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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
NEW HAMPSHIRE**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	22,523	10,892	10,526	1,098	7	0	231,369	108,060	112,973	10,256	80	0
Age												
5 and younger	3	0	1	0	2	0	31	0	9	0	22	0
6-14	1	0	0	0	1	0	12	0	0	0	12	0
15-20	47	0	43	0	4	0	528	0	482	0	46	0
21-44	5,285	0	4,428	857	0	0	56,171	0	48,131	8,040	0	0
45-64	6,228	0	5,988	240	0	0	65,941	0	63,737	2,204	0	0
65-74	3,059	3,008	50	1	0	0	30,893	30,452	429	12	0	0
75-84	3,683	3,671	12	0	0	0	36,715	36,575	140	0	0	0
85 and older	4,217	4,213	4	0	0	0	41,078	41,033	45	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,743	8,304	5,571	866	2	0	152,246	83,709	60,145	8,370	22	0
Male	7,780	2,588	4,955	232	5	0	79,123	24,351	52,828	1,886	58	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,788	10,547	10,205	1,030	6	0	224,208	104,784	109,685	9,671	68	0
African American	186	43	125	18	0	0	1,865	391	1,319	155	0	0
Other/unknown	549	302	196	50	1	0	5,296	2,885	1,969	430	12	0
Use of Nursing Facilities^c												
Entire year	4,330	4,096	234	0	0	0	44,990	42,420	2,570	0	0	0
Part year	2,362	2,112	247	3	0	0	20,987	18,443	2,508	36	0	0
None	15,831	4,684	10,045	1,095	7	0	165,392	47,197	107,895	10,220	80	0
Maintenance Assistance Status												
Cash	3,565	1,022	2,488	55	0	0	40,503	11,682	28,338	483	0	0
Medically needy	7,371	4,490	2,248	632	1	0	68,459	40,792	21,740	5,917	10	0
Poverty-related	1,947	728	1,143	74	2	0	18,782	6,895	11,293	570	24	0
Other/unknown	9,640	4,652	4,647	337	4	0	103,625	48,691	51,602	3,286	46	0
Dual Medicare Status^d												
Full dual, all year	19,607	9,820	8,824	956	7	0	201,965	97,528	95,624	8,733	80	0
Full dual, part year	2,916	1,072	1,702	142	0	0	29,404	10,532	17,349	1,523	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,523	10,892	10,526	1,098	7	0	231,369	108,060	112,973	10,256	80	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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	40.9	5.6	\$204	\$36	\$17,782	1.1	22,523
Age							
5 and younger	66.7	24.7	3,112	126	30,898	10.1	3
6-14	100.0	26.0	2,843	109	42,678	6.7	1
15-20	72.3	22.0	1,515	69	20,708	7.3	47
21-44	43.7	7.1	385	54	13,937	2.8	5,285
45-64	46.0	7.1	264	37	16,466	1.6	6,228
65-74	35.2	5.0	136	27	13,644	1.0	3,059
75-84	36.3	3.8	60	16	19,705	0.3	3,683
85 and older	37.4	3.4	44	13	25,819	0.2	4,217
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	36.4	4.0	75	19	20,391	0.4	10,892
Disabled	44.0	6.8	299	44	16,587	1.8	10,526
Adults	54.6	10.4	546	53	3,348	16.3	1,098
Children	85.7	51.3	2,732	53	19,814	13.8	7
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	43.6	5.9	187	32	17,188	1.1	14,743
Male	35.6	5.1	236	47	18,908	1.2	7,780
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	41.1	5.7	201	36	18,055	1.1	21,788
African American	40.9	6.0	484	81	10,413	4.6	186
Other/unknown	32.4	4.5	198	45	9,428	2.1	549
Use of Nursing Facilities^f							
Entire year	43.5	5.2	69	13	36,418	0.2	4,330
Part year	44.5	4.0	89	22	20,414	0.4	2,362
None	39.6	6.0	257	43	12,292	2.1	15,831
Maintenance Assistance Status							
Cash	45.6	8.4	375	45	19,660	1.9	3,565
Medically needy	40.7	5.0	156	31	17,918	0.9	7,371
Poverty related	28.8	2.3	130	56	3,206	4.1	1,947
Other/unknown	41.7	5.7	192	33	19,928	1.0	9,640

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	0.5	\$20	1.1	59.1	29.8	6.4	3.4	0.9	0.3	\$1,731	22,523	231,369
Age												
5 and younger	2.4	301	10.1	33.3	0.0	0.0	66.7	0.0	0.0	2,990	3	31
6-14	2.2	237	6.7	0.0	0.0	100.0	0.0	0.0	0.0	3,557	1	12
15-20	2.0	135	7.3	27.7	38.3	17.0	2.1	12.8	2.1	1,843	47	528
21-44	0.7	36	2.8	56.3	30.2	6.4	5.2	1.4	0.5	1,311	5,285	56,171
45-64	0.7	25	1.6	54.0	32.2	8.1	4.1	1.2	0.4	1,555	6,228	65,941
65-74	0.5	14	1.0	64.8	25.9	5.6	2.7	0.5	0.5	1,351	3,059	30,893
75-84	0.4	6	0.3	63.7	28.2	5.2	2.4	0.4	0.1	1,977	3,683	36,715
85 and older	0.3	5	0.2	62.6	30.0	5.4	1.7	0.3	0.1	2,651	4,217	41,078
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.4	8	0.4	63.6	28.2	5.4	2.2	0.4	0.2	2,055	10,892	108,060
Disabled	0.6	28	1.8	56.0	31.0	7.2	4.3	1.1	0.4	1,545	10,526	112,973
Adults	1.1	58	16.3	45.4	34.5	8.1	7.7	3.3	1.0	358	1,098	10,256
Children	4.5	239	13.8	14.3	14.3	14.3	28.6	14.3	14.3	1,734	7	80
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.6	18	1.1	56.4	32.1	6.7	3.6	0.9	0.3	1,664	14,743	152,246
Male	0.5	23	1.2	64.4	25.4	5.8	3.2	0.9	0.3	1,859	7,780	79,123
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.5	20	1.1	58.9	30.0	6.4	3.5	0.9	0.3	1,755	21,788	224,208
African American	0.6	48	4.6	59.1	30.1	5.4	3.8	1.1	0.5	1,039	186	1,865
Other/unknown	0.5	21	2.1	67.6	23.3	4.9	2.2	1.3	0.7	977	549	5,296
Use of Nursing Facilities^f												
Entire year	0.5	7	0.2	56.5	31.2	7.9	3.8	0.4	0.2	3,505	4,330	44,990
Part year	0.4	10	0.4	55.5	36.8	4.9	1.9	0.6	0.3	2,298	2,362	20,987
None	0.6	25	2.1	60.4	28.4	6.2	3.6	1.1	0.4	1,177	15,831	165,392
Maintenance Assistance Status												
Cash	0.7	33	1.9	54.4	30.5	7.5	5.0	1.7	0.9	1,730	3,565	40,503
Medically needy	0.5	17	0.9	59.3	29.9	6.3	3.4	0.8	0.2	1,929	7,371	68,459
Poverty related	0.2	14	4.1	71.2	24.6	2.2	1.7	0.3	0.1	332	1,947	18,782
Other/unknown	0.5	18	1.0	58.3	30.5	6.9	3.2	0.7	0.3	1,854	9,640	103,625

