

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

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TABLE 11
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
All	529,912	309,803	213,501	6,552	56	0	5,661,343	3,254,627	2,353,035	53,216	465	0
Age												
5 and younger	18	0	15	0	3	0	190	0	157	0	33	0
6-14	69	0	63	0	6	0	750	0	696	0	54	0
15-20	605	0	568	0	37	0	6,441	0	6,100	0	341	0
21-44	71,379	0	68,146	3,225	8	0	773,800	0	747,613	26,153	34	0
45-64	82,059	0	78,832	3,227	0	0	883,850	0	857,277	26,573	0	0
65-74	152,175	96,586	55,489	100	0	0	1,655,693	1,029,025	626,178	490	0	0
75-84	128,158	119,498	8,660	0	0	0	1,374,585	1,277,584	97,001	0	0	0
85 and older	95,447	93,719	1,728	0	0	0	966,031	948,018	18,013	0	0	0
Unknown	2	0	0	0	2	3	0	0	0	0	3	0
Gender												
Female	342,274	223,585	115,617	3,042	30	0	3,677,687	2,370,104	1,281,963	25,386	234	0
Male	187,638	86,218	97,884	3,510	26	0	1,983,656	884,523	1,071,072	27,830	231	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	233,284	136,513	94,245	2,513	13	0	2,453,595	1,384,104	1,049,623	19,763	105	0
African American	63,148	30,176	31,143	1,818	11	0	670,383	319,657	335,681	14,955	90	0
Other/unknown	233,480	143,114	88,113	2,221	32	0	2,537,365	1,550,866	967,731	18,498	270	0
Use of Nursing Facilities												
All year	86,158	76,421	9,716	21	0	0	896,451	788,132	108,095	224	0	0
Part year	35,105	29,322	5,743	40	0	0	347,296	285,464	61,435	397	0	0
None	408,649	204,060	198,042	6,491	56	0	4,417,596	2,181,031	2,183,505	52,595	465	0
Maintenance Assistance Status												
Cash	302,256	153,769	146,981	1,500	6	0	3,398,981	1,726,406	1,660,671	11,868	36	0
Medically needy	224,202	156,034	66,520	1,604	44	0	2,234,774	1,528,221	692,364	13,812	377	0
Poverty-related	50	0	0	49	1	0	233	0	0	232	1	0
Other/unknown	3,404	0	0	3,399	5	0	27,355	0	0	27,304	51	0
Dual Medicare Status^c												
Full dual, all year	529,577	309,608	213,364	6,549	56	0	5,657,727	3,252,515	2,351,554	53,193	465	0
Full dual, part year	335	195	137	3	0	0	3,616	2,112	1,481	23	0	0
Managed Care Status												
FFS all year	505,183	301,625	198,120	5,390	48	0	5,469,193	3,192,360	2,230,722	45,688	423	0
FFS part year, with Rx claims	22,041	6,962	14,021	1,052	6	0	172,959	53,682	112,278	6,963	36	0
FFS part year, no Rx claims	2,688	1,216	1,360	110	2	0	19,191	8,585	10,035	565	6	0

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

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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 \$ ^c	No. of Benes
All	71.4 %	27.1	\$1,497	\$55	\$22,292	6.7 %	\$27	529,912
Age								
5 and younger	94.4	55.3	6,022	109	46,488	13.0	52	18
6-14	88.4	50.3	6,757	134	21,728	31.1	29	69
15-20	72.2	19.1	1,821	96	25,875	7.0	15	605
21-44	81.4	28.4	2,408	85	26,992	8.9	19	71,379
45-64	84.4	38.2	2,467	65	26,891	9.2	41	82,059
65-74	79.3	29.9	1,405	47	13,603	10.3	35	152,175
75-84	68.0	25.5	1,139	45	21,052	5.4	24	128,158
85 and older	44.8	14.2	602	42	30,313	2.0	10	95,447
Unknown	0.0	0.0	0	0	0	0.0	0	2
Basis of Eligibility								
Aged	62.8	21.7	981	45	21,620	4.5	20	309,803
Disabled	83.8	35.0	2,226	64	23,694	9.4	36	213,501
Adults	72.6	23.9	2,120	89	8,477	25.0	20	6,552
Children	58.9	15.8	1,458	93	9,296	15.7	9	56
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	71.6	28.0	1,388	50	21,644	6.4	29	342,274
Male	71.1	25.4	1,695	67	23,474	7.2	23	187,638
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	65.5	27.2	1,502	55	27,800	5.4	22	233,284
African American	79.9	30.3	1,783	59	19,101	9.3	37	63,148
Other/unknown	75.0	26.1	1,415	54	17,651	8.0	28	233,480
Use of Nursing Facilities								
Entire year	20.1	4.1	324	79	44,935	0.7	3	86,158
Part year	51.7	16.5	893	54	31,219	2.9	16	35,105
None	83.9	32.9	1,796	55	16,751	10.7	33	408,649
Maintenance Assistance Status								
Cash	85.3	33.2	1,755	53	14,902	11.8	33	302,256
Medically needy	52.6	19.0	1,140	60	32,448	3.5	18	224,202
Poverty related	58.0	4.4	176	40	1,078	16.3	11	50
Other/unknown	75.1	24.3	2,081	86	9,844	21.1	20	3,404

