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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
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, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	22,662	10,809	10,833	1,003	17	0	231,195	105,923	115,652	9,454	166	0
Age												
5 and younger	2	0	0	0	2	0	24	0	0	0	24	0
6-14	2	0	0	0	2	0	24	0	0	0	24	0
15-20	65	0	52	0	13	0	638	0	520	0	118	0
21-44	5,354	0	4,564	790	0	0	56,508	0	48,974	7,534	0	0
45-64	6,353	0	6,144	209	0	0	67,380	0	65,496	1,884	0	0
65-74	3,096	3,035	57	4	0	0	30,907	30,392	479	36	0	0
75-84	3,550	3,537	13	0	0	0	35,385	35,230	155	0	0	0
85 and older	4,240	4,237	3	0	0	0	40,329	40,301	28	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,711	8,157	5,743	801	10	0	150,703	81,280	61,599	7,733	91	0
Male	7,951	2,652	5,090	202	7	0	80,492	24,643	54,053	1,721	75	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,926	10,476	10,492	944	14	0	223,794	102,611	112,131	8,914	138	0
African American	196	50	129	17	0	0	1,995	487	1,344	164	0	0
Other/unknown	540	283	212	42	3	0	5,406	2,825	2,177	376	28	0
Use of Nursing Facilities^c												
Entire year	4,177	3,931	246	0	0	0	43,221	40,634	2,587	0	0	0
Part year	2,493	2,196	293	4	0	0	21,803	18,826	2,937	40	0	0
None	15,992	4,682	10,294	999	17	0	166,171	46,463	110,128	9,414	166	0
Maintenance Assistance Status												
Cash	3,568	983	2,544	40	1	0	40,212	11,107	28,715	388	2	0
Medically needy	7,492	4,604	2,303	583	2	0	69,608	41,604	22,509	5,478	17	0
Poverty-related	2,008	699	1,236	68	5	0	19,043	6,357	12,134	493	59	0
Other/unknown	9,594	4,523	4,750	312	9	0	102,332	46,855	52,294	3,095	88	0
Dual Medicare Status^d												
Full dual, all year	19,617	9,778	8,932	890	17	0	200,848	96,087	96,365	8,230	166	0
Full dual, part year	3,045	1,031	1,901	113	0	0	30,347	9,836	19,287	1,224	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,662	10,809	10,833	1,003	17	0	231,195	105,923	115,652	9,454	166	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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

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	39.3	4.5	\$192	\$43	\$18,613	1.0	22,662
Age							
5 and younger	50.0	28.5	1,502	53	13,618	11.0	2
6-14	100.0	31.0	18,461	596	68,672	26.9	2
15-20	72.3	22.7	6,322	279	17,307	36.5	65
21-44	40.7	5.6	311	56	14,371	2.2	5,354
45-64	44.7	5.9	236	40	17,339	1.4	6,353
65-74	36.0	4.2	160	38	14,901	1.1	3,096
75-84	34.7	2.6	34	13	21,097	0.2	3,550
85 and older	35.3	2.4	29	12	26,510	0.1	4,240
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	35.3	2.9	60	21	21,444	0.3	10,809
Disabled	42.2	5.6	288	52	17,188	1.7	10,833
Adults	50.7	8.7	505	58	3,442	14.7	1,003
Children	82.4	30.5	4,346	143	22,574	19.3	17
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	42.1	4.7	177	38	17,940	1.0	14,711
Male	34.2	4.1	220	54	19,859	1.1	7,951
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	39.5	4.5	190	42	18,900	1.0	21,926
African American	38.3	3.2	318	99	11,701	2.7	196
Other/unknown	31.7	4.3	246	57	9,501	2.6	540
Use of Nursing Facilities^f							
Entire year	42.6	3.8	55	14	38,705	0.1	4,177
Part year	46.0	3.2	69	21	21,090	0.3	2,493
None	37.4	4.8	247	51	12,979	1.9	15,992
Maintenance Assistance Status							
Cash	43.5	6.2	360	58	19,587	1.8	3,568
Medically needy	39.1	4.0	152	38	19,781	0.8	7,492
Poverty related	28.2	2.4	121	50	3,664	3.3	2,008
Other/unknown	40.2	4.6	175	38	20,468	0.9	9,594

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.4	\$19	1.0	60.7	32.5	3.6	2.1	0.8	0.2	\$1,825	22,662	231,195
Age												
5 and younger	2.4	125	11.0	50.0	0.0	0.0	50.0	0.0	0.0	1,135	2	24
6-14	2.6	1,538	26.9	0.0	50.0	0.0	50.0	0.0	0.0	5,723	2	24
15-20	2.3	644	36.5	27.7	27.7	13.8	23.1	6.2	1.5	1,763	65	638
21-44	0.5	30	2.2	59.3	31.3	4.2	3.6	1.3	0.2	1,362	5,354	56,508
45-64	0.6	22	1.4	55.3	35.8	4.7	2.7	1.1	0.3	1,635	6,353	67,380
65-74	0.4	16	1.1	64.0	30.6	3.0	1.2	0.8	0.5	1,493	3,096	30,907
75-84	0.3	3	0.2	65.3	31.0	2.5	0.9	0.2	0.1	2,117	3,550	35,385
85 and older	0.3	3	0.1	64.7	32.0	2.3	0.8	0.2	0.0	2,787	4,240	40,329
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	0.3	6	0.3	64.7	31.3	2.6	0.9	0.3	0.1	2,188	10,809	105,923
Disabled	0.5	27	1.7	57.8	33.6	4.4	2.8	1.1	0.3	1,610	10,833	115,652
Adults	0.9	54	14.7	49.3	34.0	5.7	7.5	3.2	0.4	365	1,003	9,454
Children	3.1	445	19.3	17.6	29.4	11.8	23.5	17.6	0.0	2,312	17	166
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.5	17	1.0	57.9	35.2	3.7	2.1	0.8	0.3	1,751	14,711	150,703
Male	0.4	22	1.1	65.8	27.7	3.4	2.2	0.8	0.2	1,962	7,951	80,492
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.4	19	1.0	60.5	32.7	3.6	2.1	0.8	0.2	1,852	21,926	223,794
African American	0.3	31	2.7	61.7	33.2	3.1	1.5	0.0	0.5	1,150	196	1,995
Other/unknown	0.4	25	2.6	68.3	25.0	2.2	2.8	1.5	0.2	949	540	5,406
Use of Nursing Facilities^f												
Entire year	0.4	5	0.1	57.4	36.4	3.9	1.7	0.4	0.2	3,741	4,177	43,221
Part year	0.4	8	0.3	54.0	41.7	3.0	0.8	0.2	0.2	2,411	2,493	21,803
None	0.5	24	1.9	62.6	30.1	3.6	2.5	1.0	0.3	1,249	15,992	166,171
Maintenance Assistance Status												
Cash	0.5	32	1.8	56.5	34.1	4.3	3.4	1.3	0.4	1,738	3,568	40,212
Medically needy	0.4	16	0.8	60.9	32.4	3.7	2.1	0.7	0.2	2,129	7,492	69,608
Poverty related	0.3	13	3.3	71.8	24.3	1.9	1.3	0.6	0.0	386	2,008	19,043
Other/unknown	0.4	16	0.9	59.8	33.8	3.6	1.9	0.7	0.2	1,919	9,594	102,332