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.5	\$20	\$36	0.1	\$12	\$162	0.0	\$2	\$130	0.5	\$6	\$14
Age												
5 and younger	2.4	301	126	0.8	240	297	0.0	2	50	1.5	60	39
6-14	2.2	237	109	0.3	217	866	0.0	0	0	1.9	20	11
15-20	2.0	135	69	0.8	108	136	0.0	3	57	1.1	25	22
21-44	0.7	36	54	0.1	24	194	0.0	3	147	0.5	9	17
45-64	0.7	25	37	0.1	14	165	0.0	3	139	0.6	9	15
65-74	0.5	14	27	0.1	7	127	0.0	1	102	0.4	5	12
75-84	0.4	6	16	0.0	2	84	0.0	0	72	0.4	3	9
85 and older	0.3	5	13	0.0	2	71	0.0	0	52	0.3	3	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	8	19	0.0	4	101	0.0	1	85	0.4	4	10
Disabled	0.6	28	44	0.1	17	185	0.0	2	130	0.5	8	16
Adults	1.1	58	53	0.2	36	161	0.0	9	201	0.8	14	16
Children	4.5	239	53	1.9	196	103	0.0	1	50	2.6	42	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.6	18	32	0.1	10	144	0.0	2	128	0.5	7	13
Male	0.5	23	47	0.1	15	192	0.0	2	133	0.4	6	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	20	36	0.1	11	160	0.0	2	130	0.5	6	14
African American	0.6	48	81	0.1	38	353	0.0	1	101	0.5	9	18
Other/unknown	0.5	21	45	0.1	14	153	0.0	2	130	0.4	5	14
Use of Nursing Facilities^e												
Entire year	0.5	7	13	0.0	3	71	0.0	0	60	0.5	4	9
Part year	0.4	10	22	0.1	5	96	0.0	1	85	0.4	4	11
None	0.6	25	43	0.1	15	178	0.0	2	137	0.5	7	15
Maintenance Assistance Status												
Cash	0.7	33	45	0.1	20	160	0.0	3	121	0.6	10	17
Medically needy	0.5	17	31	0.1	9	155	0.0	2	138	0.5	6	13
Poverty related	0.2	14	56	0.0	9	194	0.0	1	198	0.2	3	14
Other/unknown	0.5	18	33	0.1	10	164	0.0	2	125	0.5	6	13