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

Table 12

Dual Eligible Beneficiaries

a. Table 12 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. 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 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				28.6 %	21.7 %	11.6 %	24.1 %	12.1 %				1.9 %
All	2.5	\$140	6.7 %	28.6 %	21.7 %	11.6 %	24.1 %	12.1 %	1.9 %	\$2,087	529,912	5,661,343
Age												
5 and younger	5.2	571	13.0	5.6	5.6	16.7	27.8	38.9	5.6	4,404	18	190
6-14	4.6	622	31.1	11.6	7.2	7.2	37.7	33.3	2.9	1,999	69	750
15-20	1.8	171	7.0	27.8	35.2	10.6	17.4	7.6	1.5	2,430	605	6,441
21-44	2.6	222	8.9	18.6	28.8	13.2	24.9	11.9	2.5	2,490	71,379	773,800
45-64	3.6	229	9.2	15.6	18.8	12.5	30.4	18.5	4.2	2,497	82,059	883,850
65-74	2.8	129	10.3	20.7	23.7	13.3	27.0	13.3	2.0	1,250	152,175	1,655,693
75-84	2.4	106	5.4	32.0	20.6	11.1	23.7	11.3	1.3	1,963	128,158	1,374,585
85 and older	1.4	60	2.0	55.2	17.0	7.2	14.1	6.0	0.5	2,995	95,447	966,031
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	3
Basis of Eligibility												
Aged	2.1	93	4.5	37.2	21.3	10.6	20.7	9.2	1.0	2,058	309,803	3,254,627
Disabled	3.2	202	9.4	16.2	22.3	12.9	29.1	16.3	3.2	2,150	213,501	2,353,035
Adults	2.9	261	25.0	27.4	21.9	12.2	22.1	12.2	4.1	1,044	6,552	53,216
Children	1.9	176	15.7	41.1	26.8	7.1	10.7	12.5	1.8	1,120	56	465
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.6	129	6.4	28.4	20.4	11.6	24.9	12.7	2.0	2,014	342,274	3,677,687
Male	2.4	160	7.2	28.9	24.1	11.4	22.6	11.1	1.8	2,220	187,638	1,983,656
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.6	143	5.4	34.5	18.2	9.7	22.3	12.9	2.4	2,643	233,284	2,453,595
African American	2.9	168	9.3	20.1	22.9	13.3	27.7	13.7	2.4	1,799	63,148	670,383
Other/unknown	2.4	130	8.0	25.0	24.9	12.9	24.9	10.9	1.4	1,624	233,480	2,537,365
Use of Nursing Facilities												
Entire year	0.4	31	0.7	79.9	14.0	1.9	2.5	1.4	0.3	4,319	86,158	896,451
Part year	1.7	90	2.9	48.3	20.7	8.2	14.9	6.9	1.0	3,156	35,105	347,296
None	3.0	166	10.7	16.1	23.4	13.9	29.4	14.8	2.4	1,550	408,649	4,417,596
Maintenance Assistance Status												
Cash	2.9	156	11.8	14.7	24.5	14.1	29.8	14.6	2.2	1,325	302,256	3,398,981
Medically needy	1.9	114	3.5	47.4	17.9	8.0	16.4	8.7	1.6	3,255	224,202	2,234,774
Poverty related	0.9	38	16.3	42.0	40.0	8.0	8.0	2.0	0.0	231	50	233
Other/unknown	3.0	259	21.1	24.9	22.2	13.0	23.4	12.4	4.1	1,225	3,404	27,355