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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, 2007

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	0.4	\$19	\$43	0.1	\$12	\$196	0.0	\$2	\$162	0.4	\$5	\$15
Age												
5 and younger	2.4	125	53	0.3	11	37	0.1	8	66	2.0	106	54
6-14	2.6	1,538	596	1.5	1,515	1,039	0.0	1	16	1.1	23	21
15-20	2.3	644	279	0.9	607	686	0.1	5	62	1.3	32	24
21-44	0.5	30	56	0.1	19	195	0.0	3	206	0.4	8	18
45-64	0.6	22	40	0.1	13	175	0.0	2	145	0.5	7	16
65-74	0.4	16	38	0.1	9	157	0.0	2	165	0.3	5	13
75-84	0.3	3	13	0.0	1	70	0.0	0	75	0.2	2	9
85 and older	0.3	3	12	0.0	1	77	0.0	0	42	0.2	2	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	6	21	0.0	3	111	0.0	1	139	0.3	3	10
Disabled	0.5	27	52	0.1	18	218	0.0	2	165	0.4	7	17
Adults	0.9	54	58	0.2	34	191	0.0	7	195	0.7	13	18
Children	3.1	445	143	1.0	388	381	0.2	14	75	1.9	44	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.5	17	38	0.1	10	172	0.0	2	159	0.4	5	14
Male	0.4	22	54	0.1	15	237	0.0	2	171	0.3	5	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	19	42	0.1	12	194	0.0	2	163	0.4	5	15
African American	0.3	31	99	0.1	25	410	0.0	1	96	0.2	5	22
Other/unknown	0.4	25	57	0.1	18	181	0.0	2	154	0.3	5	16
Use of Nursing Facilities^e												
Entire year	0.4	5	14	0.0	2	105	0.0	0	45	0.3	3	8
Part year	0.4	8	21	0.0	4	111	0.0	1	84	0.3	4	11
None	0.5	24	51	0.1	15	208	0.0	2	172	0.4	6	16
Maintenance Assistance Status												
Cash	0.5	32	58	0.1	22	235	0.0	3	163	0.4	7	17
Medically needy	0.4	16	38	0.1	10	185	0.0	2	171	0.4	5	14
Poverty related	0.3	13	50	0.0	8	188	0.0	2	210	0.2	3	16
Other/unknown	0.4	16	38	0.1	10	178	0.0	1	147	0.4	5	14

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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, 2007

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	\$24	\$15	\$1	\$8	\$82	\$377	\$136	\$32	1,968	\$160,911	650	2.9	6,847
Biologicals	0.1	0.1	0.0	0.0	18	18	0	0	140	140	0	0	19	2,660	15	0.1	146
Antineoplastic Agents	0.4	0.1	0.0	0.3	130	120	0	11	332	867	0	42	125	41,556	30	0.1	319
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	35	28	0	7	61	137	22	20	3,434	210,388	570	2.5	5,949
Cardiovascular Agents	1.0	0.2	0.0	0.8	35	22	3	9	35	111	74	13	6,466	225,518	648	2.9	6,503
Respiratory Agents	0.4	0.2	0.0	0.2	26	20	1	4	74	121	79	26	3,913	288,083	1,015	4.5	11,102
Gastrointestinal Agents	0.5	0.2	0.0	0.2	54	44	6	4	112	192	239	18	2,267	253,591	458	2.0	4,727
Genitourinary Agents	0.3	0.2	0.0	0.1	16	13	0	3	56	84	69	24	444	24,915	149	0.7	1,574
CNS Drugs	0.7	0.1	0.0	0.6	22	12	1	9	33	206	164	15	41,800	1,387,238	5,892	26.0	63,946
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	57	46	0	11	110	187	56	39	462	50,903	83	0.4	894
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.0	46	44	0	1	176	189	0	52	361	63,374	142	0.6	1,390
Analgesics and Anesthetics	0.7	0.0	0.1	0.6	38	9	17	12	51	199	249	19	8,054	413,904	1,039	4.6	10,872
Neuromuscular Agents	0.7	0.1	0.0	0.6	23	13	2	8	32	191	159	13	18,590	600,017	2,388	10.5	26,206
Nutritional Products	0.4	0.0	0.0	0.3	9	5	0	4	25	249	13	12	2,988	74,451	770	3.4	8,150
Hematological Agents	0.6	0.0	0.0	0.6	28	25	0	3	45	1,001	43	5	8,680	387,288	1,338	5.9	14,025
Topical Products	0.3	0.1	0.0	0.2	17	13	0	4	64	139	41	23	1,182	75,523	422	1.9	4,436
Miscellaneous Products	0.2	0.2	0.0	0.0	26	25	0	1	148	154	231	75	581	85,778	289	1.3	3,261
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	82	0	0	0	37	3,041	17	0.1	186
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.	101,371	4,349,139	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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.