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	\$26	\$18	\$1	\$7	\$89	\$404	\$380	\$29	2,097	\$186,332	665	3.0	7,174
Biologicals	0.4	0.3	0.0	0.1	211	207	0	4	535	807	0	30	60	32,097	15	0.1	152
Antineoplastic Agents	0.5	0.1	0.0	0.3	232	220	0	11	509	1,486	0	37	169	85,937	36	0.2	371
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	28	22	1	5	49	119	32	15	3,630	178,881	597	2.7	6,326
Cardiovascular Agents	1.0	0.3	0.1	0.6	48	28	13	8	49	107	132	12	7,261	358,262	732	3.3	7,463
Respiratory Agents	0.4	0.2	0.0	0.2	25	20	0	4	60	110	69	18	4,695	282,133	1,027	4.6	11,511
Gastrointestinal Agents	0.5	0.2	0.0	0.3	50	45	1	4	99	194	226	15	2,494	246,072	462	2.1	4,938
Genitourinary Agents	0.3	0.2	0.0	0.1	22	18	2	2	65	87	92	20	488	31,763	137	0.6	1,460
CNS Drugs	0.8	0.1	0.0	0.7	26	13	2	11	31	177	142	15	56,011	1,735,352	6,172	27.4	67,115
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	44	36	1	7	101	158	55	38	352	35,707	75	0.3	812
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.1	126	122	0	4	331	406	0	48	323	107,047	89	0.4	852
Analgesics and Anesthetics	0.7	0.1	0.1	0.6	33	10	11	11	46	166	212	19	8,055	371,162	1,080	4.8	11,380
Neuromuscular Agents	0.9	0.1	0.0	0.8	21	10	2	10	24	174	125	12	23,113	553,608	2,359	10.5	26,004
Nutritional Products	0.5	0.0	0.0	0.4	9	3	0	6	19	103	14	13	3,348	62,989	643	2.9	6,801
Hematological Agents	0.8	0.0	0.0	0.8	9	5	0	4	11	326	27	5	11,974	129,194	1,396	6.2	14,964
Topical Products	0.3	0.1	0.0	0.2	20	16	1	4	61	126	48	21	1,550	94,941	431	1.9	4,684
Miscellaneous Products	0.3	0.3	0.0	0.0	27	24	2	2	87	83	252	91	1,065	92,634	312	1.4	3,412
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	13	0	0	0	153	0	0	0	3	458	3	0.0	36
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.	126,688	4,584,569	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 0.2 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.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$686,188	556	2.5	6,045	0.5	\$221	\$114
ANTIANSXIETY AGENTS	630,285	4,961	22.0	54,019	0.7	16	12
ANTICONVULSANT	502,673	2,299	10.2	25,470	0.9	23	20
ANTIDEPRESSANTS	327,039	1,126	5.0	12,019	0.4	64	27
ANALGESICS - Narcotic	229,041	1,120	5.0	11,715	0.4	47	20
LAXATIVES	217,106	7,695	34.2	83,507	0.6	4	3
ULCER DRUGS	210,417	972	4.3	10,542	0.5	41	20
ANTIASTHMATIC	196,643	576	2.6	6,166	0.3	91	32
ANTIHYPERLIPIDEMIC	186,508	370	1.6	3,962	0.5	102	47
ANALGESICS - NonNarcotic	146,212	7,123	31.6	76,957	0.6	3	2
Total	3,332,112	26,798	n.a.	290,402	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTIANKXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	178,776	\$3,332,112	556	2.5	6,045	0.5	\$114	4,961	22.0	54,019	0.7	\$12					
Female																	
All Females	128,746	2,090,436	326	2.2	3,547	0.5	96	3,617	24.5	39,395	0.7	11					
Female, Disabled																	
All Ages	40,611	1,115,926	196	3.5	2,168	0.5	95	1,485	26.7	16,878	0.8	14					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	303	19,120	4	22.2	48	1.6	246	1	5.6	12	0.3	5					
21-44	13,153	470,466	125	6.0	1,373	0.5	84	534	25.5	6,003	0.7	14					
45-64	26,949	623,399	66	1.9	735	0.5	106	939	27.5	10,749	0.8	15					
65-74	140	2,231	1	3.4	12	0.2	58	8	27.6	82	0.7	10					
75-84	37	524	0	0.0	0	0.0	0	3	42.9	32	0.3	9					
85 and older	29	186	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Female, Other Eligibles																	
All Ages	88,135	974,510	130	1.4	1,379	0.5	98	2,132	23.2	22,517	0.7	9					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	11	159	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	5,528	288,862	67	9.5	727	0.4	97	198	28.2	2,169	0.6	7					
45-64	1,303	52,061	8	4.9	88	0.6	147	54	33.1	589	0.6	5					
65-74	13,946	218,343	26	1.3	284	0.5	90	440	22.5	4,903	0.7	11					
75-84	25,403	179,873	16	0.6	169	0.5	77	613	22.3	6,477	0.7	10					
85 and older	41,944	235,212	13	0.4	111	0.9	114	827	23.0	8,379	0.6	7					
Male																	
All Males	50,030	1,241,676	230	3.0	2,498	0.5	139	1,344	17.3	14,624	0.7	14					
Male, Disabled																	
All Ages	28,858	988,035	202	4.1	2,248	0.5	139	891	18.0	10,053	0.7	15					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	202	28,202	10	40.0	113	0.7	113	3	12.0	34	0.2	3					
21-44	11,709	557,945	143	6.1	1,615	0.5	136	356	15.3	4,049	0.7	13					
45-64	16,710	400,381	49	1.9	520	0.5	155	531	20.7	5,958	0.8	16					
65-74	180	1,333	0	0.0	0	0.0	0	1	4.8	12	1.4	77					
75-84	36	137	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	21	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIANKXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	21,172	253,641	28	1.0	250	0.7	131	453	16.0	4,571	0.7	11
5 and younger	2	41	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	75	2,468	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	813	53,466	8	5.2	92	0.5	137	29	18.7	286	0.8	10
45-64	427	44,950	3	3.9	31	1.7	295	13	16.9	113	0.7	157
65-74	6,106	70,626	3	0.3	36	0.4	172	134	12.7	1,406	0.7	9
75-84	7,315	45,432	7	0.8	51	1.1	80	141	15.4	1,420	0.6	6
85 and older	6,434	36,658	7	1.1	40	0.2	18	136	22.0	1,346	0.6	7
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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,299	10.2	25,470	0.9	\$20	1,126	5.0	12,019	0.4	\$27	1,120	5.0	11,715	0.4	\$20
Female															
All Females	1,561	10.6	17,319	0.8	16	762	5.2	8,255	0.4	27	758	5.1	8,107	0.4	19
Female, Disabled															
All Ages	1,006	18.1	11,324	0.8	17	458	8.2	5,089	0.4	26	423	7.6	4,614	0.4	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	33.3	72	1.3	59	8	44.4	96	0.3	19	4	22.2	48	1.1	5
21-44	411	19.6	4,607	0.8	21	226	10.8	2,529	0.4	27	215	10.3	2,383	0.4	15
45-64	584	17.1	6,592	0.9	15	223	6.5	2,459	0.4	25	201	5.9	2,162	0.4	21
65-74	4	13.8	41	0.6	6	1	3.4	5	0.2	1	3	10.3	21	0.2	4
75-84	1	14.3	12	1.9	20	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
Female, Other Eligibles															
All Ages	555	6.1	5,995	0.8	15	304	3.3	3,166	0.4	29	335	3.7	3,493	0.4	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	173	24.6	1,845	0.7	25	193	27.5	2,019	0.4	29	226	32.2	2,361	0.4	27
45-64	38	23.3	418	1.0	19	25	15.3	268	0.4	43	25	15.3	252	0.5	9
65-74	151	7.7	1,708	0.9	10	44	2.3	498	0.4	30	44	2.3	511	0.4	9
75-84	105	3.8	1,145	0.9	9	16	0.6	152	0.4	20	17	0.6	158	0.2	9
85 and older	88	2.4	879	0.9	7	26	0.7	229	0.6	13	23	0.6	211	0.4	18
Male															
All Males	738	9.5	8,151	0.9	27	364	4.7	3,764	0.4	28	362	4.7	3,608	0.5	20
Male, Disabled															
All Ages	609	12.3	6,812	0.9	29	294	5.9	3,138	0.4	29	269	5.4	2,775	0.4	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	8	32.0	94	0.6	129	10	40.0	117	0.3	16	2	8.0	24	0.3	1
21-44	321	13.8	3,600	0.8	34	177	7.6	1,903	0.4	29	165	7.1	1,758	0.4	17
45-64	279	10.9	3,106	0.9	19	107	4.2	1,118	0.4	30	102	4.0	993	0.5	20
65-74	1	4.8	12	1.2	7	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