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

Table 13

Dual Eligible Beneficiaries

- a. Table 13 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.
- 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 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	2.5	\$140	\$55	1.0	\$92	\$88	0.4	\$25	\$57	0.9	\$16	\$19
Age												
5 and younger	5.2	571	109	2.5	495	202	0.8	30	36	1.7	31	18
6-14	4.6	622	134	1.8	517	286	1.0	69	69	1.6	28	17
15-20	1.8	171	96	0.7	132	177	0.3	24	78	0.7	12	19
21-44	2.6	222	85	1.1	160	144	0.4	34	84	1.0	22	22
45-64	3.6	229	65	1.5	156	105	0.6	37	67	1.3	26	20
65-74	2.8	129	47	1.2	81	69	0.5	25	51	0.9	16	18
75-84	2.4	106	45	1.0	65	67	0.5	22	48	0.8	13	17
85 and older	1.4	60	42	0.5	35	70	0.3	12	43	0.5	8	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility												
Aged	2.1	93	45	0.8	58	68	0.4	18	48	0.7	12	17
Disabled	3.2	202	64	1.3	137	103	0.5	34	65	1.1	23	20
Adults	2.9	261	89	1.4	200	146	0.4	33	84	1.0	20	20
Children	1.9	176	93	0.7	131	178	0.3	28	93	0.8	14	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.6	129	50	1.1	82	76	0.5	24	53	0.9	16	18
Male	2.4	160	67	1.0	110	110	0.4	26	64	0.8	17	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.6	143	55	1.0	92	90	0.4	26	58	1.0	19	19
African American	2.9	168	59	1.2	115	98	0.5	28	57	1.0	18	18
Other/unknown	2.4	130	54	1.0	86	82	0.4	24	55	0.7	14	18
Use of Nursing Facilities												
Entire year	0.4	31	79	0.2	26	110	0.0	3	53	0.1	2	21
Part year	1.7	90	54	0.7	61	90	0.3	14	49	0.6	11	18
None	3.0	166	55	1.2	108	87	0.5	31	57	1.1	20	19
Maintenance Assistance Status												
Cash	2.9	156	53	1.2	100	82	0.5	29	56	1.0	18	18
Medically needy	1.9	114	60	0.8	77	99	0.3	19	58	0.7	13	19
Poverty related	0.9	38	40	0.3	20	59	0.2	10	68	0.4	4	12
Other/unknown	3.0	259	86	1.4	201	141	0.4	29	71	1.0	20	20

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

a. Table 14 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.

Table 14

Dual Eligible 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 York, 7.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, 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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	No. Dual Benes	As % of Benes	No. of Bene Mos			
														Generic	Brand-Name	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$38	\$36	\$1	\$2	\$114	\$166	\$79	\$16	752,524	199,012	37.6 %	2,267,636
Biologics	0.1	0.1	0.0	0.0	69	6	42	21	639	81	4,494	1,049	4,986	3,901	0.7	45,922
Antineoplastic Agents	0.5	0.3	0.1	0.1	107	76	22	9	209	287	216	60	65,814	11,613	2.2	128,361
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	34	28	2	4	42	66	21	15	1,241,927	136,656	25.8	1,546,669
Cardiovascular Agents	1.4	0.6	0.4	0.5	54	29	17	7	37	52	46	15	3,913,607	240,629	45.4	2,719,433
Respiratory Agents	0.7	0.4	0.0	0.2	29	23	1	5	43	53	48	22	964,441	126,263	23.8	1,436,420
Gastrointestinal Agents	0.5	0.2	0.1	0.2	38	24	9	5	73	109	82	25	836,261	142,200	26.8	1,618,972
Genitourinary Agents	0.3	0.2	0.0	0.1	15	13	0	2	45	54	41	21	164,706	43,141	8.1	493,745
CNS Drugs	1.0	0.5	0.2	0.3	81	57	16	8	81	117	102	22	1,978,892	176,696	33.3	1,989,296
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.2	0.2	24	5	10	8	50	78	59	35	6,305	1,184	0.2	13,308
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.1	50	47	0	2	113	129	62	30	50,015	10,033	1.9	114,520
Analgesics and Anesthetics	0.5	0.1	0.1	0.3	23	14	5	4	49	95	72	16	952,112	177,009	33.4	2,010,092
Neuromuscular Agents	0.8	0.3	0.2	0.4	46	30	8	8	55	99	48	22	723,639	77,120	14.6	873,024
Nutritional Products	0.5	0.0	0.2	0.2	11	1	6	4	22	58	23	17	247,903	44,439	8.4	501,031
Hematological Agents	0.5	0.1	0.2	0.3	50	38	6	7	92	395	35	22	362,478	58,761	11.1	662,066
Topical Products	0.5	0.2	0.1	0.2	19	11	5	3	36	48	39	17	1,063,669	180,986	34.2	2,078,507
Miscellaneous Products	0.7	0.3	0.2	0.2	177	108	59	10	242	359	247	54	42,551	5,138	1.0	58,203
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	20	0	0	0	40	0	0	0	991,781	177,033	33.4	2,016,642
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.	14,363,611	n.a.	n.a.	n.a.