Dual Medicaid Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW HAMPSHIRE, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$623,390	481	2.1	5,053	0.5	\$231	\$123
ANTICONVULSANT	546,050	2,358	10.4	26,033	0.7	32	21
ANTIANKXIETY AGENTS	443,432	4,836	21.3	52,766	0.5	16	8
ANALGESICS - Narcotic	326,624	1,133	5.0	11,864	0.5	59	28
MISC. HEMATOLOGICAL	304,282	57	0.3	564	0.5	1,057	540
ANTIDEPRESSANTS	251,853	1,040	4.6	11,033	0.4	54	23
ANTIASTHMATIC	207,936	550	2.4	5,858	0.3	105	35
ULCER DRUGS	185,009	582	2.6	6,259	0.4	77	30
ANTIDIABETIC	142,685	352	1.6	3,610	0.5	87	40
LAXATIVES	135,350	6,524	28.8	70,817	0.5	4	2
Total	3,166,611	17,913	n.a.	193,857	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	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
All	98,648	\$3,166,611	481	2.1	5,053	0.5	\$123	2,358	10.4	26,033	0.7	\$21
Female												
All Females	68,088	1,794,475	265	1.8	2,759	0.5	107	1,576	10.7	17,425	0.7	18
Female, Disabled												
All Ages	30,169	1,159,428	191	3.3	2,079	0.5	117	1,034	18.0	11,643	0.7	21
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	267	26,246	9	56.3	97	0.6	189	8	50.0	89	0.3	40
21-44	10,168	484,328	107	4.9	1,170	0.5	111	423	19.4	4,748	0.6	25
45-64	19,491	627,685	73	2.1	788	0.5	100	598	17.1	6,748	0.7	17
65-74	204	20,914	2	5.6	24	1.0	653	3	8.3	34	0.7	12
75-84	38	251	0	0.0	0	0.0	0	2	28.6	24	1.0	9
85 and older	1	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	37,919	635,047	74	0.8	680	0.5	77	542	6.0	5,782	0.7	14
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	148	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	69	2,856	0	0.0	0	0.0	0	2	22.2	23	0.2	10
21-44	3,974	195,816	33	5.1	358	0.3	63	167	25.7	1,787	0.6	20
45-64	882	39,152	3	2.1	25	0.3	40	37	25.3	399	0.7	25
65-74	7,769	203,377	15	0.8	163	0.6	100	158	8.1	1,756	0.7	12
75-84	9,911	86,780	9	0.3	66	0.8	77	96	3.6	979	0.8	8
85 and older	15,312	106,918	14	0.4	68	0.9	112	82	2.3	838	0.7	6
Male												
All Males	30,560	1,372,136	216	2.7	2,294	0.6	143	782	9.8	8,608	0.7	26
Male, Disabled												
All Ages	20,561	1,198,900	191	3.8	2,129	0.6	147	644	12.7	7,242	0.7	29
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	371	328,148	11	30.6	130	0.9	210	13	36.1	156	0.6	147
21-44	8,803	536,397	130	5.5	1,472	0.6	156	341	14.3	3,857	0.7	34
45-64	11,170	327,570	49	1.9	515	0.5	109	288	10.9	3,205	0.7	17
65-74	153	6,488	1	4.8	12	0.2	3	1	4.8	12	0.8	83
75-84	64	297	0	0.0	0	0.0	0	1	16.7	12	1.2	7
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	9,999	173,236	25	0.9	165	0.6	91	138	4.8	1,366	0.6	14
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	24	820	0	0.0	0	0.0	0	1	25.0	12	0.3	34
21-44	692	42,187	6	4.3	51	0.4	56	19	13.7	173	0.5	27
45-64	296	19,217	4	6.3	31	0.7	165	5	7.9	41	0.6	66
65-74	3,456	69,141	5	0.5	33	0.5	132	65	5.9	689	0.6	11
75-84	3,183	24,869	6	0.7	33	0.7	51	33	3.6	326	0.8	5
85 and older	2,347	17,000	4	0.6	17	0.6	62	15	2.3	125	0.5	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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	ANTIANKXIETY AGENTS					ANALGESICS - Narcotic					MISC. HEMATOLOGICAL				
	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	4,836	21.3	52,766	0.5	\$8	1,133	5.0	11,864	0.5	\$28	57	0.3	564	0.5	\$540
Female															
All Females	3,500	23.8	38,088	0.5	8	769	5.2	8,128	0.5	26	32	0.2	317	0.4	56
Female, Disabled															
All Ages	1,561	27.2	17,678	0.6	10	434	7.6	4,760	0.5	25	17	0.3	191	0.4	51
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	4	25.0	48	0.5	6	14	87.5	168	0.4	5	0	0.0	0	0.0	0
21-44	542	24.9	6,074	0.5	11	205	9.4	2,245	0.4	26	1	0.0	11	0.3	33
45-64	1,006	28.7	11,458	0.6	9	214	6.1	2,339	0.5	24	16	0.5	180	0.4	52
65-74	8	22.2	86	0.6	9	1	2.8	8	0.6	217	0	0.0	0	0.0	0
75-84	1	14.3	12	0.2	1	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	1,939	21.6	20,410	0.5	7	335	3.7	3,368	0.4	27	15	0.2	126	0.5	63
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	33.3	35	0.2	1	6	66.7	71	0.3	5	0	0.0	0	0.0	0
21-44	169	26.0	1,835	0.5	6	212	32.6	2,154	0.5	27	0	0.0	0	0.0	0
45-64	38	26.0	385	0.5	5	28	19.2	303	0.6	33	0	0.0	0	0.0	0
65-74	418	21.5	4,591	0.6	9	61	3.1	626	0.4	34	10	0.5	100	0.5	69
75-84	524	19.9	5,629	0.5	8	14	0.5	115	0.3	16	2	0.1	12	0.4	44
85 and older	786	21.9	7,923	0.4	5	14	0.4	99	0.4	16	3	0.1	14	0.5	38
Male															
All Males	1,336	16.8	14,678	0.5	9	364	4.6	3,736	0.5	32	25	0.3	247	0.6	1,161
Male, Disabled															
All Ages	875	17.2	9,973	0.6	11	275	5.4	2,919	0.4	28	14	0.3	155	0.7	1,824
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	5.6	18	0.1	1	10	27.8	120	0.3	3	1	2.8	12	1.5	22,664
21-44	347	14.6	3,999	0.5	8	154	6.5	1,661	0.4	26	2	0.1	20	0.5	80
45-64	523	19.8	5,922	0.6	13	108	4.1	1,102	0.5	33	9	0.3	99	0.6	77
65-74	3	14.3	34	0.1	2	3	14.3	36	0.2	2	2	9.5	24	0.8	66
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	461	16.1	4,705	0.5	6	89	3.1	817	0.7	46	11	0.4	92	0.5	43
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	0.1	0	4	100.0	20	0.3	1	0	0.0	0	0.0	0
21-44	20	14.4	191	0.8	14	35	25.2	346	0.8	58	0	0.0	0	0.0	0
45-64	10	15.9	83	0.6	10	12	19.0	110	1.0	53	0	0.0	0	0.0	0