Dual Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	129	4.6	1,339	0.9	19	70	2.5	626	0.4	23	93	3.3	833	0.5	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	100.0	24	0.9	75	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	15	9.7	136	0.8	64	27	17.4	273	0.4	27	41	26.5	357	0.6	38
45-64	9	11.7	88	1.0	47	10	13.0	94	0.6	36	13	16.9	114	0.6	24
65-74	55	5.2	632	1.0	13	16	1.5	163	0.4	16	25	2.4	269	0.4	29
75-84	31	3.4	324	1.0	8	9	1.0	53	0.3	15	6	0.7	40	0.3	2
85 and older	17	2.8	135	0.5	6	8	1.3	43	0.3	7	8	1.3	53	0.3	8
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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	LAXATIVES					ULCER DRUGS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	7,695	34.2	83,507	0.6	\$3	972	4.3	10,542	0.5	\$20	576	2.6	6,166	0.3	\$32
Female															
All Females	5,651	38.3	61,213	0.6	3	693	4.7	7,553	0.5	20	411	2.8	4,494	0.3	29
Female, Disabled															
All Ages	919	16.5	10,644	0.7	3	222	4.0	2,475	0.4	29	243	4.4	2,660	0.3	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	27.8	60	0.4	3	2	11.1	24	0.7	24	1	5.6	12	0.2	14
21-44	196	9.4	2,294	0.6	3	72	3.4	805	0.4	28	85	4.1	996	0.3	22
45-64	711	20.8	8,217	0.7	3	145	4.2	1,617	0.4	30	156	4.6	1,640	0.4	34
65-74	6	20.7	65	0.5	2	2	6.9	17	0.4	15	1	3.4	12	0.1	1
75-84	1	14.3	8	0.1	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	1	33.3	12	0.6	10	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4,732	51.6	50,569	0.6	3	471	5.1	5,078	0.5	16	168	1.8	1,834	0.3	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	50.0	12	0.9	13	0	0.0	0	0.0	0
21-44	32	4.6	353	0.3	2	47	6.7	501	0.4	25	80	11.4	866	0.3	20
45-64	14	8.6	162	0.2	1	12	7.4	125	0.7	45	19	11.7	211	0.4	25
65-74	578	29.6	6,429	0.6	3	67	3.4	757	0.5	24	46	2.4	529	0.5	48
75-84	1,481	53.8	16,011	0.6	3	117	4.2	1,259	0.5	11	13	0.5	142	0.2	16
85 and older	2,627	73.1	27,614	0.6	2	227	6.3	2,424	0.6	12	10	0.3	86	0.1	7
Male															
All Males	2,044	26.3	22,294	0.6	3	279	3.6	2,989	0.5	20	165	2.1	1,672	0.4	40
Male, Disabled															
All Ages	809	16.3	9,416	0.7	3	142	2.9	1,534	0.4	23	117	2.4	1,259	0.4	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	8.0	24	0.3	8	1	4.0	12	0.2	2	2	8.0	24	0.2	26
21-44	260	11.1	3,073	0.7	4	70	3.0	762	0.4	22	68	2.9	712	0.3	47
45-64	538	21.0	6,217	0.7	3	71	2.8	760	0.4	24	47	1.8	523	0.4	41
65-74	6	28.6	66	1.0	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	3	60.0	36	1.0	4	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

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	LAXATIVES					ULCER DRUGS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit
Male, Other Eligibles															
All Ages	1,235	43.7	12,878	0.6	2	137	4.8	1,455	0.5	16	48	1.7	413	0.4	28
5 and younger	1	50.0	12	0.2	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	12	0.3	2	2	100.0	24	1.0	8	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	9	5.8	92	0.3	44	5	3.2	59	0.8	45
45-64	3	3.9	22	0.2	2	8	10.4	83	0.4	39	3	3.9	22	0.4	10
65-74	324	30.7	3,573	0.6	2	35	3.3	384	0.5	13	25	2.4	242	0.3	30
75-84	457	49.9	4,645	0.6	2	41	4.5	408	0.5	11	11	1.2	66	0.5	17
85 and older	449	72.7	4,614	0.6	2	42	6.8	464	0.6	13	4	0.6	24	0.3	22
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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANALGESICS - NonNarcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	370	1.6	3,962	0.5	\$47	7,123	31.6	76,957	0.6	\$2	22,523	231,369
Female												
All Females	201	1.4	2,158	0.5	49	5,164	35.0	55,715	0.6	2	14,743	152,246
Female, Disabled												
All Ages	123	2.2	1,325	0.4	48	751	13.5	8,642	0.4	2	5,571	60,145
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	2	11.1	24	0.3	1	18	197
21-44	34	1.6	378	0.6	60	197	9.4	2,289	0.3	2	2,094	22,741
45-64	89	2.6	947	0.4	44	543	15.9	6,230	0.5	2	3,420	36,828
65-74	0	0.0	0	0.0	0	5	17.2	54	0.1	0	29	266
75-84	0	0.0	0	0.0	0	1	14.3	12	0.2	0	7	80
85 and older	0	0.0	0	0.0	0	3	100.0	33	0.7	2	3	33
Female, Other Eligibles												
All Ages	78	0.9	833	0.5	51	4,413	48.1	47,073	0.7	2	9,172	92,101
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22
21-44	8	1.1	79	0.3	31	40	5.7	429	0.4	4	702	6,771
45-64	5	3.1	44	0.6	70	7	4.3	84	0.3	5	163	1,587
65-74	49	2.5	543	0.6	59	494	25.3	5,530	0.6	2	1,955	20,207
75-84	11	0.4	123	0.2	20	1,360	49.4	14,678	0.6	2	2,755	28,170
85 and older	5	0.1	44	0.6	66	2,512	69.9	26,352	0.7	2	3,595	35,344
Male												
All Males	169	2.2	1,804	0.5	44	1,959	25.2	21,242	0.5	2	7,780	79,123
Male, Disabled												
All Ages	122	2.5	1,323	0.5	47	739	14.9	8,612	0.4	1	4,955	52,828
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	4.0	12	0.2	38	1	4.0	12	0.9	7	25	285
21-44	39	1.7	442	0.4	32	206	8.8	2,445	0.3	1	2,334	25,390
45-64	82	3.2	869	0.5	54	521	20.3	6,023	0.5	1	2,568	26,909
65-74	0	0.0	0	0.0	0	8	38.1	96	0.9	2	21	163
75-84	0	0.0	0	0.0	0	1	20.0	12	0.1	0	5	60
85 and older	0	0.0	0	0.0	0	2	200.0	24	0.9	2	1	12

Dual Medicaid Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - NonNarcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	47	1.7	481	0.4	38	1,220	43.2	12,630	0.6	2	2,825	26,295
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	1	50.0	12	2.2	38	0	0.0	0	0.0	0	2	24
21-44	5	3.2	39	0.5	40	2	1.3	13	0.7	5	155	1,269
45-64	7	9.1	73	0.5	58	2	2.6	18	0.2	1	77	617
65-74	21	2.0	244	0.3	29	323	30.6	3,545	0.6	2	1,054	10,257
75-84	8	0.9	78	0.5	51	460	50.2	4,764	0.6	2	916	8,405
85 and older	5	0.8	35	0.4	30	433	70.1	4,290	0.6	2	618	5,689
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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