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

- a. Table 15 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 therapeutic category during 1999. 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/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 York, 7.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.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 15

Dual Eligible Beneficiaries

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$92,356,074	92,932	17.5 %	1,053,645	0.7	\$122	\$88
ANTIVIRAL	53,532,038	29,311	5.5	330,226	0.5	304	162
ULCER DRUGS	50,065,832	135,465	25.6	1,557,565	0.4	86	32
ANTIDEPRESSANTS	43,092,553	110,597	20.9	1,258,646	0.5	64	34
ANTIHYPERTENSIVE	39,464,003	159,768	30.1	1,828,682	0.6	38	22
CALCIUM BLOCKERS	37,817,835	101,756	19.2	1,165,547	0.6	51	32
ANTHYPERLIPIDEMIC	37,523,279	77,774	14.7	896,452	0.6	72	42
ANTIDIABETIC	34,603,489	115,754	21.8	1,319,954	0.6	42	26
ANTICONVULSANT	31,797,179	56,306	10.6	644,527	0.7	67	49
ANALGESICS - ANTI-INFLAMMATORY	27,638,249	164,322	31.0	1,901,883	0.3	57	15

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

a. Table 16 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 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 (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 16A
 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIVIRAL			
	No. of RX	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of RX	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of RX	Mean Rx \$
All	6,283,586	\$447,890,531	92,932	17.5 %	1,053,645	0.7	\$88	29,311	5.5 %	330,226	0.5	\$162
Female	4,097,117	261,336,554	52,381	15.3	593,335	0.7	74	9,583	2.8	108,852	0.4	120
Disabled	1,972,848	141,416,320	28,246	24.4	324,158	0.8	93	6,615	5.7	74,813	0.5	146
5 and younger	22	601	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	250	18,496	0	0.0	0	0.0	0	5	23.8	57	0.5	105
15-20	1,441	111,977	25	10.6	271	0.4	52	23	9.8	249	0.5	132
21-44	397,306	37,232,151	10,680	38.6	121,980	0.8	105	2,998	10.8	33,284	0.5	157
45-64	775,051	58,039,812	11,636	28.1	133,625	0.8	97	2,716	6.6	30,934	0.5	161
65-74	689,036	39,864,608	4,766	12.5	55,353	0.6	64	772	2.0	9,087	0.3	70
75-84	99,660	5,585,827	941	14.0	10,729	0.6	59	91	1.4	1,084	0.2	31
85 and older	10,082	562,848	198	13.8	2,200	0.6	51	10	0.7	118	0.1	7
Other Eligibles	2,124,269	119,920,234	24,135	10.6	269,177	0.6	51	2,968	1.3	34,039	0.3	64
5 and younger	75	4,743	0	0.0	0	0.0	0	1	50.0	12	0.6	21
6-14	13	817	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	80	2,442	2	10.5	24	1.4	34	0	0.0	0	0.0	0
21-44	14,542	1,838,822	312	19.7	3,097	0.5	64	506	32.0	5,533	0.6	187
45-64	17,254	1,440,114	195	13.7	1,989	0.6	70	181	12.7	1,900	0.7	227
65-74	755,405	42,740,234	5,181	8.5	58,998	0.6	61	887	1.5	10,273	0.2	43
75-84	931,988	51,860,195	9,331	10.9	104,971	0.6	53	962	1.1	11,356	0.2	19
85 and older	404,912	22,032,867	9,114	11.9	100,098	0.5	43	431	0.6	4,965	0.1	9
Male	2,186,469	186,553,977	40,551	21.6	460,310	0.8	106	19,728	10.5	221,374	0.6	183
Disabled	1,460,549	142,546,530	31,460	32.1	360,821	0.9	118	17,209	17.6	193,727	0.6	189
5 and younger	41	2,874	0	0.0	0	0.0	0	3	30.0	27	0.3	72
6-14	465	27,583	0	0.0	0	0.0	0	10	23.8	109	0.3	63
15-20	2,920	247,268	93	27.9	1,053	0.8	99	9	2.7	94	0.2	68
21-44	569,720	67,350,879	16,811	41.6	192,792	0.9	125	9,813	24.3	110,162	0.6	187
45-64	623,503	59,045,443	12,169	32.5	139,638	0.9	118	6,783	18.1	76,540	0.6	197
65-74	240,731	14,567,117	2,088	12.0	23,967	0.7	77	568	3.3	6,519	0.5	143
75-84	21,387	1,211,309	260	13.3	2,952	0.7	64	22	1.1	264	0.3	79
85 and older	1,782	94,057	39	13.3	419	0.6	35	1	0.3	12	0.2	17
Other Eligibles	725,920	44,007,447	9,091	10.1	99,489	0.6	60	2,519	2.8	27,647	0.5	137
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	24	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	101	8,103	3	16.7	36	0.6	52	0	0.0	0	0.0	0
