

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 NEW MEXICO

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NEW MEXICO, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	378,433 (A)	39,530 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	360,424 (B)	31,727 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	201,346 (C)	31,034 (G)
4. Benes who were all-year nursing facility residents <sup>f</sup>	4,475 (D)	4,175 (H)

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for New Mexico in 1999 was \$40,425,123, of which \$221,703 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 0.9 percent were restricted benefit months without a pharmacy benefit in New Mexico, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>201,346</b>	<b>15,928</b>	<b>24,284</b>	<b>40,796</b>	<b>120,338</b>	<b>0</b>	<b>829,984</b>	<b>164,341</b>	<b>221,083</b>	<b>133,824</b>	<b>310,736</b>	<b>0</b>
<b>Age</b>												
5 and younger	46,617	2	447	0	46,168	0	112,928	3	2,133	0	110,792	0
6-14	54,078	3	955	0	53,120	0	147,984	19	5,401	0	142,584	0
15-20	26,819	0	827	4,975	21,017	0	79,262	0	4,448	17,533	57,281	0
21-44	41,097	2	7,223	33,847	25	0	175,581	21	63,938	111,545	77	0
45-64	10,567	8	8,596	1,958	5	0	80,693	78	75,909	4,691	15	0
65-74	9,114	4,946	4,161	7	0	0	97,195	51,457	45,719	19	0	0
75-84	7,332	5,829	1,496	6	1	0	78,482	61,380	17,080	21	1	0
85 and older	5,720	5,138	579	3	0	0	57,853	51,383	6,455	15	0	0
Unknown	2	0	0	0	2	6	0	0	0	0	6	0
<b>Gender</b>												
Female	120,035	11,226	13,185	35,277	60,347	0	521,665	117,150	123,969	123,016	157,530	0
Male	81,302	4,701	11,094	5,519	59,988	0	308,273	47,188	97,076	10,808	153,201	0
Unknown	9	1	5	0	3	0	46	3	38	0	5	0
<b>Race</b>												
White	54,970	7,423	10,197	10,796	26,554	0	260,881	74,503	93,330	34,373	58,675	0
African American	4,834	219	631	1,088	2,896	0	15,975	2,384	5,234	2,618	5,739	0
Other/unknown	141,542	8,286	13,456	28,912	90,888	0	553,128	87,454	122,519	96,833	246,322	0
<b>Use of Nursing Facilities</b>												
All year	4,475	3,803	672	0	0	0	46,002	38,505	7,497	0	0	0
Part year	2,243	1,752	489	2	0	0	19,954	15,410	4,529	15	0	0
None	194,628	10,373	23,123	40,794	120,338	0	764,028	110,426	209,057	133,809	310,736	0
<b>Maintenance Assistance Status</b>												
Cash	84,184	9,503	22,579	22,009	30,093	0	430,300	104,275	204,909	50,919	70,197	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	85,482	237	193	7,998	77,054	0	235,201	2,012	1,625	24,199	207,365	0
Other/unknown	31,680	6,188	1,512	10,789	13,191	0	164,483	58,054	14,549	58,706	33,174	0
<b>Dual Medicare Status<sup>c</sup></b>												
Full dual, all year	30,374	14,981	15,256	132	5	0	324,390	156,871	166,873	617	29	0
Full dual, part year	660	452	202	6	0	0	6,413	4,384	1,977	52	0	0
Non-dual, all year	170,312	495	8,826	40,658	120,333	0	499,181	3,086	52,233	133,155	310,707	0
<b>Managed Care Status</b>												
FFS all year	65,180	15,544	18,382	8,264	22,990	0	490,948	162,089	196,476	30,080	102,303	0
FFS part year, with Rx claims	28,783	188	2,669	9,588	16,338	0	84,887	1,250	12,478	33,030	38,129	0
FFS part year, no Rx claims	107,383	196	3,233	22,944	81,010	0	254,149	1,002	12,129	70,714	170,304	0

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

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

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

c. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ <sup>c</sup>	No. of Benes
All	27.5 %	5.1	\$200	\$40	\$3,094	6.5 %	\$6	201,346
<b>Age</b>								
5 and younger	17.7	0.4	8	19	1,265	0.6	0	46,617
6-14	12.5	0.3	12	33	1,207	1.0	0	54,078
15-20	19.1	0.6	21	35	2,318	0.9	0	26,819
21-44	31.2	3.7	199	54	3,456	5.8	3	41,097
45-64	55.4	19.2	849	44	8,190	10.4	23	10,567
65-74	69.0	25.3	936	37	5,745	16.3	35	9,114
75-84	77.0	29.5	1,048	36	9,706	10.8	36	7,332
85 and older	80.5	28.7	924	32	14,772	6.3	36	5,720
Unknown	0.0	0.0	0	0	0	0.0	0	2
<b>Basis of Eligibility</b>								
Aged	73.4	25.8	895	35	10,558	8.5	32	15,928
Disabled	62.1	22.0	994	45	9,319	10.7	26	24,284
Adults	25.9	0.8	19	25	1,986	1.0	1	40,796
Children	15.0	0.4	9	24	1,226	0.7	0	120,338
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	30.2	6.0	219	37	3,156	7.0	7	120,035
Male	23.5	3.7	171	46	3,004	5.7	4	81,302
Unknown	22.2	1.2	34	28	2,910	1.2	0	9
<b>Race</b>								
White	39.9	9.9	399	40	4,625	8.6	11	54,970
African American	28.0	4.9	182	37	2,464	7.4	6	4,834
Other/unknown	22.7	3.2	123	39	2,521	4.9	4	141,542
<b>Use of Nursing Facilities</b>								
Entire year	91.5	43.9	1,586	36	30,927	5.1	68	4,475
Part year	86.3	30.7	1,151	38	19,543	5.9	44	2,243
None	25.4	3.9	157	41	2,265	6.9	4	194,628
<b>Maintenance Assistance Status</b>								
Cash	35.3	8.1	333	41	3,067	10.8	9	84,184
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	16.6	0.4	11	26	1,299	0.9	0	85,482
Other/unknown	36.3	9.3	355	38	8,010	4.4	13	31,680