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	\$7	0.5	4,330	44,990
Age				
0-64	17	0.9	228	2,498
65-74	11	0.7	424	4,363
75-84	7	0.6	1,313	13,334
85 and older	5	0.4	2,365	24,795
Unknown	0	0.0	0	0
Gender				
Female	6	0.5	3,431	36,012
Male	11	0.6	899	8,978
Unknown	0	0.0	0	0
Race				
White	7	0.5	4,263	44,272
African American	10	1	10	101
Other/unknown	5	0.5	57	617
Basis of Eligibility^c				
Aged	6	0.5	4,096	42,420
Disabled	17	1.0	234	2,570
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 2,362 beneficiaries who were in nursing facilities for part of their enrollment and their 20,987 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name 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 \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.3	0.0	0.0	0.3	\$7	\$1	\$0	\$6	\$23	\$69	\$0	\$19	87	\$1,978	29	0.7	281
Biologicals	0.4	0.0	0.0	0.4	11	0	0	11	30	0	0	30	10	300	4	0.1	27
Antineoplastic Agents	0.3	0.1	0.0	0.1	29	17	0	12	111	149	0	83	7	777	3	0.1	27
Endocrine/Metabolic Drugs	0.5	0.1	0.0	0.3	15	10	2	3	33	90	247	9	103	3,450	27	0.6	223
Cardiovascular Agents	0.7	0.2	0.1	0.5	24	12	9	4	32	68	136	8	445	14,396	66	1.5	595
Respiratory Agents	0.3	0.1	0.0	0.3	7	3	0	4	24	66	19	15	351	8,258	106	2.4	1,141
Gastrointestinal Agents	0.5	0.3	0.0	0.2	33	31	0	2	73	114	0	12	148	10,828	34	0.8	325
Genitourinary Agents	0.4	0.3	0.0	0.1	26	21	2	3	60	72	87	26	66	3,982	16	0.4	156
CNS Drugs	0.8	0.0	0.0	0.8	11	2	0	9	14	87	79	11	11,021	151,307	1,220	28.2	13,198
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.0	0.8	15	0	0	15	18	0	0	18	10	178	1	0.0	12
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	96	96	0	0	109	109	0	0	112	12,153	18	0.4	127
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	12	4	2	6	23	95	106	13	190	4,403	38	0.9	364
Neuromuscular Agents	1.1	0.0	0.0	1.1	14	5	0	9	13	163	136	8	2,264	28,499	186	4.3	1,992
Nutritional Products	0.6	0.0	0.0	0.5	7	0	1	6	12	6	14	12	986	11,733	158	3.6	1,635
Hematological Agents	1.0	0.0	0.0	1.0	5	2	0	3	5	411	15	3	6,141	32,536	550	12.7	5,924
Topical Products	0.4	0.1	0.0	0.2	11	7	2	2	30	82	44	9	137	4,099	38	0.9	383
Miscellaneous Products	0.4	0.4	0.0	0.0	8	8	0	0	20	20	0	26	560	11,171	122	2.8	1,324
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
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.	22,638	300,048	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,362 beneficiaries who were in nursing facilities for part of their enrollment and their 20,987 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 In New Hampshire, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
LAXATIVES	\$118,778	3,983	92.0	44,087	0.6	\$4	\$3	
ANTI-ANXIETY AGENTS	108,720	1,127	26.0	12,233	0.8	12	9	
ANALGESICS - NonNarcotic	86,212	3,712	85.7	40,923	0.7	3	2	
ULCER DRUGS	51,362	337	7.8	3,795	0.6	22	14	
DERMATOLOGICAL	41,371	1,704	39.4	19,243	0.4	5	2	
HEMATOPOIETIC AGENTS	41,130	1,118	25.8	12,059	0.9	4	3	
MINERALS & ELECTROLYTES	34,615	959	22.1	10,634	0.9	4	3	
ANTICONVULSANT	21,520	177	4.1	1,926	1.1	10	11	
ANTIPSYCHOTICS	21,091	30	0.7	290	0.6	119	73	
MULTIVITAMINS	18,722	587	13.6	6,262	0.9	3	3	
Total	543,521	13,734	n.a.	151,452	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,362 beneficiaries who were in nursing facilities for part of their enrollment and their 20,987 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		LAXATIVES					ANTIANSXIETY AGENTS				
	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	104,724	\$543,521	3,983	92.0	44,087	0.6	\$3	1,127	26.0	12,233	0.8	\$9
Female												
All Females	84,471	422,100	3,166	92.3	35,090	0.6	3	913	26.6	9,900	0.8	9
Female, Disabled												
All Ages	3,970	26,485	136	111.5	1,563	0.8	4	47	38.5	532	1.1	15
64 or younger	3,809	25,747	133	111.8	1,527	0.8	4	45	37.8	508	1.1	15
65-74	107	402	3	150.0	36	0.8	3	1	50.0	12	1.3	6
75-84	54	336	0	0.0	0	0.0	0	1	100.0	12	0.1	1
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	80,501	395,615	3,030	91.6	33,527	0.6	3	866	26.2	9,368	0.7	8
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,545	48,327	263	102.7	2,944	0.7	3	89	34.8	996	0.9	11
75-84	24,205	121,408	910	92.5	10,051	0.6	3	277	28.2	2,935	0.8	11
85 and older	48,751	225,880	1,857	89.8	20,532	0.6	3	500	24.2	5,437	0.7	7
Male												
All Males	20,253	121,421	817	90.9	8,997	0.7	3	214	23.8	2,333	0.7	10
Male, Disabled												
All Ages	3,134	23,246	134	119.6	1,570	0.7	3	42	37.5	480	0.9	17
64 or younger	3,033	22,957	131	120.2	1,534	0.6	3	42	38.5	480	0.9	17
65-74	78	241	3	150.0	36	1.1	3	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	23	48	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	17,119	98,175	683	86.8	7,427	0.7	3	172	21.9	1,853	0.7	8
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,580	18,775	141	86.0	1,503	0.7	3	38	23.2	403	0.6	8
75-84	7,042	36,845	279	85.1	2,992	0.6	3	65	19.8	682	0.7	8
85 and older	6,497	42,555	263	89.2	2,932	0.7	3	69	23.4	768	0.7	8
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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,362 beneficiaries who were in nursing facilities for part of their enrollment and their 20,987 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	ANALGESICS - NonNarcotic					ULCER DRUGS					DERMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	3,712	85.7	40,923	0.7	\$2	337	7.8	3,795	0.6	\$14	1,704	39.4	19,243	0.4	\$2
Female															
All Females	2,948	85.9	32,530	0.7	2	258	7.5	2,908	0.6	13	1,301	37.9	14,714	0.4	2
Female, Disabled															
All Ages	97	79.5	1,112	0.7	2	11	9.0	125	0.7	12	59	48.4	677	0.4	3
64 or younger	95	79.8	1,088	0.7	2	11	9.2	125	0.7	12	56	47.1	641	0.4	3
65-74	2	100.0	24	0.1	0	0	0.0	0	0.0	0	2	100.0	24	0.7	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	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
Female, Other Eligibles															
All Ages	2,851	86.2	31,418	0.7	2	247	7.5	2,783	0.6	13	1,242	37.5	14,037	0.4	2
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	223	87.1	2,480	0.7	2	25	9.8	291	0.6	14	105	41.0	1,202	0.5	3
75-84	846	86.0	9,309	0.7	2	63	6.4	690	0.6	13	370	37.6	4,160	0.5	2
85 and older	1,782	86.1	19,629	0.7	2	159	7.7	1,802	0.6	13	767	37.1	8,675	0.4	2
Male															
All Males	764	85.0	8,393	0.7	2	79	8.8	887	0.6	15	403	44.8	4,529	0.4	2
Male, Disabled															
All Ages	93	83.0	1,086	0.6	2	10	8.9	109	0.6	15	50	44.6	591	0.3	2
64 or younger	89	81.7	1,038	0.6	2	10	9.2	109	0.6	15	47	43.1	555	0.3	2
65-74	2	100.0	24	1.0	2	0	0.0	0	0.0	0	1	50.0	12	0.1	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	200.0	24	0.9	2	0	0.0	0	0.0	0	2	200.0	24	0.1	1
Male, Other Eligibles															
All Ages	671	85.3	7,307	0.7	2	69	8.8	778	0.6	15	353	44.9	3,938	0.4	2
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	145	88.4	1,599	0.6	2	12	7.3	144	0.7	18	74	45.1	822	0.6	3
75-84	284	86.6	3,050	0.7	2	24	7.3	254	0.6	14	139	42.4	1,539	0.4	2
85 and older	242	82.0	2,658	0.7	2	33	11.2	380	0.7	15	140	47.5	1,577	0.3	2
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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,362 beneficiaries who were in nursing facilities for part of their enrollment and their 20,987 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					MINERALS & ELECTROLYTES					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,118	25.8	12,059	0.9	\$3	959	22.1	10,634	0.9	\$3	177	4.1	1,926	1.1	\$11
Female															
All Females	890	25.9	9,680	0.9	3	881	25.7	9,774	0.9	3	125	3.6	1,363	1.2	11
Female, Disabled															
All Ages	28	23.0	315	0.8	2	36	29.5	409	0.9	5	16	13.1	165	1.4	19
64 or younger	24	20.2	267	0.7	2	36	30.3	409	0.9	5	14	11.8	141	1.3	20
65-74	2	100.0	24	1.1	2	0	0.0	0	0.0	0	1	50.0	12	1.5	7
75-84	2	200.0	24	1.2	4	0	0.0	0	0.0	0	1	100.0	12	1.9	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	862	26.1	9,365	0.9	3	845	25.5	9,365	0.9	3	109	3.3	1,198	1.1	10
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	67	26.2	706	1.0	3	73	28.5	852	0.8	3	21	8.2	234	1.3	10
75-84	264	26.8	2,896	0.9	2	247	25.1	2,723	0.8	3	42	4.3	477	1.0	12
85 and older	531	25.7	5,763	0.9	3	525	25.4	5,790	0.9	3	46	2.2	487	1.1	8
Male															
All Males	228	25.4	2,379	0.9	7	78	8.7	860	0.8	4	52	5.8	563	1.0	12
Male, Disabled															
All Ages	20	17.9	224	1.1	3	12	10.7	141	0.8	3	13	11.6	156	1.1	21
64 or younger	20	18.3	224	1.1	3	12	11.0	141	0.8	3	12	11.0	144	1.1	22
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	1.2	7
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
Male, Other Eligibles															
All Ages	208	26.4	2,155	0.9	7	66	8.4	719	0.8	4	39	5.0	407	1.0	8
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	34	20.7	322	0.8	2	14	8.5	140	0.5	3	12	7.3	134	1.0	6
75-84	86	26.2	912	0.9	3	27	8.2	296	1.0	4	19	5.8	208	1.2	10
85 and older	88	29.8	921	0.9	14	25	8.5	283	0.9	4	8	2.7	65	0.5	8
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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,362 beneficiaries who were in nursing facilities for part of their enrollment and their 20,987 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					MULTIVITAMINS							
	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	30	0.7	290	0.6	\$73	587	13.6	6,262	0.9	\$3	4,330	44,990	
Female													
All Females	20	0.6	204	0.6	82	465	13.6	4,983	0.9	3	3,431	36,012	
Female, Disabled													
All Ages	2	1.6	17	0.4	76	18	14.8	185	1.1	3	122	1,349	
64 or younger	2	1.7	17	0.4	76	18	15.1	185	1.1	3	119	1,313	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Female, Other Eligibles													
All Ages	18	0.5	187	0.6	83	447	13.5	4,798	0.9	3	3,309	34,663	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	7	2.7	76	0.6	92	28	10.9	317	1.0	3	256	2,705	
75-84	5	0.5	52	0.2	16	112	11.4	1,201	0.9	3	984	10,179	
85 and older	6	0.3	59	0.9	130	307	14.8	3,280	0.9	3	2,069	21,779	
Male													
All Males	10	1.1	86	0.7	50	122	13.6	1,279	1.0	4	899	8,978	
Male, Disabled													
All Ages	2	1.8	24	0.2	9	18	16.1	207	1.1	3	112	1,221	
64 or younger	2	1.8	24	0.2	9	18	16.5	207	1.1	3	109	1,185	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
Male, Other Eligibles													
All Ages	8	1.0	62	0.9	66	104	13.2	1,072	1.0	4	787	7,757	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	1	0.6	12	0.1	1	32	19.5	293	1.1	5	164	1,610	
75-84	6	1.8	47	1.1	85	34	10.4	365	1.0	4	328	3,143	
85 and older	1	0.3	3	0.3	34	38	12.9	414	0.9	3	295	3,004	
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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,362 beneficiaries who were in nursing facilities for part of their enrollment and their 20,987 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW HAMPSHIRE, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	12,616	56.0	10.9	244,886	\$80	\$1,790,772	\$7	39.1	22,523
Age									
5 and younger	2	66.7	4.3	13	59	177	14	1.9	3
6-14	1	100.0	17.0	17	119	119	7	4.2	1
15-20	17	36.2	5.1	239	33	1,551	6	2.2	47
21-44	2,277	43.1	5.3	28,220	58	306,848	11	15.1	5,285
45-64	3,379	54.3	9.3	58,147	97	606,153	10	36.8	6,228
65-74	1,481	48.4	9.9	30,353	69	210,194	7	50.6	3,059
75-84	2,249	61.1	14.1	51,873	78	288,313	6	130.9	3,683
85 and older	3,210	76.1	18.0	76,024	89	377,417	5	205.7	4,217
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	6,904	63.4	14.5	157,587	80	871,006	6	106.9	10,892
Disabled	5,205	49.4	7.8	82,504	79	834,733	10	26.5	10,526
Adults	502	45.7	4.3	4,724	77	84,381	18	14.1	1,098
Children	5	71.4	10.1	71	93	652	9	3.4	7
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	8,986	61.0	12.3	181,095	86	1,272,974	7	46.3	14,743
Male	3,630	46.7	8.2	63,791	67	517,798	8	28.2	7,780
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	12,311	56.5	11.0	240,486	81	1,759,834	7	40.1	21,788
African American	78	41.9	6.3	1,166	51	9,523	8	10.6	186
Other/unknown	227	41.3	5.9	3,234	39	21,415	7	19.7	549
Use of Nursing Facilities^d									
Entire year	3,731	86.2	25.6	110,696	131	568,251	5	189.4	4,330
Part year	1,803	76.3	12.3	28,984	70	164,604	6	78.5	2,362
None	7,082	44.7	6.6	105,206	67	1,057,917	10	26.0	15,831
Maintenance Assistance Status									
Cash	1,923	53.9	9.4	33,553	80	286,350	9	21.4	3,565
Medically needy	4,535	61.5	12.7	93,470	87	640,939	7	55.8	7,371
Poverty related	582	29.9	2.0	3,923	19	37,848	10	15.0	1,947
Other/unknown	5,576	57.8	11.8	113,940	86	825,635	7	44.7	9,640

