshire, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 3 includes beneficiaries represented by Cell C 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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NEW HAMPSHIRE, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	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
<b>All</b>	<b>1.6</b>	<b>\$105</b>	<b>16.3</b>	<b>32.6</b>	<b>43.2</b>	<b>6.4</b>	<b>9.4</b>	<b>6.2</b>	<b>2.1</b>	<b>\$647</b>	<b>136,197</b>	<b>1,269,975</b>
<b>Age</b>												
5 and younger	0.3	12	7.1	39.6	57.7	1.9	0.6	0.1	0.0	169	29,683	266,852
6-14	0.5	31	13.0	42.8	49.5	4.2	3.1	0.3	0.0	241	37,698	372,450
15-20	0.7	47	11.4	37.8	49.6	6.7	4.9	0.8	0.1	413	18,569	168,577
21-44	2.1	153	18.3	24.5	40.1	11.9	15.8	6.3	1.4	837	26,261	224,850
45-64	4.7	358	23.6	15.4	16.9	10.8	26.1	22.5	8.4	1,516	11,685	117,209
65-74	5.1	292	20.2	14.5	14.1	8.9	25.8	26.2	10.5	1,442	3,667	37,209
75-84	6.0	300	14.7	10.3	9.9	7.4	26.9	31.8	13.7	2,042	4,103	40,442
85 and older	6.2	275	10.0	7.2	7.0	7.1	29.4	36.5	12.8	2,734	4,504	42,345
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	27	41
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.8	288	13.7	10.3	10.1	7.8	27.6	31.8	12.4	2,102	12,167	119,023
Disabled	4.0	332	19.9	15.3	20.7	11.7	26.2	19.4	6.6	1,671	18,813	196,311
Adults	1.5	82	23.4	27.8	44.5	11.5	12.1	3.5	0.6	351	19,838	153,820
Children	0.4	27	11.3	40.8	52.5	3.9	2.5	0.3	0.0	237	85,379	800,821
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.9	116	17.5	29.9	42.1	6.9	10.6	7.7	2.7	662	78,563	727,242
Male	1.2	92	14.6	36.3	44.6	5.7	7.8	4.2	1.3	628	57,634	542,733
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	1.7	111	16.2	31.7	42.8	6.6	9.9	6.7	2.3	685	123,958	1,158,634
African American	0.7	52	19.9	42.7	45.2	4.6	5.3	1.9	0.2	261	3,177	29,239
Other/unknown	0.7	45	17.4	41.6	47.4	4.2	4.3	1.9	0.6	259	9,062	82,102
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.7	381	10.0	3.2	3.7	5.0	25.0	39.9	23.1	3,800	4,618	47,451
Part year	6.4	325	11.9	5.1	7.6	7.1	29.8	36.5	14.0	2,732	2,560	22,350
None	1.3	90	18.7	34.2	45.3	6.4	8.5	4.4	1.1	484	129,019	1,200,174
<b>Maintenance Assistance Status</b>												
Cash	1.9	128	16.7	25.7	43.3	8.6	13.0	7.5	1.8	765	26,275	257,608
Medically needy	4.4	284	18.7	17.7	20.3	8.9	23.3	22.0	7.8	1,518	12,595	112,641
Poverty related	0.4	24	13.5	43.1	50.7	3.5	2.2	0.4	0.1	178	65,144	581,310
Other/unknown	2.6	172	15.6	22.8	36.7	9.5	15.8	10.9	4.3	1,102	32,183	318,416

Source: Data for this table are from the MAX 2005 file for New Hampshire, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 4 includes the beneficiaries represented by Cell C 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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NEW HAMPSHIRE, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.6</b>	<b>\$105</b>	<b>\$65</b>	<b>0.6</b>	<b>\$77</b>	<b>\$131</b>	<b>0.1</b>	<b>\$7</b>	<b>\$108</b>	<b>1.0</b>	<b>\$21</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	0.3	12	39	0.1	9	96	0.0	0	50	0.2	3	14
6-14	0.5	31	70	0.2	26	118	0.0	1	83	0.2	4	19
15-20	0.7	47	67	0.3	37	124	0.0	2	76	0.4	8	20
21-44	2.1	153	74	0.7	111	169	0.1	12	132	1.3	30	23
45-64	4.7	358	77	1.6	257	157	0.2	29	154	2.8	72	25
65-74	5.1	292	58	1.9	213	115	0.2	16	92	3.0	62	21
75-84	6.0	300	50	2.2	215	99	0.2	17	73	3.6	68	19
85 and older	6.2	275	44	2.2	190	88	0.3	17	59	3.8	67	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.8	288	50	2.1	205	99	0.2	17	71	3.5	66	19
Disabled	4.0	332	82	1.5	245	167	0.2	25	146	2.4	63	26
Adults	1.5	82	54	0.4	55	134	0.1	8	126	1.1	20	19
Children	0.4	27	61	0.2	22	115	0.0	1	75	0.2	4	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	1.9	116	60	0.7	83	125	0.1	8	99	1.2	24	21
Male	1.2	92	75	0.5	69	144	0.0	6	129	0.7	16	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.7	111	65	0.6	81	131	0.1	8	108	1.0	22	22
African American	0.7	52	72	0.3	40	154	0.0	4	159	0.4	8	19
Other/unknown	0.7	45	62	0.3	35	130	0.0	2	101	0.4	8	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.7	381	49	2.8	264	96	0.3	22	65	4.6	95	21
Part year	6.4	325	50	2.2	225	104	0.3	23	79	4.0	78	20
None	1.3	90	69	0.5	67	142	0.1	6	123	0.8	17	22
<b>Maintenance Assistance Status</b>												
Cash	1.9	128	67	0.7	93	143	0.1	10	131	1.2	25	22
Medically needy	4.4	284	64	1.6	204	127	0.2	21	111	2.7	59	22
Poverty related	0.4	24	59	0.2	19	117	0.0	1	79	0.2	4	18
Other/unknown	2.6	172	65	1.0	127	132	0.1	11	101	1.6	35	22