21-44	15,261	2,252,050	349	21.1	3,449	0.5	73	740	44.8	7,798	0.6	185
45-64	19,287	2,064,851	175	9.7	1,778	0.6	85	497	27.5	5,174	0.7	212
65-74	334,603	19,682,319	2,966	8.3	33,248	0.6	73	810	2.3	9,223	0.4	110
75-84	280,325	15,754,773	3,657	10.8	40,478	0.6	56	383	1.1	4,419	0.2	46
85 and older	76,340	4,245,327	1,941	11.5	20,500	0.5	44	89	0.5	1,033	0.2	31
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 1999 file for New York, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 16A 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 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 (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 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
All	135,465	25.6 %	1,557,565	\$32	0.4	110,597	20.9 %	1,258,646	0.5	\$34	159,768	30.1 %	1,828,682	0.6	\$22
Female	93,974	27.5	1,083,263	32	0.4	73,820	21.6	841,452	0.5	33	107,263	31.3	1,231,927	0.6	21
Disabled	39,604	34.3	456,620	34	0.4	42,721	37.0	487,951	0.6	38	38,017	32.9	437,638	0.6	23
5 and younger	2	40.0	24	9	0.5	0	0.0	0	0.0	0	1	20.0	12	0.2	2
6-14	9	42.9	99	37	0.6	0	0.0	0	0.0	0	9	42.9	93	0.7	32
15-20	52	22.1	579	19	0.3	35	14.9	387	0.5	33	33	14.0	365	0.4	19
21-44	6,200	22.4	70,380	35	0.4	12,670	45.7	143,346	0.6	46	2,479	9.0	28,028	0.6	21
45-64	14,810	35.8	168,984	37	0.4	18,295	44.2	207,952	0.6	40	12,573	30.4	142,642	0.6	23
65-74	15,856	41.6	185,376	30	0.4	10,234	26.8	119,029	0.5	27	19,603	51.4	228,105	0.6	22
75-84	2,398	35.7	28,018	33	0.4	1,326	19.8	15,429	0.5	25	2,995	44.6	34,746	0.6	22
85 and older	277	19.3	3,160	39	0.4	161	11.2	1,808	0.5	27	324	22.6	3,647	0.6	23
Other Eligibles	54,370	24.0	626,643	30	0.4	31,099	13.7	353,501	0.5	26	69,246	30.6	794,289	0.6	21
5 and younger	2	100.0	24	45	0.5	2	100.0	24	0.5	45	1	50.0	12	1.0	37
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	3	15.8	28	12	0.2	2	10.5	24	0.2	1	4	21.1	32	0.5	19
21-44	282	17.8	2,838	26	0.3	704	44.5	6,843	0.5	36	147	9.3	1,537	0.5	17
45-64	390	27.4	4,018	31	0.4	606	42.6	6,111	0.5	36	406	28.6	4,003	0.5	19
65-74	19,051	31.2	219,521	29	0.3	10,514	17.2	120,427	0.5	25	23,989	39.2	274,411	0.6	21
75-84	23,637	27.6	274,721	30	0.4	13,010	15.2	149,672	0.5	25	31,005	36.2	359,209	0.6	21
85 and older	11,005	14.3	125,493	34	0.4	6,261	8.2	70,400	0.5	25	13,694	17.8	155,085	0.6	20
Male	41,491	22.1	474,302	33	0.4	36,777	19.6	417,194	0.5	37	52,505	28.0	596,755	0.6	22
Disabled	22,503	23.0	257,332	36	0.4	27,128	27.7	308,829	0.6	41	23,876	24.4	271,504	0.6	23
5 and younger	5	50.0	51	7	0.2	1	10.0	12	0.2	6	1	10.0	12	0.8	29
6-14	14	33.3	160	29	0.4	0	0.0	0	0.0	0	20	47.6	232	0.7	24
15-20	48	14.4	554	26	0.3	63	18.9	717	0.5	35	58	17.4	653	0.5	19
21-44	6,757	16.7	77,342	35	0.4	12,913	31.9	146,867	0.6	43	4,221	10.4	47,831	0.6	21
45-64	9,850	26.3	111,879	38	0.4	10,882	29.1	123,431	0.6	42	10,580	28.3	119,068	0.6	23
65-74	5,212	30.0	60,247	31	0.4	3,004	17.3	34,740	0.5	28	8,182	47.2	94,348	0.6	24
75-84	552	28.3	6,372	34	0.4	243	12.4	2,832	0.5	27	756	38.7	8,710	0.6	23
85 and older	65	22.2	727	34	0.4	22	7.5	230	0.4	19	58	19.8	650	0.6	22
Other Eligibles	18,988	21.2	216,970	30	0.4	9,649	10.8	108,365	0.4	26	28,629	31.9	325,251	0.5	21
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	1	33.3	4	0.8	6
15-20	2	11.1	24	11	0.2	4	22.2	44	0.8	93	2	11.1	24	0.8	25
21-44	246	14.9	2,465	31	0.3	551	33.4	5,504	0.5	32	156	9.4	1,602	0.6	23
45-64	337	18.7	3,494	32	0.4	495	27.4	4,947	0.5	32	441	24.4	4,372	0.6	22
65-74	8,519	24.0	97,329	29	0.3	3,916	11.0	44,731	0.4	25	13,240	37.2	149,897	0.5	22
75-84	7,484	22.2	86,538	30	0.4	3,536	10.5	40,412	0.4	24	11,574	34.3	133,194	0.5	21
85 and older	2,400	14.2	27,120	31	0.4	1,147	6.8	12,727	0.4	25	3,215	19.0	36,158	0.5	20
Unknown	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