65-74	162	14.7	1,724	0.5	7	28	2.5	271	0.5	41	10	0.9	80	0.5	48
75-84	141	15.6	1,434	0.5	5	5	0.6	32	0.3	3	0	0.0	0	0.0	0
85 and older	127	19.6	1,261	0.5	6	5	0.8	38	0.4	11	1	0.2	12	0.3	5
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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					ULCER DRUGS				
	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 Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,040	4.6	11,033	0.4	\$23	550	2.4	5,858	0.3	\$36	582	2.6	6,259	0.4	\$30
Female															
All Females	685	4.7	7,312	0.4	24	399	2.7	4,291	0.3	37	400	2.7	4,320	0.4	30
Female, Disabled															
All Ages	442	7.7	4,921	0.4	26	256	4.5	2,824	0.3	38	181	3.2	2,008	0.4	39
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	15	93.8	162	0.4	12	8	50.0	92	0.2	10	7	43.8	77	0.2	5
21-44	204	9.4	2,261	0.4	21	106	4.9	1,170	0.3	25	62	2.8	676	0.3	29
45-64	221	6.3	2,478	0.5	31	141	4.0	1,550	0.4	49	110	3.1	1,231	0.4	45
65-74	2	5.6	20	0.7	13	1	2.8	12	0.1	14	2	5.6	24	0.9	65
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
Female, Other Eligibles															
All Ages	243	2.7	2,391	0.4	20	143	1.6	1,467	0.3	35	219	2.4	2,312	0.4	22
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	1	100.0	12	0.1	12
15-20	5	55.6	53	0.3	13	0	0.0	0	0.0	0	5	55.6	60	0.3	23
21-44	140	21.5	1,439	0.4	23	58	8.9	618	0.3	24	40	6.1	422	0.3	31
45-64	20	13.7	201	0.5	31	18	12.3	180	0.3	21	12	8.2	104	0.5	30
65-74	46	2.4	478	0.4	8	48	2.5	548	0.5	55	37	1.9	426	0.5	49
75-84	10	0.4	56	0.4	8	15	0.6	92	0.2	20	50	1.9	514	0.3	6
85 and older	22	0.6	164	0.5	11	4	0.1	29	0.2	23	74	2.1	774	0.4	12
Male															
All Males	355	4.5	3,721	0.4	21	151	1.9	1,567	0.4	32	182	2.3	1,939	0.4	29
Male, Disabled															
All Ages	284	5.6	3,099	0.4	22	118	2.3	1,303	0.3	32	111	2.2	1,226	0.4	34
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	16	44.4	192	0.3	11	8	22.2	96	0.2	14	1	2.8	12	0.5	116
21-44	156	6.5	1,735	0.4	23	72	3.0	807	0.4	36	51	2.1	578	0.4	33
45-64	110	4.2	1,148	0.5	24	36	1.4	376	0.3	30	56	2.1	600	0.4	31
65-74	2	9.5	24	0.7	3	2	9.5	24	0.1	12	2	9.5	24	0.6	81
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.8	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	71	2.5	622	0.4	17	33	1.2	264	0.4	33	71	2.5	713	0.4	22
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	3	75.0	36	0.3	11
21-44	25	18.0	270	0.3	24	6	4.3	56	0.4	22	10	7.2	106	0.2	37
45-64	8	12.7	64	0.6	12	1	1.6	12	0.5	44	7	11.1	50	0.4	63
65-74	20	1.8	177	0.5	14	7	0.6	82	0.4	40	22	2.0	236	0.4	28
75-84	10	1.1	58	0.4	8	16	1.8	100	0.5	37	14	1.5	138	0.4	6
85 and older	8	1.2	53	0.3	5	3	0.5	14	0.4	14	15	2.3	147	0.4	6
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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	ANTIDIABETIC					LAXATIVES						
	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 Beneficiaries	Number of Benefit Months
All	352	1.6	3,610	0.5	\$40	6,524	28.8	70,817	0.5	\$2	22,662	231,195
Female												
All Females	192	1.3	2,033	0.5	46	4,745	32.3	51,527	0.5	2	14,711	150,703
Female, Disabled												
All Ages	99	1.7	1,088	0.4	43	888	15.5	10,276	0.5	2	5,743	61,599
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	6.3	12	0.1	0	5	31.3	46	0.1	1	16	157
21-44	28	1.3	296	0.4	35	190	8.7	2,222	0.5	2	2,181	23,386
45-64	70	2.0	780	0.5	47	679	19.4	7,858	0.5	2	3,501	37,636
65-74	0	0.0	0	0.0	0	12	33.3	126	0.5	3	36	313
75-84	0	0.0	0	0.0	0	1	14.3	12	0.9	2	7	83
85 and older	0	0.0	0	0.0	0	1	50.0	12	0.1	0	2	24
Female, Other Eligibles												
All Ages	93	1.0	945	0.5	50	3,857	43.0	41,251	0.5	2	8,968	89,104
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	5	55.6	60	0.2	3	9	79
21-44	16	2.5	159	0.5	48	22	3.4	251	0.3	1	651	6,321
45-64	8	5.5	89	0.5	35	4	2.7	34	0.3	2	146	1,376
65-74	49	2.5	524	0.5	63	487	25.1	5,409	0.5	2	1,940	19,919
75-84	11	0.4	95	0.4	13	1,157	44.0	12,394	0.5	2	2,632	26,747
85 and older	9	0.3	78	0.7	28	2,182	60.8	23,103	0.5	2	3,589	34,650
Male												
All Males	160	2.0	1,577	0.4	31	1,779	22.4	19,290	0.5	2	7,951	80,492
Male, Disabled												
All Ages	102	2.0	1,101	0.4	32	739	14.5	8,541	0.6	2	5,090	54,053
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	2.8	12	0.8	49	2	5.6	24	0.4	5	36	363
21-44	24	1.0	264	0.4	23	229	9.6	2,671	0.5	3	2,383	25,588
45-64	74	2.8	789	0.4	35	495	18.7	5,695	0.6	2	2,643	27,860
65-74	3	14.3	36	0.8	36	8	38.1	91	0.6	2	21	166
75-84	0	0.0	0	0.0	0	5	83.3	60	0.7	3	6	72
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
Male, Other Eligibles												
All Ages	58	2.0	476	0.4	28	1,040	36.4	10,749	0.5	2	2,861	26,439
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	1	100.0	12	0.1	0	1	12
15-20	1	25.0	12	0.1	1	1	25.0	12	0.1	1	4	39
21-44	2	1.4	24	0.8	12	2	1.4	17	0.2	1	139	1,213
45-64	2	3.2	12	0.9	14	5	7.9	41	0.2	5	63	508
65-74	33	3.0	290	0.5	38	302	27.5	3,272	0.5	2	1,099	10,509
75-84	16	1.8	103	0.3	15	396	43.8	4,072	0.5	2	905	8,483
85 and older	4	0.6	35	0.1	1	333	51.4	3,323	0.5	2	648	5,651
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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