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				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			
All	1.2	\$48	6.5 %	72.5 %	14.9 %	4.3 %	5.4 %	2.5 %	0.4 %	\$751	201,346	829,984
<b>Age</b>												
5 and younger	0.2	3	0.6	82.3	13.2	3.1	1.4	0.1	0.0	522	46,617	112,928
6-14	0.1	4	1.0	87.5	9.1	2.1	1.1	0.1	0.0	441	54,078	147,984
15-20	0.2	7	0.9	80.9	14.8	2.6	1.5	0.2	0.0	784	26,819	79,262
21-44	0.9	47	5.8	68.8	19.6	4.5	4.9	1.8	0.4	809	41,097	175,581
45-64	2.5	111	10.4	44.6	17.8	8.5	16.3	10.3	2.6	1,073	10,567	80,693
65-74	2.4	88	16.3	31.0	23.7	10.2	21.4	11.4	2.3	539	9,114	97,195
75-84	2.8	98	10.8	23.0	21.8	11.9	26.2	14.8	2.3	907	7,332	78,482
85 and older	2.8	91	6.3	19.5	21.3	14.1	28.8	14.8	1.5	1,461	5,720	57,853
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	6
<b>Basis of Eligibility</b>												
Aged	2.5	87	8.5	26.6	22.4	12.1	24.5	12.7	1.8	1,023	15,928	164,341
Disabled	2.4	109	10.7	37.9	21.3	9.2	18.6	10.7	2.4	1,024	24,284	221,083
Adults	0.2	6	1.0	74.1	19.1	3.5	2.6	0.6	0.1	606	40,796	133,824
Children	0.1	3	0.7	85.0	11.1	2.5	1.2	0.1	0.0	475	120,338	310,736
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.4	51	7.0	69.8	16.2	4.5	6.1	2.9	0.6	726	120,035	521,665
Male	1.0	45	5.7	76.5	13.0	4.0	4.5	1.8	0.2	792	81,302	308,273
Unknown	0.2	7	1.2	77.8	0.0	11.1	11.1	0.0	0.0	569	9	46
<b>Race</b>												
White	2.1	84	8.6	60.1	17.9	6.3	9.5	5.2	1.0	975	54,970	260,881
African American	1.5	55	7.4	72.0	14.6	5.0	5.6	2.4	0.5	746	4,834	15,975
Other/unknown	0.8	32	4.9	77.3	13.7	3.5	3.8	1.4	0.2	645	141,542	553,128
<b>Use of Nursing Facilities</b>												
Entire year	4.3	154	5.1	8.5	13.3	12.4	34.9	26.3	4.6	3,009	4,475	46,002
Part year	3.5	129	5.9	13.7	19.3	14.0	32.7	17.6	2.8	2,197	2,243	19,954
None	1.0	40	6.9	74.6	14.9	4.0	4.4	1.7	0.3	577	194,628	764,028
<b>Maintenance Assistance Status</b>												
Cash	1.6	65	10.8	64.7	16.2	6.0	8.7	3.7	0.7	600	84,184	430,300
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	4	0.9	83.4	12.9	2.5	1.1	0.1	0.0	472	85,482	235,201
Other/unknown	1.8	68	4.4	63.7	16.8	4.7	8.5	5.4	0.9	1,543	31,680	164,483

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 1/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

- a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx
All	1.2	\$48	0.4	\$28	0.2	\$9	0.6	\$9
<b>Age</b>								
5 and younger	0.2	3	0.0	2	0.0	0	0.1	1
6-14	0.1	4	0.0	3	0.0	1	0.1	1
15-20	0.2	7	0.1	4	0.0	1	0.1	1
21-44	0.9	47	0.3	30	0.1	8	0.4	7
45-64	2.5	111	0.9	66	0.4	20	1.2	19
65-74	2.4	88	0.8	50	0.4	17	1.1	16
75-84	2.8	98	0.9	53	0.5	21	1.2	18
85 and older	2.8	91	0.8	46	0.6	21	1.3	18
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility</b>								
Aged	2.5	87	0.8	47	0.5	18	1.1	16
Disabled	2.4	109	0.8	65	0.4	20	1.1	18
Adults	0.2	6	0.1	3	0.0	1	0.1	2
Children	0.1	3	0.0	2	0.0	0	0.1	1
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.4	51	0.4	29	0.2	10	0.6	9
Male	1.0	45	0.3	27	0.2	9	0.5	8
Unknown	0.2	7	0.1	4	0.0	0	0.1	0
<b>Race</b>								
White	2.1	84	0.7	48	0.4	17	0.9	15
African American	1.5	55	0.4	30	0.3	12	0.7	11
Other/unknown	0.8	32	0.3	18	0.1	6	0.4	6
<b>Use of Nursing Facilities</b>								
Entire year	4.3	154	1.2	83	0.9	34	1.9	30
Part year	3.5	129	1.0	72	0.7	26	1.6	25
None	1.0	40	0.3	23	0.1	7	0.5	7
<b>Maintenance Assistance Status</b>								
Cash	1.6	65	0.5	38	0.2	12	0.7	11
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.2	4	0.0	2	0.0	1	0.1	1
Other/unknown	1.8	68	0.5	38	0.4	14	0.8	13
<b>All</b>								
		\$48		\$28		\$9		\$9
		\$40		\$71		\$46		\$15

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

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

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

Table 5

All Medicaid Beneficiaries

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 9.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NEW MEXICO, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$				Users			
	Patented		Generic		Patented		Generic		Patented		Generic		Total No. of Rx	No.	As % of All Benes	No. of Bene Mos
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name				
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$12	\$0	\$2	\$45	\$90	\$40	\$12	66,850	29,166	14.5 %	211,676
Biologicals	0.1	0.1	0.0	0.0	10	7	0	3	93	99	0	81	464	390	0.2	4,195
Antineoplastic Agents	0.5	0.2	0.1	0.2	62	37	14	11	124	238	117	48	3,919	756	0.4	7,792
Endocrine/Metabolic Drugs	0.8	0.4	0.2	0.3	22	16	3	3	26	42	15	12	118,344	15,502	7.7	140,465
Cardiovascular Agents	1.3	0.4	0.3	0.5	37	19	11	7	29	46	37	12	194,443	14,862	7.4	152,927
Respiratory Agents	0.6	0.3	0.0	0.3	20	14	0	5	33	51	30	16	86,975	20,683	10.3	148,055
Gastrointestinal Agents	0.6	0.2	0.1	0.2	37	22	10	6	65	109	80	23	64,160	11,055	5.5	111,951
Genitourinary Agents	0.4	0.2	0.0	0.2	12	8	0	4	33	49	36	20	14,559	4,273	2.1	40,099
CNS Drugs	1.0	0.4	0.1	0.5	56	36	13	7	57	101	96	14	144,380	15,780	7.8	146,463
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.1	0.4	22	5	5	12	34	42	43	29	2,595	964	0.5	3,967
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	36	33	1	2	90	108	94	26	3,075	725	0.4	7,638
Analgesics and Anesthetics	0.6	0.1	0.1	0.4	20	9	4	6	33	103	66	14	103,058	20,186	10.0	173,384
Neuromuscular Agents	0.8	0.2	0.2	0.4	37	19	8	10	49	93	47	26	58,748	8,087	4.0	77,225
Nutritional Products	0.5	0.0	0.2	0.3	8	0	5	3	16	14	21	11	34,172	8,255	4.1	65,715
Hematological Agents	0.6	0.0	0.3	0.3	23	10	7	6	39	245	28	19	22,138	3,595	1.8	36,572
Topical Products	0.4	0.1	0.1	0.2	10	6	2	2	28	44	34	14	48,706	14,951	7.4	129,469
Miscellaneous Products	0.6	0.2	0.2	0.2	133	81	42	10	220	335	237	52	2,443	385	0.2	4,060
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	18	0	0	0	43	0	0	0	49,551	12,286	6.1	117,475
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,018,580	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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 Mexico, 9.0 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NEW MEXICO, 1999