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.
 b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW HAMPSHIRE, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	1.1	\$8	\$7	\$0	\$4	231,369
Age						
5 and younger	0.4	6	14	0	0	31
6-14	1.4	10	7	0	0	12
15-20	0.5	3	6	0	1	528
21-44	0.5	5	11	0	4	56,171
45-64	0.9	9	10	0	6	65,941
65-74	1.0	7	7	0	3	30,893
75-84	1.4	8	6	0	2	36,715
85 and older	1.9	9	5	0	2	41,078
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.5	8	6	0	2	108,060
Disabled	0.7	7	10	0	5	112,973
Adults	0.5	8	18	0	5	10,256
Children	0.9	8	9	0	0	80
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.2	8	7	0	4	152,246
Male	0.8	7	8	0	3	79,123
Unknown	0.0	0	0	0	0	0
Race						
White	1.1	8	7	0	4	224,208
African American	0.6	5	8	0	3	1,865
Other/unknown	0.6	4	7	0	1	5,296
Use of Nursing Facilities^d						
Entire year	2.5	13	5	0	3	44,990
Part year	1.4	8	6	0	2	20,987
None	0.6	6	10	0	4	165,392
Maintenance Assistance Status						
Cash	0.8	7	9	0	4	40,503
Medically needy	1.4	9	7	0	4	68,459
Poverty related	0.2	2	10	0	1	18,782
Other/unknown	1.1	8	7	0	4	103,625