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	\$5	0.4	4,177	43,221
Age				
0-64	19	0.8	237	2,500
65-74	13	0.6	433	4,457
75-84	4	0.4	1,224	12,748
85 and older	3	0.3	2,283	23,516
Unknown	0	0.0	0	0
Gender				
Female	5	0.3	3,237	33,834
Male	8	0.5	940	9,387
Unknown	0	0.0	0	0
Race				
White	5	0.4	4,108	42,524
African American	2	0.3	10	95
Other/unknown	11	0.5	59	602
Basis of Eligibility^c				
Aged	5	0.3	3,931	40,634
Disabled	19	0.8	246	2,587
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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 2,493 beneficiaries who were in nursing facilities for part of their enrollment and their 21,803 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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	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					
Anti-infective Agents	0.3	0.1	0.0	0.3	\$15	\$10	\$0	\$4	\$46	\$189	\$0	\$17	76	\$3,504	29	0.7	235
Biologicals	0.2	0.2	0.0	0.0	5	5	0	0	30	30	0	0	6	182	5	0.1	37
Antineoplastic Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Endocrine/Metabolic Drugs	0.7	0.1	0.0	0.5	14	9	0	5	20	63	0	9	177	3,485	32	0.8	257
Cardiovascular Agents	1.2	0.1	0.0	1.0	21	9	2	10	17	59	67	10	476	8,041	52	1.2	391
Respiratory Agents	0.2	0.0	0.0	0.2	8	4	0	4	32	86	45	19	223	7,211	94	2.3	940
Gastrointestinal Agents	0.6	0.3	0.0	0.2	41	37	0	3	71	111	21	15	161	11,408	37	0.9	278
Genitourinary Agents	0.3	0.1	0.0	0.2	14	9	0	4	41	70	0	22	28	1,142	12	0.3	84
CNS Drugs	0.6	0.0	0.0	0.6	8	2	0	6	14	96	66	11	7,441	103,190	1,158	27.7	12,385
Stimulants/Anti-obesity/Anorexia	1.8	0.0	0.0	1.8	5	0	0	5	3	0	0	3	7	20	1	0.0	4
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	94	93	0	1	155	156	0	63	66	10,234	21	0.5	109
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	5	1	0	4	10	68	33	8	172	1,789	42	1.0	345
Neuromuscular Agents	0.9	0.0	0.0	0.8	19	12	1	6	21	251	83	8	1,607	34,345	179	4.3	1,843
Nutritional Products	0.4	0.0	0.0	0.4	3	0	0	3	7	6	12	7	923	6,392	206	4.9	2,160
Hematological Agents	0.8	0.0	0.0	0.8	6	3	0	3	7	326	0	3	4,361	30,266	521	12.5	5,493
Topical Products	0.4	0.2	0.0	0.2	18	13	0	4	42	81	18	17	103	4,377	30	0.7	249
Miscellaneous Products	0.2	0.2	0.0	0.0	4	4	0	0	22	22	0	16	198	4,351	104	2.5	1,186
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	0	18	0	0	0	1	18	1	0.0	12
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.	16,026	229,955	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 2,493 beneficiaries who were in nursing facilities for part of their enrollment and their 21,803 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 2007. 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, 2007