Top 10 Drug Groups	Users					Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$3,695,624	5,419	2.7 %	54,151	0.6	\$109	\$68	
ULCER DRUGS	3,583,840	10,071	5.0	104,456	0.4	80	34	
ANTIDEPRESSANTS	3,317,869	12,107	6.0	114,322	0.6	52	29	
ANTICONVULSANT	2,092,514	4,958	2.5	48,317	0.7	58	43	
ANTIHYPERTENSIVE	2,019,417	8,990	4.5	94,358	0.6	34	21	
ANTIDIABETIC	1,929,581	7,932	3.9	82,660	0.6	37	23	
ANALGESICS - Narcotic	1,652,999	17,713	8.8	166,923	0.3	29	10	
ANALGESICS - ANTI-INFLAMMATORY	1,496,312	13,109	6.5	118,062	0.3	39	13	
ANTIASTHMATIC	1,489,759	12,200	6.1	97,333	0.4	36	15	
CALCIUM BLOCKERS	1,389,071	4,258	2.1	45,172	0.7	45	31	

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a,b,c</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>456,680</b>	<b>\$22,666,986</b>	<b>5,419</b>	<b>2.7 %</b>	<b>54,151</b>	<b>0.6</b>	<b>\$68</b>	<b>10,071</b>	<b>5.0 %</b>	<b>104,456</b>	<b>0.4</b>	<b>\$34</b>
<b>Female</b>												
<b>Disabled</b>												
5 and younger	309,596	14,719,424	3,163	2.6	31,563	0.6	56	7,016	5.8	73,272	0.4	34
6-14	164,019	8,548,563	1,610	12.2	16,851	0.6	71	3,513	26.6	38,697	0.4	35
15-20	86	3,323	2	1.1	8	0.3	5	5	2.7	20	0.7	24
21-44	365	19,468	18	5.0	116	0.7	61	5	1.4	40	0.6	27
45-64	924	60,306	33	10.3	235	0.5	61	14	4.4	111	0.5	31
65-74	29,377	1,942,655	511	16.1	5,335	0.7	95	546	17.2	5,767	0.4	33
75-84	62,406	3,349,084	631	13.1	6,551	0.6	69	1,320	27.3	14,116	0.4	36
85 and older	48,531	2,211,605	271	9.8	2,975	0.5	54	1,093	39.4	12,504	0.4	33
<b>Other Eligibles</b>												
5 and younger	16,981	735,991	105	9.6	1,200	0.5	33	398	36.2	4,610	0.4	35
6-14	5,349	226,131	39	8.9	431	0.5	25	132	30.0	1,529	0.4	34
15-20	145,577	6,170,861	1,553	1.5	14,712	0.5	39	3,503	3.3	34,575	0.4	34
21-44	1,457	24,200	4	0.0	9	0.6	16	40	0.2	105	0.4	8
45-64	2,048	65,978	40	0.2	201	0.5	38	58	0.2	236	0.3	12
65-74	2,125	66,287	69	0.4	327	0.4	28	90	0.6	288	0.4	20
75-84	6,346	169,111	115	0.4	371	0.4	23	303	1.0	960	0.4	22
85 and older	739	22,784	8	0.6	17	0.5	37	47	3.6	130	0.5	25
<b>Male</b>												
<b>Disabled</b>												
5 and younger	147,080	7,947,428	2,256	2.8	22,588	0.7	85	3,055	3.8	31,184	0.4	35
6-14	94,373	5,677,054	1,537	13.9	16,206	0.8	100	1,803	16.3	19,739	0.4	36
15-20	296	17,632	1	0.4	12	0.2	2	7	2.7	63	0.6	39
21-44	1,096	67,459	47	7.9	369	0.7	78	9	1.5	67	0.3	18
45-64	882	75,374	53	10.4	362	0.5	81	11	2.2	122	0.4	29
65-74	35,296	2,588,937	835	20.6	8,895	0.8	117	601	14.9	6,521	0.4	36
75-84	35,202	2,005,303	462	12.3	4,967	0.7	92	664	17.6	7,090	0.4	39
85 and older	16,277	689,259	88	6.3	1,016	0.6	45	352	25.4	4,040	0.4	32
<b>Other Eligibles</b>												
5 and younger	4,233	182,534	43	10.8	498	0.6	43	121	30.5	1,391	0.4	31
6-14	1,091	50,556	8	5.8	87	0.4	28	38	27.3	445	0.4	42
15-20	52,707	2,270,374	719	1.0	6,382	0.5	48	1,252	1.8	11,445	0.4	33
21-44	1,889	34,528	4	0.0	10	0.4	13	58	0.2	149	0.4	12
45-64	3,067	110,921	79	0.3	409	0.5	50	43	0.2	136	0.3	12
65-74	1,572	68,829	71	0.7	349	0.5	44	41	0.4	131	0.4	22
75-84	1,202	34,529	16	0.4	41	0.5	46	64	1.4	139	0.5	36
85 and older	486	17,425	5	0.8	21	0.3	34	26	3.9	102	0.5	26
<b>Unknown</b>												
5 and younger	14,004	626,955	135	7.5	1,354	0.6	59	327	18.0	3,537	0.4	27
6-14	19,389	896,001	238	14.0	2,476	0.6	52	408	24.0	4,328	0.5	36
15-20	11,098	481,186	171	14.4	1,722	0.5	33	285	24.0	2,923	0.5	37
21-44	4	134	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64												
65-74												
75-84												
85 and older												