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

a. Table 16B 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 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 (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 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIHYPERLIPIDEMIC					ANTIDIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	101,756	19.2 %	1,165,547	0.6	\$32	77,774	14.7 %	896,452	0.6	\$42	115,754	21.8 %	1,319,954	0.6	\$26
Female	74,276	21.7	853,107	0.6	32	54,886	16.0	634,506	0.6	42	81,228	23.7	929,836	0.6	26
Disabled	25,368	21.9	292,028	0.7	34	23,014	19.9	265,958	0.6	44	35,142	30.4	404,189	0.7	29
5 and younger	1	20.0	12	0.1	3	2	40.0	24	0.3	14	0	0.0	0	0.0	0
6-14	13	61.9	133	0.7	44	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	35	14.9	393	0.6	39	6	2.6	60	0.2	9	11	4.7	129	0.9	34
21-44	1,558	5.6	17,599	0.6	36	1,359	4.9	15,457	0.6	40	2,644	9.5	29,898	0.7	30
45-64	8,287	20.0	94,029	0.7	36	8,653	20.9	98,875	0.6	45	12,969	31.3	147,568	0.7	32
65-74	13,150	34.5	152,984	0.7	34	11,480	30.1	133,954	0.6	43	17,154	45.0	199,313	0.7	28
75-84	2,083	31.1	24,185	0.7	33	1,440	21.5	16,728	0.6	45	2,205	32.9	25,476	0.6	25
85 and older	241	16.8	2,693	0.6	30	74	5.2	860	0.6	38	159	11.1	1,805	0.6	18
Other Eligibles	48,908	21.6	561,079	0.6	31	31,872	14.1	368,548	0.6	41	46,086	20.3	525,647	0.6	24
5 and younger	1	50.0	12	1.3	120	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	1.1	68	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	65	4.1	675	0.6	33	63	4.0	664	0.5	37	119	7.5	1,176	0.6	28
45-64	258	18.1	2,640	0.6	34	173	12.2	1,806	0.6	37	346	24.3	3,633	0.7	29
65-74	16,412	26.9	187,470	0.6	32	14,336	23.5	164,833	0.6	40	19,093	31.2	217,324	0.6	26
75-84	22,036	25.7	254,942	0.6	32	14,092	16.4	164,347	0.6	42	20,243	23.6	232,600	0.6	23
85 and older	10,135	13.2	115,328	0.6	30	3,208	4.2	36,898	0.5	40	6,285	8.2	70,914	0.6	19
Male	27,480	14.6	312,440	0.6	33	22,888	12.2	261,946	0.6	41	34,526	18.4	390,118	0.6	26
Disabled	12,772	13.0	145,035	0.6	36	12,649	12.9	144,678	0.6	43	18,112	18.5	205,206	0.6	29
5 and younger	2	20.0	24	0.2	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	20	47.6	234	0.6	34	4	9.5	48	0.4	15	0	0.0	0	0.0	0
15-20	31	9.3	341	0.7	62	5	1.5	57	0.4	21	7	2.1	81	0.9	37
21-44	2,219	5.5	25,097	0.6	39	2,582	6.4	29,619	0.6	38	3,137	7.8	35,401	0.7	30
45-64	5,825	15.6	65,278	0.7	37	6,068	16.2	68,866	0.6	44	8,781	23.4	98,663	0.6	29
65-74	4,252	24.5	49,211	0.6	33	3,741	21.6	43,191	0.6	44	5,751	33.1	66,022	0.6	28
75-84	380	19.5	4,370	0.6	31	239	12.2	2,780	0.6	44	405	20.7	4,696	0.6	27
85 and older	43	14.7	480	0.7	30	10	3.4	117	0.5	45	31	10.6	343	0.6	24
Other Eligibles	14,708	16.4	167,405	0.6	30	10,239	11.4	117,268	0.6	40	16,414	18.3	184,912	0.6	24
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	5.6	12	0.8	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	106	6.4	1,070	0.6	36	81	4.9	842	0.5	35	128	7.7	1,264	0.7	27
45-64	254	14.1	2,585	0.6	32	254	14.1	2,584	0.6	41	397	22.0	4,068	0.6	28
65-74	6,637	18.7	75,151	0.6	30	5,653	15.9	64,518	0.6	40	8,577	24.1	96,490	0.6	25
75-84	6,057	17.9	69,932	0.6	30	3,713	11.0	43,159	0.6	40	5,972	17.7	68,267	0.6	23
85 and older	1,653	9.8	18,655	0.6	27	538	3.2	6,165	0.5	39	1,340	7.9	14,823	0.6	19
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible Beneficiaries