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	
ANTIANKXIETY AGENTS	\$75,295	1,060	25.4	11,486	0.5	\$12	\$7	
LAXATIVES	70,624	3,179	76.1	35,349	0.5	4	2	
ANALGESICS - NonNarcotic	58,401	2,957	70.8	32,608	0.6	3	2	
DERMATOLOGICAL	38,776	1,743	41.7	19,633	0.3	6	2	
HEMATOPOIETIC AGENTS	35,849	1,020	24.4	11,039	0.7	5	3	
ANTICONVULSANT	28,270	175	4.2	1,814	0.9	18	16	
MINERALS & ELECTROLYTES	24,944	862	20.6	9,400	0.7	4	3	
ULCER DRUGS	15,768	120	2.9	1,325	0.4	31	12	
ANTIPSYCHOTICS	15,693	23	0.6	138	0.9	132	114	
MULTIVITAMINS	14,427	640	15.3	6,890	0.7	3	2	
Total	378,047	11,779	n.a.	129,682	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 2,493 beneficiaries who were in nursing facilities for part of their enrollment and their 21,803 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 2007. 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 2007 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.

Dual Medicaid Beneficiaries

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIANXIETY AGENTS				LAXATIVES			
	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	71,327	\$378,047	1,060	25.4	11,486	0.5	\$7	3,179	76.1	35,349	0.5	\$2
Female												
All Females	56,716	296,357	827	25.5	8,972	0.5	6	2,494	77.0	27,813	0.5	2
Female, Disabled												
All Ages	2,796	26,049	45	35.7	525	0.6	10	124	98.4	1,440	0.6	2
64 or younger	2,631	25,276	44	36.4	513	0.6	10	120	99.2	1,392	0.6	2
65-74	17	80	0	0.0	0	0.0	0	2	100.0	24	0.4	2
75-84	91	440	1	50.0	12	0.2	1	1	50.0	12	0.9	2
85 and older	57	253	0	0.0	0	0.0	0	1	100.0	12	0.1	0
Female, Other Eligibles												
All Ages	53,920	270,308	782	25.1	8,447	0.5	6	2,370	76.2	26,373	0.5	2
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,070	47,738	90	35.2	1,002	0.6	9	209	81.6	2,334	0.5	2
75-84	16,000	72,190	224	25.2	2,417	0.6	7	676	76.0	7,534	0.5	2
85 and older	32,850	150,380	468	23.8	5,028	0.5	5	1,485	75.5	16,505	0.5	2
Male												
All Males	14,611	81,690	233	24.8	2,514	0.6	8	685	72.9	7,536	0.6	2
Male, Disabled												
All Ages	2,681	20,043	48	40.0	536	0.9	15	108	90.0	1,198	0.7	3
64 or younger	2,602	19,710	48	41.4	536	0.9	15	103	88.8	1,141	0.7	3
65-74	26	123	0	0.0	0	0.0	0	2	100.0	21	0.9	2
75-84	40	151	0	0.0	0	0.0	0	3	300.0	36	0.5	1
85 and older	13	59	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	11,930	61,647	185	22.6	1,978	0.5	6	577	70.4	6,338	0.5	2
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,715	16,894	41	23.7	436	0.6	7	141	81.5	1,547	0.5	2
75-84	5,166	24,708	75	22.6	782	0.5	5	236	71.1	2,610	0.6	2
85 and older	4,049	20,045	69	21.9	760	0.5	6	200	63.5	2,181	0.5	2
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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 2,493 beneficiaries who were in nursing facilities for part of their enrollment and their 21,803 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANALGESICS - NonNarcotic					DERMATOLOGICAL					HEMATOPOIETIC AGENTS				
	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	2,957	70.8	32,608	0.6	\$2	1,743	41.7	19,633	0.3	\$2	1,020	24.4	11,039	0.7	\$3
Female															
All Females	2,346	72.5	25,967	0.6	2	1,351	41.7	15,344	0.4	2	789	24.4	8,621	0.7	4
Female, Disabled															
All Ages	93	73.8	1,086	0.5	2	56	44.4	654	0.4	2	23	18.3	260	0.7	3
64 or younger	89	73.6	1,038	0.5	2	52	43.0	606	0.4	2	20	16.5	224	0.7	3
65-74	1	50.0	12	0.2	0	2	100.0	24	0.2	1	0	0.0	0	0.0	0
75-84	1	50.0	12	0.1	0	2	100.0	24	0.6	3	3	150.0	36	1.1	3
85 and older	2	200.0	24	0.8	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,253	72.4	24,881	0.6	2	1,295	41.6	14,690	0.4	2	766	24.6	8,361	0.7	4
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	180	70.3	1,969	0.6	2	121	47.3	1,400	0.4	2	60	23.4	646	0.7	21
75-84	659	74.1	7,333	0.6	2	344	38.7	3,931	0.4	2	217	24.4	2,392	0.7	2
85 and older	1,414	71.9	15,579	0.6	2	830	42.2	9,359	0.3	2	489	24.9	5,323	0.7	2
Male															
All Males	611	65.0	6,641	0.6	2	392	41.7	4,289	0.3	2	231	24.6	2,418	0.7	2
Male, Disabled															
All Ages	86	71.7	950	0.6	2	48	40.0	517	0.3	2	22	18.3	241	0.7	2
64 or younger	82	70.7	918	0.6	2	45	38.8	495	0.3	2	22	19.0	241	0.7	2
65-74	1	50.0	12	0.1	0	2	100.0	18	0.4	4	0	0.0	0	0.0	0
75-84	1	100.0	12	0.7	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	200.0	8	1.0	3	1	100.0	4	0.5	7	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	525	64.0	5,691	0.6	2	344	42.0	3,772	0.3	2	209	25.5	2,177	0.6	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	115	66.5	1,264	0.5	2	82	47.4	869	0.3	2	42	24.3	434	0.6	2
75-84	228	68.7	2,528	0.6	2	137	41.3	1,563	0.3	2	80	24.1	857	0.6	2
85 and older	182	57.8	1,899	0.6	2	125	39.7	1,340	0.3	2	87	27.6	886	0.7	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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 2,493 beneficiaries who were in nursing facilities for part of their enrollment and their 21,803 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTICONVULSANT					MINERALS & ELECTROLYTES					ULCER DRUGS				
	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	175	4.2	1,814	0.9	\$16	862	20.6	9,400	0.7	\$3	120	2.9	1,325	0.4	\$12
Female															
All Females	115	3.6	1,186	0.9	18	764	23.6	8,401	0.7	3	93	2.9	1,034	0.4	11
Female, Disabled															
All Ages	17	13.5	196	1.0	52	29	23.0	342	0.6	3	8	6.3	96	0.4	7
64 or younger	15	12.4	172	1.0	58	28	23.1	330	0.6	3	8	6.6	96	0.4	7
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	2	100.0	24	1.0	9	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	100.0	12	1.0	3	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	98	3.2	990	0.9	11	735	23.6	8,059	0.7	3	85	2.7	938	0.4	12
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	21	8.2	234	1.0	27	56	21.9	650	0.7	3	7	2.7	82	0.5	23
75-84	29	3.3	283	0.9	8	222	25.0	2,472	0.7	3	30	3.4	324	0.3	5
85 and older	48	2.4	473	0.8	6	457	23.2	4,937	0.7	3	48	2.4	532	0.4	14
Male															
All Males	60	6.4	628	0.8	11	98	10.4	999	0.6	3	27	2.9	291	0.4	14
Male, Disabled															
All Ages	15	12.5	180	0.9	18	11	9.2	126	0.9	6	5	4.2	60	0.2	19
64 or younger	14	12.1	168	0.9	19	11	9.5	126	0.9	6	5	4.3	60	0.2	19
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	100.0	12	1.2	7	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	45	5.5	448	0.7	8	87	10.6	873	0.6	2	22	2.7	231	0.4	13
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	15	8.7	159	0.7	9	19	11.0	179	0.6	3	4	2.3	48	0.4	40
75-84	21	6.3	208	0.8	6	41	12.3	420	0.6	2	9	2.7	92	0.4	6
85 and older	9	2.9	81	0.6	11	27	8.6	274	0.6	2	9	2.9	91	0.4	5
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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 2,493 beneficiaries who were in nursing facilities for part of their enrollment and their 21,803 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					MULTIVITAMINS					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	23	0.6	138	0.9	\$114	640	15.3	6,890	0.7	\$2	4,177	43,221
Female												
All Females	13	0.4	93	0.9	131	490	15.1	5,290	0.7	2	3,237	33,834
Female, Disabled												
All Ages	1	0.8	12	0.8	100	27	21.4	318	0.6	2	126	1,362
64 or younger	1	0.8	12	0.8	100	25	20.7	294	0.6	2	121	1,312
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	2	200.0	24	1.1	7	1	12
Female, Other Eligibles												
All Ages	12	0.4	81	0.9	136	463	14.9	4,972	0.7	2	3,111	32,472
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2	0.8	24	0.6	123	30	11.7	317	0.7	2	256	2,670
75-84	3	0.3	16	0.8	77	127	14.3	1,365	0.7	2	889	9,350
85 and older	7	0.4	41	1.2	166	306	15.6	3,290	0.7	2	1,966	20,452
Male												
All Males	10	1.1	45	0.7	78	150	16.0	1,600	0.6	2	940	9,387
Male, Disabled												
All Ages	1	0.8	12	0.1	1	26	21.7	270	0.7	2	120	1,225
64 or younger	1	0.9	12	0.1	1	25	21.6	266	0.7	2	116	1,188
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
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	1	100.0	4	0.8	3	1	4
Male, Other Eligibles												
All Ages	9	1.1	33	1.0	106	124	15.1	1,330	0.6	2	820	8,162
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	3	1.7	9	0.6	132	40	23.1	448	0.5	2	173	1,752
75-84	3	0.9	16	1.1	89	50	15.1	556	0.6	2	332	3,362
85 and older	3	1.0	8	1.1	109	34	10.8	326	0.5	2	315	3,048
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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 2,493 beneficiaries who were in nursing facilities for part of their enrollment and their 21,803 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 2007. 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 2007 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, 2007