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
<b>All</b>	12,107	6.0 %	114,322	0.6	\$29	4,958	2.5 %	48,317	0.7	\$43	8,990	4.5 %	94,358	0.6	\$21
<b>Female</b>	8,397	7.0	79,900	0.6	29	2,809	2.3	27,482	0.7	39	6,115	5.1	65,044	0.6	22
<b>Disabled</b>	4,231	32.1	44,470	0.5	30	1,818	13.8	18,957	0.7	45	2,689	20.4	29,266	0.6	21
5 and younger	0	0.0	0	0.0	0	9	4.8	54	0.5	35	0	0.0	0	0.0	0
6-14	20	5.6	140	0.4	27	21	5.8	134	0.7	40	11	3.1	58	0.6	6
15-20	53	16.6	459	0.7	38	38	11.9	273	0.7	65	8	2.5	85	1.0	39
21-44	1,111	35.0	11,211	0.5	33	665	20.9	6,772	0.8	55	225	7.1	2,378	0.6	18
45-64	1,857	38.5	19,308	0.6	33	757	15.7	8,047	0.7	44	894	18.5	9,023	0.6	20
65-74	835	30.1	9,280	0.5	25	257	9.3	2,852	0.7	28	986	35.5	11,156	0.6	21
75-84	261	23.7	3,013	0.5	21	47	4.3	549	0.7	33	414	37.7	4,864	0.6	23
85 and older	94	21.4	1,059	0.5	17	24	5.5	276	0.6	16	151	34.3	1,702	0.6	23
<b>Other Eligibles</b>	4,166	3.9	35,430	0.6	27	991	0.9	8,525	0.6	24	3,426	3.2	35,778	0.6	22
5 and younger	2	0.0	5	0.6	30	23	0.1	59	0.5	24	2	0.0	5	0.8	9
6-14	134	0.5	642	0.4	28	60	0.2	283	0.6	29	27	0.1	115	0.5	8
15-20	223	1.4	927	0.4	26	39	0.2	136	0.6	36	14	0.1	46	0.5	10
21-44	757	2.6	2,021	0.5	27	135	0.5	349	0.5	26	98	0.3	289	0.4	12
45-64	91	7.0	220	0.5	26	8	0.6	16	0.8	22	55	4.2	124	0.6	16
65-74	607	19.3	6,684	0.5	24	180	5.7	1,949	0.6	26	813	25.9	8,965	0.6	22
75-84	1,181	28.6	12,736	0.6	26	329	8.0	3,492	0.6	23	1,362	33.0	15,056	0.7	23
85 and older	1,171	29.6	12,195	0.6	29	217	5.5	2,241	0.7	23	1,055	26.7	11,178	0.7	22
<b>Male</b>	3,710	4.6	34,422	0.6	30	2,149	2.6	20,835	0.8	50	2,874	3.5	29,311	0.6	21
<b>Disabled</b>	2,143	19.3	22,196	0.5	30	1,602	14.4	16,766	0.8	55	1,518	13.7	15,902	0.6	21
5 and younger	1	0.4	2	0.5	8	6	2.3	42	0.6	114	6	2.3	29	0.4	11
6-14	56	9.4	440	0.6	39	47	7.9	346	0.8	42	34	5.7	241	0.7	11
15-20	44	8.7	327	0.5	32	43	8.5	268	0.7	68	13	2.6	112	0.7	23
21-44	997	24.7	10,389	0.5	34	818	20.2	8,685	0.8	61	270	6.7	2,892	0.6	19
45-64	773	20.5	8,001	0.5	28	554	14.7	5,922	0.8	52	651	17.3	6,422	0.6	21
65-74	199	14.4	2,197	0.5	21	108	7.8	1,214	0.8	35	395	28.5	4,490	0.6	21
75-84	55	13.9	638	0.7	33	21	5.3	229	0.6	16	114	28.7	1,317	0.6	23
85 and older	18	12.9	202	0.5	18	5	3.6	60	0.8	17	35	25.2	399	0.5	19
<b>Other Eligibles</b>	1,567	2.2	12,226	0.6	29	547	0.8	4,069	0.7	30	1,356	1.9	13,409	0.6	21
5 and younger	7	0.0	16	0.5	19	26	0.1	57	0.6	24	3	0.0	5	0.6	3
6-14	250	0.9	1,221	0.5	30	84	0.3	334	0.6	25	70	0.3	313	0.6	10
15-20	211	2.2	849	0.5	35	68	0.7	232	0.5	32	19	0.2	64	0.6	15
21-44	104	2.3	241	0.5	25	39	0.9	80	0.7	59	31	0.7	70	0.6	21
45-64	23	3.5	110	0.5	29	4	0.6	22	0.7	81	30	4.5	117	0.4	14
65-74	268	14.8	2,780	0.5	27	123	6.8	1,276	0.8	32	408	22.5	4,386	0.6	20
75-84	437	25.7	4,353	0.6	30	152	8.9	1,542	0.8	31	482	28.3	5,118	0.6	23
85 and older	267	22.5	2,656	0.6	28	51	4.3	526	0.5	18	313	26.3	3,336	0.6	21
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9.1	3	0.3	9