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

a. Table 16C 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 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 (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 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Beneficiary Characteristics	ANTICONVULSANT				ANALGESICS - ANTI-INFLAMMATORY				No. of Bene Mos			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users		Mean No. of Rx	Mean Rx \$	
All	56,306	10.6 %	644,527	0.7	\$49	164,322	31.0 %	1,901,883	0.3	\$15	529,912	5,661,343
Female	30,683	9.0	351,148	0.7	45	119,404	34.9	1,385,165	0.3	16	342,272	3,677,684
Disabled	21,888	18.9	251,475	0.8	53	53,330	46.1	616,912	0.3	16	115,617	1,281,963
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	57
6-14	0	0.0	0	0.0	0	1	4.8	12	0.1	4	21	229
15-20	28	11.9	296	0.9	40	45	19.1	522	0.2	4	235	2,489
21-44	9,064	32.7	103,743	0.8	61	9,293	33.6	105,823	0.2	10	27,695	303,336
45-64	9,243	22.3	106,163	0.8	55	19,339	46.7	221,470	0.3	18	41,382	452,638
65-74	3,135	8.2	36,411	0.6	28	21,477	56.3	251,781	0.3	17	38,136	432,631
75-84	382	5.7	4,457	0.6	23	2,931	43.7	34,506	0.3	16	6,708	75,524
85 and older	36	2.5	405	0.5	16	244	17.0	2,798	0.3	16	1,435	15,059
Other Eligibles	8,795	3.9	99,673	0.5	24	66,074	29.2	768,263	0.3	16	226,655	2,395,721
5 and younger	1	50.0	12	0.7	28	2	100.0	24	0.3	5	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	35
15-20	1	5.3	9	2.0	66	4	21.1	41	0.1	1	19	157
21-44	309	19.5	3,014	0.6	42	551	34.9	5,408	0.2	11	1,581	12,983
45-64	203	14.3	2,033	0.6	42	700	49.2	7,250	0.3	14	1,422	12,220
65-74	3,167	5.2	36,214	0.5	27	25,230	41.3	291,988	0.2	15	61,124	658,446
75-84	3,617	4.2	41,419	0.5	20	28,949	33.8	339,711	0.3	16	85,736	927,010
85 and older	1,497	2.0	16,972	0.5	20	10,638	13.9	123,831	0.3	16	76,768	784,846
Male	25,623	13.7	293,379	0.8	55	44,918	23.9	516,718	0.2	11	187,638	1,983,656
Disabled	21,502	22.0	246,856	0.8	60	25,223	25.8	289,881	0.2	11	97,884	1,071,072
5 and younger	0	0.0	0	0.0	0	2	20.0	24	0.1	2	10	100
6-14	5	11.9	55	0.8	34	0	0.0	0	0.0	0	42	467
15-20	94	28.2	1,084	0.7	54	34	10.2	398	0.1	2	333	3,611
21-44	11,627	28.7	133,621	0.8	65	8,703	21.5	99,745	0.2	7	40,451	444,277
45-64	8,197	21.9	93,954	0.8	58	10,102	27.0	115,220	0.3	12	37,450	404,639
65-74	1,438	8.3	16,530	0.6	30	5,840	33.7	68,117	0.2	13	17,353	193,547
75-84	135	6.9	1,543	0.7	26	501	25.7	5,895	0.3	14	1,952	21,477
85 and older	6	2.0	69	0.7	23	41	14.0	482	0.3	13	293	2,954
Other Eligibles	4,121	4.6	46,523	0.6	28	19,695	21.9	226,837	0.2	12	89,754	912,584