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	11,724	51.7	7.7	173,581	\$54	\$1,218,131	\$7	28.0	22,662	
Age										
5 and younger	1	50.0	5.5	11	699	1,398	127	46.6	2	
6-14	2	100.0	7.0	14	64	128	9	0.3	2	
15-20	25	38.5	2.2	146	16	1,029	7	0.3	65	
21-44	2,148	40.1	3.8	20,147	39	206,864	10	12.4	5,354	
45-64	3,229	50.8	6.6	41,931	62	391,698	9	26.1	6,353	
65-74	1,426	46.1	7.0	21,626	59	182,672	8	37.0	3,096	
75-84	2,007	56.5	10.1	35,931	53	187,071	5	157.1	3,550	
85 and older	2,886	68.1	12.7	53,775	58	247,271	5	203.8	4,240	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	6,280	58.1	10.2	110,555	53	573,810	5	88.2	10,809	
Disabled	5,009	46.2	5.5	60,038	53	573,071	10	18.4	10,833	
Adults	424	42.3	2.9	2,912	69	69,367	24	13.7	1,003	
Children	11	64.7	4.5	76	111	1,883	25	2.5	17	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	8,273	56.2	8.6	127,246	59	870,213	7	33.5	14,711	
Male	3,451	43.4	5.8	46,335	44	347,918	8	19.9	7,951	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	11,451	52.2	7.8	170,455	53	1,155,942	7	27.8	21,926	
African American	76	38.8	4.4	854	234	45,881	54	73.7	196	
Other/unknown	197	36.5	4.2	2,272	30	16,308	7	12.3	540	
Use of Nursing Facilities^d										
Entire year	3,326	79.6	18.2	76,182	87	361,330	5	157.1	4,177	
Part year	1,787	71.7	9.5	23,746	52	128,469	5	74.8	2,493	
None	6,611	41.3	4.6	73,653	46	728,332	10	18.5	15,992	
Maintenance Assistance Status										
Cash	1,812	50.8	6.4	22,981	54	192,170	8	15.0	3,568	
Medically needy	4,252	56.8	9.2	68,616	60	452,288	7	39.7	7,492	
Poverty related	583	29.0	1.9	3,855	21	41,397	11	17.1	2,008	
Other/unknown	5,077	52.9	8.1	78,129	55	532,276	7	31.6	9,594	

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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.

Benef(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, 2007

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	0.8	\$5	\$7	\$0	\$2	231,195
Age						
5 and younger	0.5	58	127	0	0	24
6-14	0.6	5	9	0	0	24
15-20	0.2	2	7	0	1	638
21-44	0.4	4	10	0	2	56,508
45-64	0.6	6	9	0	4	67,380
65-74	0.7	6	8	0	2	30,907
75-84	1.0	5	5	0	2	35,385
85 and older	1.3	6	5	0	1	40,329
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.0	5	5	0	2	105,923
Disabled	0.5	5	10	0	3	115,652
Adults	0.3	7	24	0	3	9,454
Children	0.5	11	25	0	0	166
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.8	6	7	0	2	150,703
Male	0.6	4	8	0	2	80,492
Unknown	0.0	0	0	0	0	0
Race						
White	0.8	5	7	0	2	223,794
African American	0.4	23	54	0	2	1,995
Other/unknown	0.4	3	7	0	1	5,406
Use of Nursing Facilities^d						
Entire year	1.8	8	5	0	2	43,221
Part year	1.1	6	5	0	2	21,803
None	0.4	4	10	0	3	166,171
Maintenance Assistance Status						
Cash	0.6	5	8	0	3	40,212
Medically needy	1.0	6	7	0	3	69,608
Poverty related	0.2	2	11	0	1	19,043
Other/unknown	0.8	5	7	0	2	102,332

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	15,881	\$77	\$1,218,131	100.0	173,581	\$7	100.0
Anorexia or weight loss/gain	2	91	182	0.0	11	17	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	2	7	14	0.0	2	7	0.0
Cough and cold medications	582	69	40,321	3.3	1,161	35	0.7
Vitamins and minerals	690	39	26,969	2.2	2,686	10	1.5
Non-prescription drugs	7,950	67	534,058	43.8	122,841	4	70.8
Barbiturates	179	68	12,140	1.0	1,870	6	1.1
Benzodiazepines	6,253	89	553,945	45.5	44,126	13	25.4
Other Part D Excl Rx Drugs	223	226	50,502	4.1	884	57	0.5

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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}
 NEWHAMPSHIRE, 2007

Total Number of Dual Eligible Beneficiaries: 22,662
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$4,349,139
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$191

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,753	60.7	\$0	0.0
1-500	7,877	34.8	661,313	15.2
501-1,000	309	1.4	214,855	4.9
1,001-1,500	148	0.7	182,402	4.2
1,501-2,000	108	0.5	187,916	4.3
2,001-2,500	79	0.3	178,962	4.1
2,501-3,000	46	0.2	127,206	2.9
3,001-3,500	41	0.2	131,893	3.0
3,501-4,000	46	0.2	171,608	3.9
4,001-4,500	29	0.1	123,327	2.8
4,501-5,000	33	0.1	157,723	3.6
5,001-5,500	22	0.1	116,165	2.7
5,501-6,000	17	0.1	97,222	2.2
6,001-6,500	19	0.1	118,885	2.7
6,501-7,000	11	0.0	73,940	1.7
7,001-7,500	12	0.1	87,048	2.0
7,501-8,000	10	0.0	77,522	1.8
8,001-8,500	9	0.0	73,751	1.7
8,501-9,000	5	0.0	43,245	1.0
9,001-9,500	9	0.0	82,725	1.9
9,501-10,000	10	0.0	98,055	2.3
10,001+	69	0.3	1,343,376	30.9

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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}
 NEWHAMPSHIRE, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 10,760
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$3,078,102
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$286