Table 7B  
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - Narcotic				ANALGESICS - ANTI-INFLAMMATORY						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>7,932</b>	<b>3.9 %</b>	<b>82,660</b>	<b>0.6</b>	<b>\$23</b>	<b>17,713</b>	<b>8.8 %</b>	<b>166,923</b>	<b>0.3</b>	<b>\$10</b>	<b>13,109</b>	<b>6.5 %</b>	<b>118,062</b>	<b>0.3</b>	<b>\$13</b>
<b>Female</b>	5,713	4.8	59,897	0.6	24	12,351	10.3	116,375	0.3	10	9,007	7.5	83,169	0.3	14
<b>Disabled</b>	2,971	22.5	31,969	0.6	26	5,839	44.3	63,577	0.4	11	3,996	30.3	44,354	0.3	15
5 and younger	1	0.5	8	0.1	3	3	1.6	36	0.1	0	1	0.5	11	0.1	1
6-14	0	0.0	0	0.0	0	12	3.3	122	0.2	2	8	2.2	56	0.2	2
15-20	3	0.9	25	0.8	12	21	6.6	205	0.2	2	14	4.4	91	0.2	2
21-44	238	7.5	2,259	0.7	34	1,244	39.1	13,031	0.4	14	730	23.0	7,789	0.3	12
45-64	1,162	24.1	11,854	0.6	27	2,249	46.6	23,860	0.4	13	1,444	29.9	15,565	0.3	15
65-74	1,112	40.1	12,600	0.7	28	1,544	55.6	17,534	0.3	9	1,207	43.5	13,909	0.3	16
75-84	361	32.8	4,190	0.6	20	591	53.8	6,860	0.3	6	465	42.3	5,447	0.3	16
85 and older	94	21.4	1,033	0.6	22	175	39.8	1,929	0.3	8	127	28.9	1,486	0.4	13
<b>Other Eligibles</b>	2,742	2.6	27,928	0.6	21	6,512	6.1	52,798	0.3	7	5,011	4.7	38,815	0.3	13
5 and younger	2	0.0	4	0.8	28	71	0.3	314	0.2	2	410	1.8	1,160	0.4	3
6-14	18	0.1	51	0.9	32	155	0.6	663	0.3	2	351	1.3	1,008	0.4	3
15-20	20	0.1	67	0.7	28	421	2.6	1,518	0.3	2	367	2.3	1,290	0.3	3
21-44	186	0.6	573	0.6	22	1,658	5.7	5,517	0.4	4	984	3.4	3,158	0.4	5
45-64	69	5.3	164	0.6	19	117	8.9	325	0.5	7	96	7.3	274	0.4	7
65-74	799	25.4	8,904	0.6	22	970	30.9	10,782	0.3	8	830	26.4	9,461	0.3	13
75-84	1,079	26.1	11,963	0.6	21	1,624	39.3	17,894	0.3	9	1,139	27.6	13,077	0.3	15
85 and older	569	14.4	6,202	0.7	19	1,496	37.9	15,785	0.3	8	834	21.1	9,387	0.4	15
<b>Male</b>	2,218	2.7	22,760	0.6	22	5,362	6.6	50,548	0.4	11	4,102	5.0	34,893	0.3	10
<b>Disabled</b>	1,299	11.7	13,813	0.6	24	3,211	28.9	34,250	0.4	13	2,008	18.1	21,973	0.3	10
5 and younger	0	0.0	0	0.0	0	1	0.4	12	0.1	1	6	2.3	42	0.2	1
6-14	1	0.2	1	2.0	126	5	0.8	50	0.1	1	10	1.7	90	0.3	3
15-20	2	0.4	19	0.1	2	16	3.1	138	0.3	19	17	3.3	119	0.2	2
21-44	200	4.9	2,117	0.6	26	1,293	32.0	13,733	0.4	14	679	16.8	7,426	0.3	8
45-64	643	17.1	6,510	0.6	24	1,199	31.8	12,370	0.4	15	767	20.4	8,148	0.3	11
65-74	373	26.9	4,242	0.6	23	508	36.7	5,758	0.4	8	415	29.9	4,799	0.3	13
75-84	69	17.4	801	0.6	17	146	36.8	1,709	0.3	4	81	20.4	962	0.3	10
85 and older	11	7.9	123	0.7	35	43	30.9	480	0.3	6	33	23.7	387	0.3	11
<b>Other Eligibles</b>	919	1.3	8,947	0.6	20	2,151	3.1	16,298	0.3	7	2,094	3.0	12,920	0.3	10
5 and younger	3	0.0	6	1.0	49	104	0.4	420	0.3	2	453	1.9	1,209	0.4	4
6-14	15	0.1	35	1.1	46	182	0.7	780	0.3	2	323	1.2	946	0.4	4
15-20	13	0.1	34	0.8	24	170	1.7	539	0.4	3	191	2.0	602	0.4	4
21-44	41	0.9	85	0.6	20	333	7.3	757	0.7	8	208	4.6	468	0.5	10
45-64	27	4.1	67	0.7	17	73	11.0	243	0.6	14	53	8.0	146	0.4	6
65-74	332	18.3	3,591	0.6	20	435	24.0	4,617	0.3	8	330	18.2	3,717	0.3	9
75-84	346	20.3	3,648	0.6	21	540	31.7	5,733	0.3	7	339	19.9	3,722	0.4	15
85 and older	142	12.0	1,481	0.6	15	314	26.4	3,209	0.3	7	197	16.6	2,110	0.3	13
<b>Unknown</b>	1	9.1	3	0.3	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	ANTIASTHMATIC					CALCIUM BLOCKERS						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
<b>All</b>	<b>12,200</b>	<b>6.1 %</b>	<b>97,333</b>	<b>0.4</b>	<b>\$15</b>	<b>4,258</b>	<b>2.1 %</b>	<b>45,172</b>	<b>0.7</b>	<b>\$31</b>	<b>201,346</b>	<b>829,984</b>
<b>Female</b>	7,569	6.3	64,824	0.4	15	3,160	2.6	33,864	0.7	31	120,033	521,659
<b>Disabled</b>	3,073	23.3	32,762	0.4	16	1,373	10.4	14,952	0.7	32	13,185	123,969
5 and younger	17	9.0	92	0.4	10	0	0.0	0	0.0	0	188	851
6-14	16	4.5	124	0.2	6	2	0.6	18	0.9	47	359	2,098
15-20	17	5.3	146	0.2	4	5	1.6	60	0.8	39	319	1,767
21-44	518	16.3	5,333	0.4	13	111	3.5	1,171	0.6	31	3,178	27,834
45-64	1,174	24.3	12,118	0.4	16	458	9.5	4,612	0.7	32	4,827	43,535
65-74	975	35.1	10,845	0.5	17	488	17.6	5,512	0.7	32	2,775	30,431
75-84	291	26.5	3,367	0.4	17	222	20.2	2,577	0.7	30	1,099	12,561
85 and older	65	14.8	737	0.4	16	87	19.8	1,002	0.8	33	440	4,892
<b>Other Eligibles</b>	4,496	4.2	32,062	0.4	14	1,787	1.7	18,912	0.7	30	106,848	397,690
5 and younger	679	3.0	2,098	0.4	8	0	0.0	0	0.0	0	22,595	54,558
6-14	584	2.2	1,842	0.4	12	3	0.0	16	0.4	13	26,145	70,761
15-20	334	2.1	1,173	0.4	11	9	0.1	28	0.4	9	16,264	49,079
21-44	528	1.8	1,466	0.5	13	48	0.2	135	0.5	18	29,310	102,861
45-64	42	3.2	70	0.8	29	23	1.8	59	0.6	26	1,308	3,307
65-74	564	18.0	6,258	0.4	18	462	14.7	5,111	0.7	30	3,141	32,989
75-84	1,060	25.6	11,639	0.4	15	674	16.3	7,537	0.7	31	4,133	44,185
85 and older	705	17.8	7,516	0.4	13	568	14.4	6,026	0.7	29	3,952	39,950
<b>Male</b>	4,630	5.7	32,507	0.4	16	1,098	1.4	11,308	0.7	31	81,302	308,273
<b>Disabled</b>	1,441	13.0	15,013	0.4	16	582	5.2	6,106	0.7	33	11,094	97,076
5 and younger	53	20.5	367	0.6	26	1	0.4	12	0.5	24	258	1,271
6-14	35	5.9	224	0.3	11	1	0.2	2	1.0	77	593	3,288
15-20	31	6.1	250	0.5	25	4	0.8	48	0.7	47	508	2,681
21-44	343	8.5	3,738	0.3	12	99	2.4	1,031	0.7	37	4,044	36,092
45-64	509	13.5	5,162	0.5	16	274	7.3	2,689	0.6	33	3,769	32,374
65-74	335	24.2	3,746	0.5	19	148	10.7	1,688	0.7	32	1,386	15,288
75-84	114	28.7	1,277	0.4	14	42	10.6	488	0.7	27	397	4,519
85 and older	21	15.1	249	0.2	10	13	9.4	148	0.6	23	139	1,563
<b>Other Eligibles</b>	3,189	4.5	17,494	0.5	15	516	0.7	5,202	0.6	28	70,208	211,197
5 and younger	964	4.1	2,658	0.4	10	0	0.0	0	0.0	0	23,574	56,235
6-14	824	3.1	2,255	0.5	16	0	0.0	0	0.0	0	26,976	71,819
15-20	193	2.0	638	0.5	13	1	0.0	4	0.5	31	9,728	25,735
21-44	58	1.3	136	0.5	15	12	0.3	28	0.6	30	4,564	8,782
45-64	21	3.2	76	0.5	16	13	2.0	27	0.6	33	663	1,477
65-74	318	17.5	3,361	0.4	17	154	8.5	1,614	0.6	28	1,812	18,487
75-84	498	29.2	5,171	0.4	16	204	12.0	2,173	0.6	28	1,703	17,217
85 and older	313	26.3	3,199	0.5	17	132	11.1	1,356	0.7	27	1,188	11,445
<b>Unknown</b>	1	9.1	2	1.0	49	0	0.0	0	0.0	0	11	52