Source: Data for this table are from the MAX 2005 file for New Hampshire, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C 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, 0.1 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

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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NEW HAMPSHIRE, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months			
		Name	Name		Name	Name		Name	Name								
Anti-infective Agents	0.2	0.0	0.0	0.2	\$12	\$7	\$2	\$3	\$50	\$162	\$76	\$18	145,439	\$7,238,701	55,096	40.5	588,823
Biologicals	0.1	0.1	0.0	0.0	36	26	4	6	292	355	1,415	125	1,790	522,176	1,336	1.0	14,524
Antineoplastic Agents	0.6	0.2	0.0	0.4	113	90	2	21	200	570	250	53	5,876	1,176,183	985	0.7	10,366
Endocrine/Metabolic Drugs	0.7	0.2	0.1	0.4	34	24	3	7	51	106	50	18	187,366	9,526,763	26,230	19.3	276,490
Cardiovascular Agents	1.5	0.5	0.0	1.0	54	39	0	14	36	87	42	14	335,579	12,233,017	21,344	15.7	228,193
Respiratory Agents	0.5	0.3	0.0	0.2	31	27	1	3	62	95	63	16	149,668	9,341,129	28,043	20.6	301,940
Gastrointestinal Agents	0.6	0.3	0.0	0.4	45	38	0	7	72	150	62	18	117,961	8,462,869	17,533	12.9	188,758
Genitourinary Agents	0.4	0.3	0.0	0.1	24	20	1	3	59	80	57	22	31,445	1,852,781	7,177	5.3	76,904
CNS Drugs	1.3	0.6	0.0	0.7	115	94	2	20	90	161	135	28	426,774	38,236,080	31,433	23.1	331,661
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.2	64	58	1	5	90	105	86	36	55,112	4,975,900	7,223	5.3	77,771
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	110	107	0	3	169	176	110	65	23,637	3,987,432	3,411	2.5	36,148
Analgesics and Anesthetics	0.7	0.1	0.1	0.5	38	14	14	10	57	144	205	21	230,181	13,010,044	32,993	24.2	344,522
Neuromuscular Agents	0.9	0.3	0.0	0.5	70	47	3	20	80	154	91	37	159,715	12,822,577	17,008	12.5	183,298
Nutritional Products	0.3	0.0	0.0	0.3	6	2	0	4	19	98	16	14	44,003	817,696	13,623	10.0	143,764
Hematological Agents	0.8	0.2	0.0	0.6	68	59	1	7	83	266	37	13	47,487	3,947,910	5,547	4.1	58,283
Topical Products	0.3	0.1	0.0	0.2	12	8	0	4	45	89	55	21	102,529	4,635,973	34,311	25.2	371,729
Miscellaneous Products	0.3	0.2	0.0	0.1	38	28	4	7	146	184	245	70	6,234	907,666	2,166	1.6	23,734
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	17	0	0	0	532	9,197	181	0.1	1,988
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,071,328</b>	<b>133,704,094</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for New Hampshire, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 6 includes the beneficiaries represented by Cell C 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.medspan.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, 0.1 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.medspan.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 2005.

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 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NEW HAMPSHIRE, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$24,919,111	16,214	11.9	178,215	0.8	\$184	\$140
ANTIDEPRESSANTS	11,625,266	32,428	23.8	346,558	0.6	56	34
ANTICONVULSANT	11,104,922	14,558	10.7	159,426	0.7	94	70
ANALGESICS - Narcotic	8,399,733	39,007	28.6	411,257	0.4	53	20
ANTIASTHMATIC	6,874,539	30,070	22.1	325,433	0.3	66	21
ULCER DRUGS	6,420,341	16,554	12.2	179,949	0.5	75	36
ANTIHYPERLIPIDEMIC	6,257,994	9,199	6.8	101,966	0.6	96	61
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,975,900	8,472	6.2	92,026	0.6	90	54
ANTIDIABETIC	4,585,201	9,759	7.2	105,173	0.7	59	44
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,050,556	4,386	3.2	46,785	0.5	162	87
Total	89,213,563	180,647		1,946,788	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New Hampshire, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

All Medicaid Beneficiaries