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,216	57.8	\$0	0.0
1-500	3,814	35.4	372,296	12.1
501-1,000	210	2.0	145,942	4.7
1,001-1,500	97	0.9	119,080	3.9
1,501-2,000	80	0.7	138,833	4.5
2,001-2,500	56	0.5	127,277	4.1
2,501-3,000	32	0.3	88,389	2.9
3,001-3,500	30	0.3	97,154	3.2
3,501-4,000	33	0.3	123,010	4.0
4,001-4,500	26	0.2	110,332	3.6
4,501-5,000	23	0.2	109,474	3.6
5,001-5,500	19	0.2	100,539	3.3
5,501-6,000	14	0.1	79,454	2.6
6,001-6,500	11	0.1	68,860	2.2
6,501-7,000	10	0.1	67,409	2.2
7,001-7,500	8	0.1	58,146	1.9
7,501-8,000	8	0.1	62,068	2.0
8,001-8,500	6	0.1	49,349	1.6
8,501-9,000	3	0.0	26,075	0.8
9,001-9,500	8	0.1	73,515	2.4
9,501-10,000	7	0.1	68,354	2.2
10,001+	49	0.5	992,546	32.2

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEWHAMPSHIRE, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 10,886
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$734,569
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$67

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,043	64.7	\$0	0.0
1-500	3,687	33.9	246,938	33.6
501-1,000	64	0.6	45,165	6.1
1,001-1,500	25	0.2	31,018	4.2
1,501-2,000	13	0.1	22,776	3.1
2,001-2,500	8	0.1	17,764	2.4
2,501-3,000	4	0.0	10,713	1.5
3,001-3,500	5	0.0	15,721	2.1
3,501-4,000	8	0.1	29,999	4.1
4,001-4,500	1	0.0	4,492	0.6
4,501-5,000	3	0.0	14,354	2.0
5,001-5,500	1	0.0	5,350	0.7
5,501-6,000	2	0.0	11,919	1.6
6,001-6,500	4	0.0	25,057	3.4
6,501-7,000	1	0.0	6,531	0.9
7,001-7,500	1	0.0	7,283	1.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,137	1.1
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,210	1.3
9,501-10,000	3	0.0	29,701	4.0
10,001+	11	0.1	192,441	26.2

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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}
 NEWHAMPSHIRE, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 3,096
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$494,113
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$159

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,981	64.0	\$0	0.0
1-500	1,011	32.7	86,151	17.4
501-1,000	35	1.1	24,455	4.9
1,001-1,500	14	0.5	17,650	3.6
1,501-2,000	11	0.4	19,266	3.9
2,001-2,500	5	0.2	11,180	2.3
2,501-3,000	3	0.1	8,200	1.7
3,001-3,500	5	0.2	15,721	3.2
3,501-4,000	5	0.2	18,483	3.7
4,001-4,500	1	0.0	4,492	0.9
4,501-5,000	3	0.1	14,354	2.9
5,001-5,500	1	0.0	5,350	1.1
5,501-6,000	1	0.0	5,985	1.2
6,001-6,500	3	0.1	18,733	3.8
6,501-7,000	1	0.0	6,531	1.3
7,001-7,500	1	0.0	7,283	1.5
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,137	1.6
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	3	0.1	29,701	6.0
10,001+	11	0.4	192,441	38.9

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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}
 NEWHAMPSHIRE, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 3,550
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$119,115
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$33

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,319	65.3	\$0	0.0
1-500	1,206	34.0	84,217	70.7
501-1,000	13	0.4	9,287	7.8
1,001-1,500	6	0.2	7,255	6.1
1,501-2,000	0	0.0	0	0.0
2,001-2,500	2	0.1	4,327	3.6
2,501-3,000	1	0.0	2,513	2.1
3,001-3,500	0	0.0	0	0.0
3,501-4,000	3	0.1	11,516	9.7
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
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	0	0.0	0	0.0
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+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEWHAMPSHIRE, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 4,240
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$121,341
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$28

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,743	64.7	\$0	0.0
1-500	1,470	34.7	76,570	63.1
501-1,000	16	0.4	11,423	9.4
1,001-1,500	5	0.1	6,113	5.0
1,501-2,000	2	0.0	3,510	2.9
2,001-2,500	1	0.0	2,257	1.9
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
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	5,934	4.9
6,001-6,500	1	0.0	6,324	5.2
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	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,210	7.6
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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, 2007

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	22,662	10,809	10,833	1,003	17	0	231,195	105,923	115,652	9,454	166	0
Age												
5 and younger	2	0	0	0	2	0	24	0	0	0	24	0
6-14	2	0	0	0	2	0	24	0	0	0	24	0
15-20	65	0	52	0	13	0	638	0	520	0	118	0
21-44	5,354	0	4,564	790	0	0	56,508	0	48,974	7,534	0	0
45-64	6,353	0	6,144	209	0	0	67,380	0	65,496	1,884	0	0
65-74	3,096	3,035	57	4	0	0	30,907	30,392	479	36	0	0
75-84	3,550	3,537	13	0	0	0	35,385	35,230	155	0	0	0
85 and older	4,240	4,237	3	0	0	0	40,329	40,301	28	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	14,711	8,157	5,743	801	10	0	150,703	81,280	61,599	7,733	91	0
Male	7,951	2,652	5,090	202	7	0	80,492	24,643	54,053	1,721	75	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,926	10,476	10,492	944	14	0	223,794	102,611	112,131	8,914	138	0
African American	196	50	129	17	0	0	1,995	487	1,344	164	0	0
Other/unknown	540	283	212	42	3	0	5,406	2,825	2,177	376	28	0
Use of Nursing Facilities^c												
Entire year	4,177	3,931	246	0	0	0	43,221	40,634	2,587	0	0	0
Part year	2,493	2,196	293	4	0	0	21,803	18,826	2,937	40	0	0
None	15,992	4,682	10,294	999	17	0	166,171	46,463	110,128	9,414	166	0
Maintenance Assistance Status												
Cash	3,568	983	2,544	40	1	0	40,212	11,107	28,715	388	2	0
Medically needy	7,492	4,604	2,303	583	2	0	69,608	41,604	22,509	5,478	17	0
Poverty related	2,008	699	1,236	68	5	0	19,043	6,357	12,134	493	59	0
Other/unknown	9,594	4,523	4,750	312	9	0	102,332	46,855	52,294	3,095	88	0
Dual Status^d												
Full dual, all year	19,617	9,778	8,932	890	17	0	200,848	96,087	96,365	8,230	166	0
Full dual, part year	3,045	1,031	1,901	113	0	0	30,347	9,836	19,287	1,224	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,662	10,809	10,833	1,003	17	0	231,195	105,923	115,652	9,454	166	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
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1		Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	22,662	231,195	22,662	231,195	0	0
Fee-for-service (FFS) all year	22,662	231,195	22,662	231,195	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 2007 file for New Hampshire, released by CMS in 3/2010. This table was produced on 10/06/2010.

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