All Medicaid Beneficiaries

Table 7D

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$154</b>	<b>4.3</b>	<b>4,475</b>	<b>46,002</b>
<b>Age</b>				
0-64	214	4.8	383	4,154
65-74	195	4.9	566	6,005
75-84	169	4.6	1,421	14,481
85 and older	122	3.8	2,105	21,362
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	151	4.3	3,039	31,600
Male	162	4.1	1,436	14,402
Unknown	0	0.0	0	0
<b>Race</b>				
White	163	4.5	2,861	28,676
African American	132	3.5	68	768
Other/unknown	141	3.9	1,546	16,558
<b>Basis of Eligibility</b>				
Aged	147	4.2	3,803	38,505
Disabled	190	4.6	672	7,497
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 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 2,243 beneficiaries who were in nursing facilities for part of their enrollment and their 19,954 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NEW MEXICO, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	No.	As % of All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.3	0.2	0.0	0.1	\$14	\$12	\$0	\$2	\$48	\$80	\$31	\$12	8,620	61.9 %	29,878
Biologicals	0.1	0.1	0.0	0.0	2	0	0	1	14	7	0	23	227	4.2	2,062
Antineoplastic Agents	0.5	0.1	0.2	0.2	56	19	24	12	105	150	124	58	945	3.8	1,780
Endocrine/Metabolic Drugs	1.0	0.4	0.3	0.3	22	14	4	3	21	39	11	10	19,923	40.3	19,009
Cardiovascular Agents	1.5	0.4	0.4	0.8	34	14	11	9	22	38	29	11	40,018	55.6	26,047
Respiratory Agents	0.6	0.3	0.0	0.3	22	13	1	9	34	47	26	25	10,173	33.3	15,953
Gastrointestinal Agents	0.8	0.2	0.2	0.3	44	22	16	7	58	101	71	21	14,779	40.1	19,276
Genitourinary Agents	0.5	0.2	0.0	0.3	17	10	0	6	31	51	40	19	3,887	14.6	7,234
CNS Drugs	1.2	0.6	0.2	0.5	67	49	11	7	54	88	75	14	34,500	59.2	27,985
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.1	0.4	10	0	1	9	23	0	17	24	56	0.3	132
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	61	58	0	2	106	114	136	34	1,039	3.9	1,804
Analgesics and Anesthetics	0.7	0.1	0.1	0.5	21	11	4	6	32	82	62	13	13,416	43.8	20,575
Neuromuscular Agents	0.9	0.2	0.3	0.5	40	15	13	12	44	76	49	27	12,738	28.1	13,803
Nutritional Products	0.7	0.0	0.4	0.3	11	0	7	4	16	14	19	13	9,943	30.3	14,264
Hematological Agents	0.8	0.0	0.3	0.4	21	6	8	7	26	218	25	16	7,243	19.3	9,074
Topical Products	0.4	0.1	0.1	0.2	11	6	3	2	26	41	32	13	9,563	46.4	22,972
Miscellaneous Products	0.3	0.0	0.0	0.2	18	6	4	9	70	267	194	40	245	2.1	947
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	19	0	0	0	42	0	0	0	8,915	39.7	19,388
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	196,230	n.a.	n.a.
													7,098,075		

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,243 beneficiaries who were in nursing facilities for part of their enrollment and their 19,954 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 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In New Mexico, 9.0 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 = Center for Medicare and 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 10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NEW MEXICO, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$839,952	1,368	30.6 %	14,879	0.6	\$90	\$56
ANTIDEPRESSANTS	819,125	2,180	48.7	23,183	0.7	48	35
ULCER DRUGS	726,387	1,424	31.8	15,343	0.6	76	47
ANTHYPERTENSIVE	343,929	1,262	28.2	13,245	0.8	33	26
ANTICONVULSANT	313,310	774	17.3	8,433	0.8	44	37
ANALGESICS - Narcotic	241,887	1,706	38.1	17,813	0.4	32	14
ANTIASTHMATIC	231,819	1,222	27.3	12,900	0.5	37	18
ANTIIDIABETIC	224,748	1,034	23.1	11,021	0.7	27	20
CALCIUM BLOCKERS	211,563	601	13.4	6,334	0.8	41	33
ANTIPARKINSONIAN	195,249	703	15.7	7,905	0.6	45	25