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
NEW HAMPSHIRE, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Total Number Rx.	\$ per Rx	Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Percentage of All Part D Excluded Rx			Percentage of All Part D Excluded Rx	Percentage of All Part D Excluded Rx
All	17,230	\$104	\$1,790,772	100.0		244,886	\$7		100.0
Anorexia or weight loss/gain	3	261	784	0.0		14	56		0.0
Fertility drugs	0	0	0	0.0		0	0		0.0
Drugs for cosmetic purposes	1	10	10	0.0		2	5		0.0
Cough and cold medications	613	76	46,648	2.6		1,771	26		0.7
Vitamins and minerals	554	69	38,224	2.1		2,881	13		1.2
Non-prescription drugs	9,081	91	825,245	46.1		173,446	5		70.8
Barbiturates	193	86	16,590	0.9		2,655	6		1.1
Benzodiazepines	6,573	126	829,809	46.3		63,067	13		25.8
Other Part D Excl Rx Drugs	212	158	33,462	1.9		1,050	32		0.4

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEW HAMPSHIRE, 2006

Total Number of Dual Eligible Beneficiaries: 22,523
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$4,584,569
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$203

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,321	59.1	\$0	0.0
1-500	7,976	35.4	797,815	17.4
501-1,000	448	2.0	317,748	6.9
1,001-1,500	182	0.8	225,660	4.9
1,501-2,000	118	0.5	206,535	4.5
2,001-2,500	77	0.3	172,132	3.8
2,501-3,000	54	0.2	147,082	3.2
3,001-3,500	57	0.3	181,530	4.0
3,501-4,000	31	0.1	116,077	2.5
4,001-4,500	39	0.2	166,837	3.6
4,501-5,000	31	0.1	145,041	3.2
5,001-5,500	10	0.0	52,360	1.1
5,501-6,000	15	0.1	86,342	1.9
6,001-6,500	12	0.1	75,357	1.6
6,501-7,000	17	0.1	115,280	2.5
7,001-7,500	14	0.1	101,182	2.2
7,501-8,000	11	0.0	84,855	1.9
8,001-8,500	10	0.0	82,339	1.8
8,501-9,000	6	0.0	52,546	1.1
9,001-9,500	10	0.0	93,094	2.0
9,501-10,000	4	0.0	39,110	0.9
10,001+	80	0.4	1,325,647	28.9

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEW HAMPSHIRE, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 10,460
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$3,147,076
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$300

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	5,855	56.0	\$0	0.0
1-500	3,756	35.9	439,147	14.0
501-1,000	301	2.9	215,987	6.9
1,001-1,500	127	1.2	157,915	5.0
1,501-2,000	87	0.8	151,935	4.8
2,001-2,500	51	0.5	114,861	3.6
2,501-3,000	38	0.4	102,781	3.3
3,001-3,500	46	0.4	145,619	4.6
3,501-4,000	18	0.2	67,486	2.1
4,001-4,500	28	0.3	119,315	3.8
4,501-5,000	17	0.2	79,742	2.5
5,001-5,500	7	0.1	36,819	1.2
5,501-6,000	10	0.1	57,664	1.8
6,001-6,500	10	0.1	62,517	2.0
6,501-7,000	12	0.1	81,536	2.6
7,001-7,500	11	0.1	79,290	2.5
7,501-8,000	6	0.1	45,975	1.5
8,001-8,500	8	0.1	65,646	2.1
8,501-9,000	4	0.0	34,871	1.1
9,001-9,500	8	0.1	74,132	2.4
9,501-10,000	1	0.0	9,834	0.3
10,001+	59	0.6	1,004,004	31.9