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,243 beneficiaries who were in nursing facilities for part of their enrollment and their 19,954 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup> NEW MEXICO, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	Mean No. of Users	Residents	of All-Year NF	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Residents	of All-Year NF	No. of Bene Mos among Users	Mean Rx \$
<b>All</b>	<b>84,963</b>	<b>\$4,147,969</b>	<b>1,368</b>	<b>30.6 %</b>	<b>14,879</b>	<b>0.6</b>	<b>\$57</b>	<b>2,160</b>	<b>48.7 %</b>	<b>23,183</b>	<b>0.7</b>	<b>\$55</b>			
<b>Female</b>	56,996	2,705,370	905	29.8	9,793	0.6	51	1,498	49.3	16,083	0.7	35			
<b>Disabled</b>	8,207	448,261	126	36.6	1,458	0.7	75	188	54.7	2,109	0.7	36			
64 or younger	3,980	223,043	58	34.1	657	0.6	72	117	68.8	1,298	0.7	35			
65-74	2,576	136,530	40	45.5	465	0.8	81	49	55.7	551	0.8	42			
75-84	1,153	62,921	20	37.7	240	0.8	80	14	26.4	165	0.9	23			
85 and older	498	25,767	8	24.2	96	0.8	48	8	24.2	95	0.7	47			
<b>Other Eligibles</b>	48,789	2,257,109	779	28.9	8,335	0.6	47	1,310	48.6	13,974	0.7	34			
64 or younger	6	217	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	6,144	312,260	79	35.9	845	0.7	72	132	60.0	1,422	0.8	38			
75-84	18,452	871,146	303	35.6	3,207	0.6	54	510	59.9	5,418	0.7	34			
85 and older	24,187	1,073,486	397	24.5	4,283	0.5	37	668	41.2	7,134	0.7	34			
<b>Male</b>	27,967	1,442,599	463	32.2	5,086	0.6	67	682	47.5	7,100	0.8	37			
<b>Disabled</b>	8,278	460,030	139	42.4	1,628	0.7	84	191	58.2	2,161	0.8	34			
64 or younger	5,538	335,795	91	43.1	1,058	0.7	100	139	65.9	1,564	0.7	34			
65-74	1,899	88,764	33	44.0	390	0.8	59	37	49.3	417	0.9	36			
75-84	590	24,434	12	41.4	144	0.8	46	10	34.5	120	0.8	33			
85 and older	251	11,037	3	23.1	36	0.7	63	5	38.5	60	0.5	19			
<b>Other Eligibles</b>	19,689	982,569	324	29.2	3,458	0.6	59	491	44.3	4,939	0.8	38			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	4,411	243,353	71	38.8	767	0.7	83	98	53.6	992	0.8	39			
75-84	9,807	489,864	154	31.6	1,642	0.6	59	242	49.7	2,429	0.8	39			
85 and older	5,471	249,352	99	22.6	1,049	0.5	39	151	34.5	1,518	0.7	37			
<b>Unknown</b>	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 1999 file for New Mexico, released by CMS in 1/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,243 beneficiaries who were in nursing facilities for part of their enrollment and their 19,954 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTIHYPERTENSIVE						ANTICONVULSANT						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	1,424	15,343	0.6	\$47	1,262	0.8	13,245	0.8	\$26	774	0.8	8,433	0.8	\$37	774	0.8	8,433	0.8	\$37
<b>Female</b>	986	10,763	0.6	46	835	0.8	8,809	0.8	26	459	0.8	4,989	0.8	35	459	0.8	4,989	0.8	35
<b>Disabled</b>	116	1,346	0.6	50	65	0.8	748	0.8	27	130	0.8	1,495	0.9	48	130	0.8	1,495	0.9	48
64 or younger	51	589	0.6	48	23	0.9	262	0.9	29	86	0.9	992	1.0	55	86	0.9	992	1.0	55
65-74	34	389	0.6	52	20	0.9	222	0.9	26	29	0.9	323	0.9	40	29	0.9	323	0.9	40
75-84	17	201	0.6	44	19	0.6	228	0.7	28	10	0.6	120	0.6	28	10	0.6	120	0.6	28
85 and older	14	167	0.6	56	3	0.9	36	0.9	23	5	0.9	60	1.0	23	5	0.9	60	1.0	23
<b>Other Eligibles</b>	870	9,417	0.6	46	770	0.8	8,061	0.8	25	329	0.8	3,494	0.7	29	329	0.8	3,494	0.7	29
64 or younger	1	3	0.3	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	73	808	0.7	52	71	0.8	744	0.8	28	56	0.8	618	0.8	35	56	0.8	618	0.8	35
75-84	289	3,051	0.6	47	264	0.8	2,776	0.8	26	154	0.8	1,613	0.7	28	154	0.8	1,613	0.7	28
85 and older	507	5,555	0.6	44	435	0.8	4,541	0.8	24	119	0.8	1,263	0.8	26	119	0.8	1,263	0.8	26
<b>Male</b>	438	4,580	0.6	50	427	0.8	4,436	0.8	27	315	0.8	3,444	0.9	41	315	0.8	3,444	0.9	41
<b>Disabled</b>	118	1,327	0.7	58	83	0.8	917	0.8	28	135	0.8	1,561	1.0	46	135	0.8	1,561	1.0	46
64 or younger	83	922	0.7	62	53	0.8	563	0.8	28	99	0.8	1,147	1.0	49	99	0.8	1,147	1.0	49
65-74	20	225	0.7	51	18	0.9	210	0.9	34	27	0.9	306	1.0	41	27	0.9	306	1.0	41
75-84	11	132	0.6	44	9	0.6	108	0.6	20	6	0.6	72	0.8	22	6	0.6	72	0.8	22
85 and older	4	48	0.7	64	3	0.6	36	0.6	22	3	0.6	36	1.3	25	3	0.6	36	1.3	25
<b>Other Eligibles</b>	320	3,253	0.6	46	344	0.8	3,519	0.8	27	180	0.8	1,883	0.8	37	180	0.8	1,883	0.8	37
64 or younger	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	59	606	0.6	48	62	0.7	638	0.7	25	61	0.7	652	0.9	44	61	0.7	652	0.9	44
75-84	147	1,526	0.6	47	161	0.8	1,632	0.8	30	100	0.8	1,047	0.8	36	100	0.8	1,047	0.8	36
85 and older	114	1,121	0.6	45	121	0.7	1,249	0.7	24	19	0.7	184	0.6	18	19	0.7	184	0.6	18
<b>Unknown</b>	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,243 beneficiaries who were in nursing facilities for part of their enrollment and their 19,954 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTI-ASTHMATIC						ANTI-DIABETIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
<b>All</b>	<b>1,706</b>	<b>17,813</b>	<b>0.4</b>	<b>1,222</b>	<b>12,900</b>	<b>0.5</b>	<b>1,034</b>	<b>11,021</b>	<b>23.1</b>	<b>23.1</b>	<b>23.1</b>	<b>23.1</b>	<b>23.1</b>	<b>23.1</b>	<b>23.1</b>	<b>23.1</b>	<b>23.1</b>	<b>23.1</b>
<b>Female</b>	1,240	13,035	0.4	764	8,169	0.5	711	7,749	23.4	23.4	23.4	23.4	23.4	23.4	23.4	23.4	23.4	23.4
<b>Disabled</b>	126	1,414	0.4	86	939	0.6	90	1,061	26.2	26.2	26.2	26.2	26.2	26.2	26.2	26.2	26.2	26.2
64 or younger	68	754	0.5	38	398	0.5	33	377	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4
65-74	33	368	0.4	37	409	0.8	27	324	30.7	30.7	30.7	30.7	30.7	30.7	30.7	30.7	30.7	30.7
75-84	17	204	0.3	7	84	0.1	2	288	45.3	45.3	45.3	45.3	45.3	45.3	45.3	45.3	45.3	45.3
85 and older	8	88	0.4	4	48	0.1	6	72	18.2	18.2	18.2	18.2	18.2	18.2	18.2	18.2	18.2	18.2
<b>Other Eligibles</b>	1,114	11,621	0.4	678	7,230	0.5	621	6,688	23.0	23.0	23.0	23.0	23.0	23.0	23.0	23.0	23.0	23.0
64 or younger	2	6	0.8	0	0	0.0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
65-74	115	1,200	0.6	71	795	0.7	105	1,128	47.7	47.7	47.7	47.7	47.7	47.7	47.7	47.7	47.7	47.7
75-84	376	3,897	0.4	272	2,793	0.5	258	2,764	30.3	30.3	30.3	30.3	30.3	30.3	30.3	30.3	30.3	30.3
85 and older	621	6,518	0.4	335	3,642	0.4	258	2,796	15.9	15.9	15.9	15.9	15.9	15.9	15.9	15.9	15.9	15.9
<b>Male</b>	466	4,778	0.4	458	4,731	0.5	323	3,272	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5
<b>Disabled</b>	102	1,106	0.6	65	704	0.5	84	916	25.6	25.6	25.6	25.6	25.6	25.6	25.6	25.6	25.6	25.6
64 or younger	75	792	0.6	46	476	0.5	52	549	24.6	24.6	24.6	24.6	24.6	24.6	24.6	24.6	24.6	24.6
65-74	20	230	0.5	11	132	0.5	23	259	30.7	30.7	30.7	30.7	30.7	30.7	30.7	30.7	30.7	30.7
75-84	3	36	0.3	7	84	0.3	9	108	31.0	31.0	31.0	31.0	31.0	31.0	31.0	31.0	31.0	31.0
85 and older	4	48	0.3	1	12	0.1	2	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Other Eligibles</b>	364	3,672	0.4	393	4,027	0.5	239	2,356	21.6	21.6	21.6	21.6	21.6	21.6	21.6	21.6	21.6	21.6
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
65-74	64	635	0.4	62	630	0.6	60	594	32.8	32.8	32.8	32.8	32.8	32.8	32.8	32.8	32.8	32.8
75-84	186	1,935	0.3	185	1,935	0.5	120	1,173	24.6	24.6	24.6	24.6	24.6	24.6	24.6	24.6	24.6	24.6
85 and older	114	1,102	0.3	146	1,462	0.5	59	589	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5
<b>Unknown</b>	0	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,243 beneficiaries who were in nursing facilities for part of their enrollment and their 19,954 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 NEW MEXICO, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS						ANTIPARKINSONIAN					
	Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean Rx \$
<b>All</b>	<b>601</b>	<b>13.4 %</b>	<b>\$33</b>	<b>703</b>	<b>15.7 %</b>	<b>\$25</b>	<b>7,905</b>	<b>0.6</b>	<b>4,475</b>	<b>46,002</b>		
<b>Female</b>	430	14.1	34	441	14.5	21	4,954	0.5	3,039	31,600		
<b>Disabled</b>	36	10.5	34	53	15.4	28	608	0.6	344	3,898		
64 or younger	13	7.6	35	29	17.1	13	320	0.3	170	1,888		
65-74	9	10.2	34	14	15.9	39	168	1.1	88	989		
75-84	9	17.0	32	9	17.0	61	108	0.8	53	633		
85 and older	5	15.2	34	1	3.0	1	12	0.1	33	388		
<b>Other Eligibles</b>	394	14.6	34	388	14.4	20	4,346	0.5	2,695	27,702		
64 or younger	0	0.0	0	0	0.0	0	0	0.0	2	7		
65-74	46	20.9	38	47	21.4	38	539	0.7	220	2,286		
75-84	129	15.1	35	157	18.4	21	1,720	0.5	852	8,751		
85 and older	219	13.5	33	184	11.4	14	2,087	0.4	1,621	16,658		
<b>Male</b>	171	11.9	32	262	18.2	32	2,951	0.6	1,436	14,402		
<b>Disabled</b>	24	7.3	47	68	20.7	20	801	0.6	328	3,599		
64 or younger	12	5.7	50	39	18.5	14	459	0.5	211	2,259		
65-74	7	9.3	52	14	18.7	43	162	0.8	75	846		
75-84	2	6.9	44	9	31.0	11	108	0.5	29	338		
85 and older	3	23.1	26	6	46.2	24	72	0.6	13	156		
<b>Other Eligibles</b>	147	13.3	30	194	17.5	36	2,150	0.7	1,108	10,803		
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0		
65-74	28	15.3	26	46	25.1	50	524	0.8	183	1,884		
75-84	67	13.8	32	102	20.9	36	1,104	0.7	487	4,759		
85 and older	52	11.9	28	46	10.5	22	522	0.5	438	4,160		
<b>Unknown</b>	0	0.0	0	0	0.0	0	0	0.0	0	0		