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
 c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEW HAMPSHIRE, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 10,959
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$819,231
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$74

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,967	63.6	\$0	0.0
1-500	3,786	34.5	309,959	37.8
501-1,000	106	1.0	72,079	8.8
1,001-1,500	26	0.2	32,153	3.9
1,501-2,000	11	0.1	19,866	2.4
2,001-2,500	8	0.1	16,829	2.1
2,501-3,000	10	0.1	27,628	3.4
3,001-3,500	4	0.0	12,701	1.6
3,501-4,000	8	0.1	29,942	3.7
4,001-4,500	3	0.0	13,098	1.6
4,501-5,000	6	0.1	28,048	3.4
5,001-5,500	2	0.0	10,531	1.3
5,501-6,000	3	0.0	16,999	2.1
6,001-6,500	1	0.0	6,420	0.8
6,501-7,000	1	0.0	6,776	0.8
7,001-7,500	0	0.0	0	0.0
7,501-8,000	3	0.0	22,999	2.8
8,001-8,500	1	0.0	8,212	1.0
8,501-9,000	2	0.0	17,675	2.2
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	11	0.1	167,316	20.4

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEW HAMPSHIRE, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 3,059
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$415,511
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$135

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,983	64.8	\$0	0.0
1-500	970	31.7	98,705	23.8
501-1,000	45	1.5	31,463	7.6
1,001-1,500	17	0.6	21,515	5.2
1,501-2,000	5	0.2	9,223	2.2
2,001-2,500	4	0.1	8,288	2.0
2,501-3,000	7	0.2	19,231	4.6
3,001-3,500	2	0.1	6,337	1.5
3,501-4,000	6	0.2	22,294	5.4
4,001-4,500	1	0.0	4,442	1.1
4,501-5,000	4	0.1	18,825	4.5
5,001-5,500	1	0.0	5,307	1.3
5,501-6,000	2	0.1	11,479	2.8
6,001-6,500	1	0.0	6,420	1.5
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	2	0.1	15,111	3.6
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,684	2.1
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	8	0.3	128,187	30.9

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEW HAMPSHIRE, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 3,683
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$220,275
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$59

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,345	63.7	\$0	0.0
1-500	1,275	34.6	105,784	48.0
501-1,000	40	1.1	26,924	12.2
1,001-1,500	5	0.1	5,935	2.7
1,501-2,000	4	0.1	7,206	3.3
2,001-2,500	1	0.0	2,049	0.9
2,501-3,000	2	0.1	5,486	2.5
3,001-3,500	1	0.0	3,223	1.5
3,501-4,000	2	0.1	7,648	3.5
4,001-4,500	1	0.0	4,234	1.9
4,501-5,000	2	0.1	9,223	4.2
5,001-5,500	1	0.0	5,224	2.4
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	1	0.0	6,776	3.1
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,888	3.6
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,991	4.1
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	13,684	6.2

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEW HAMPSHIRE, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 4,217
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$183,445
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$43

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,639	62.6	\$0	0.0
1-500	1,541	36.5	105,470	57.5
501-1,000	21	0.5	13,692	7.5
1,001-1,500	4	0.1	4,703	2.6
1,501-2,000	2	0.0	3,437	1.9
2,001-2,500	3	0.1	6,492	3.5
2,501-3,000	1	0.0	2,911	1.6
3,001-3,500	1	0.0	3,141	1.7
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,422	2.4
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,520	3.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,212	4.5
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	25,445	13.9

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	22,523	10,892	10,526	1,098	7	0	231,369	108,060	112,973	10,256	80	0
Age												
5 and younger	3	0	1	0	2	0	31	0	9	0	22	0
6-14	1	0	0	0	1	0	12	0	0	0	12	0
15-20	47	0	43	0	4	0	528	0	482	0	46	0
21-44	5,285	0	4,428	857	0	0	56,171	0	48,131	8,040	0	0
45-64	6,228	0	5,988	240	0	0	65,941	0	63,737	2,204	0	0
65-74	3,059	3,008	50	1	0	0	30,893	30,452	429	12	0	0
75-84	3,683	3,671	12	0	0	0	36,715	36,575	140	0	0	0
85 and older	4,217	4,213	4	0	0	0	41,078	41,033	45	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,743	8,304	5,571	866	2	0	152,246	83,709	60,145	8,370	22	0
Male	7,780	2,588	4,955	232	5	0	79,123	24,351	52,828	1,886	58	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,788	10,547	10,205	1,030	6	0	224,208	104,784	109,685	9,671	68	0
African American	186	43	125	18	0	0	1,865	391	1,319	155	0	0
Other/unknown	549	302	196	50	1	0	5,296	2,885	1,969	430	12	0
Use of Nursing Facilities^c												
Entire year	4,330	4,096	234	0	0	0	44,990	42,420	2,570	0	0	0
Part year	2,362	2,112	247	3	0	0	20,987	18,443	2,508	36	0	0
None	15,831	4,684	10,045	1,095	7	0	165,392	47,197	107,895	10,220	80	0
Maintenance Assistance Status												
Cash	3,565	1,022	2,488	55	0	0	40,503	11,682	28,338	483	0	0
Medically needy	7,371	4,490	2,248	632	1	0	68,459	40,792	21,740	5,917	10	0
Poverty related	1,947	728	1,143	74	2	0	18,782	6,895	11,293	570	24	0
Other/unknown	9,640	4,652	4,647	337	4	0	103,625	48,691	51,602	3,286	46	0
Dual Status^d												
Full dual, all year	19,607	9,820	8,824	956	7	0	201,965	97,528	95,624	8,733	80	0
Full dual, part year	2,916	1,072	1,702	142	0	0	29,404	10,532	17,349	1,523	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,523	10,892	10,526	1,098	7	0	231,369	108,060	112,973	10,256	80	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
MC all year, with Rx claims	0	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

Source: Data for this table are from the MAX 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.
 a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	22,523	231,369	22,523	231,369	0	0
Fee-for-service (FFS) all year	22,523	231,369	22,523	231,369	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 2006 file for New Hampshire, released by CMS in 10/2009. This table was produced on 02/11/2010.

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

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

Dual Medicaid Beneficiaries