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,243 beneficiaries who were in nursing facilities for part of their enrollment and their 19,954 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NEW MEXICO, 1999

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>360,424</b>	<b>16,563</b>	<b>45,902</b>	<b>54,732</b>	<b>243,227</b>	<b>3,328,687</b>	<b>172,844</b>	<b>504,669</b>	<b>416,656</b>	<b>2,234,518</b>	<b>0</b>
<b>Age</b>											
5 and younger	93,719	2	1,336	0	92,381	0	14,480	0	810,958	0	0
6-14	112,910	3	3,938	0	108,969	0	44,177	0	1,052,470	0	0
15-20	50,487	0	2,864	5,783	41,840	0	31,009	45,939	370,950	0	0
21-44	59,960	2	14,312	45,618	28	0	156,901	346,429	114	0	0
45-64	19,873	8	16,548	3,311	6	0	179,216	24,202	19	0	0
65-74	10,084	5,275	4,798	11	0	0	56,049	54,940	44	0	0
75-84	7,613	6,081	1,525	6	1	0	64,575	17,464	23	1	0
85 and older	5,776	5,192	581	3	0	0	52,099	6,482	19	0	0
Unknown	2	0	0	0	2	6	0	0	0	6	0
<b>Gender</b>											
Female	204,159	11,588	24,460	47,003	121,108	0	272,170	373,116	1,114,366	0	0
Male	156,252	4,974	21,435	7,729	122,114	0	232,424	43,540	1,120,107	0	0
Unknown	13	1	7	0	5	0	75	0	45	0	0
<b>Race</b>											
White	94,000	7,514	18,331	14,039	54,116	0	197,781	104,100	477,461	0	0
African American	9,093	222	1,262	1,556	6,053	0	13,312	11,720	55,712	0	0
Other/unknown	257,331	8,827	26,309	39,137	183,058	0	293,576	300,836	1,701,345	0	0
<b>Use of Nursing Facilities</b>											
All year	4,475	3,803	672	0	0	0	7,497	0	0	0	0
Part year	2,243	1,752	489	2	0	0	4,909	19	0	0	0
None	353,706	11,008	44,741	54,730	243,227	0	492,263	416,637	2,234,518	0	0
<b>Maintenance Assistance Status</b>											
Cash	151,118	10,129	43,980	34,089	62,920	0	485,250	245,560	589,028	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	170,008	237	198	8,299	161,274	0	1,889	46,522	1,493,177	0	0
Other/unknown	39,298	6,197	1,724	12,344	19,033	0	17,530	124,574	152,313	0	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	31,067	15,042	15,826	193	6	0	177,812	1,474	48	0	0
Full dual, part year	660	452	202	6	0	0	2,071	58	0	0	0
Non-dual, all year	328,697	1,069	29,874	54,533	243,221	0	324,786	415,124	2,234,470	0	0
<b>Managed Care Status</b>											
FFS all year	65,180	15,544	18,382	8,264	22,990	0	196,476	30,080	102,303	0	0
FFS part year, with Rx claims	28,783	188	2,669	9,588	16,338	0	27,305	83,444	154,434	0	0
FFS part year, no Rx claims	107,383	196	3,233	22,944	81,010	0	32,610	188,096	749,902	0	0
MC all year, with Rx claims	499	0	2	2	495	0	20	20	3,463	0	0
MC all year, no Rx claims	158,579	635	21,616	13,934	122,394	0	248,258	115,016	1,224,416	0	0

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 NEW MEXICO, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>360,424</b>	<b>3,328,687</b>	<b>201,346</b>	<b>829,984</b>	<b>159,078</b>	<b>2,498,703</b>
FFS all year	65,180	490,948	65,180	490,948	0	0
FFS part year, with Rx claims	28,783	266,990	28,783	84,887	0	182,103
FFS part year, with no Rx claims	107,383	972,293	107,383	254,149	0	718,144
MC all year, with Rx claims	499	3,503	0	0	499	3,503
MC all year, with no Rx claims	158,579	1,594,953	0	0	158,579	1,594,953

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

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