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	19
15-20	2	11.1	16	0.6	54	1	5.6	10	0.3	2	18	184
21-44	306	18.5	3,109	0.6	44	441	26.7	4,560	0.2	8	1,652	13,204
45-64	204	11.3	2,157	0.6	40	540	29.9	5,573	0.3	11	1,805	14,353
65-74	1,837	5.2	20,982	0.6	30	9,300	26.2	106,833	0.2	12	35,562	371,069
75-84	1,414	4.2	16,263	0.5	23	7,426	22.0	86,925	0.2	13	33,762	350,574
85 and older	358	2.1	3,996	0.5	19	1,987	11.7	22,936	0.2	14	16,951	163,172
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3

Table 16D

Dual Eligible Beneficiaries

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

a. Table 16D 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 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 (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 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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
All	\$31	0.4	86,158	896,451
Age				
0-64	115	1.0	4,865	54,220
65-74	58	0.8	11,136	120,330
75-84	31	0.4	27,216	284,909
85 and older	13	0.2	42,941	436,992
Unknown	0	0.0	0	0
Gender				
Female	26	0.4	63,251	662,857
Male	45	0.5	22,907	233,594
Unknown	0	0.0	0	0
Race				
White	24	0.3	56,003	565,443
African American	57	0.8	4,103	43,458
Other/unknown	42	0.5	26,052	287,550
Basis of Eligibility				
Aged	23	0.3	76,421	788,132
Disabled	88	1.0	9,716	108,095
Adults	246	2.3	21	224
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 York, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 35,105 beneficiaries who were in nursing facilities for part of their enrollment and their 347,296 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 18

**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 YORK, 1999**

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic							
Anti-infective Agents	0.5	0.4	0.0	0.1	\$66	\$0	\$1	\$130	\$154	\$66	\$14	16,528	2,777	\$2,145,444	3.2 %	32,327
Biologics	0.1	0.1	0.0	0.0	139	1	69	1160	11	9,013	#####	126	95	146,201	0.1	1,052
Antineoplastic Agents	0.6	0.4	0.1	0.1	158	141	12	275	354	171	47	1,165	174	320,519	0.2	2,028
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	48	39	2	53	82	23	19	19,498	1,878	1,037,251	2.2	21,740
Cardiovascular Agents	1.6	0.6	0.4	0.5	59	31	20	37	51	45	15	68,981	3,745	2,565,680	4.3	43,548
Respiratory Agents	0.6	0.4	0.0	0.2	24	19	1	43	51	45	23	10,775	1,635	459,041	1.9	19,027
Gastrointestinal Agents	0.5	0.2	0.1	0.2	37	22	9	69	115	78	24	13,328	2,152	920,960	2.5	25,195
Genitourinary Agents	0.4	0.3	0.0	0.1	19	16	0	45	57	38	23	4,125	843	186,699	1.0	9,791
CNS Drugs	0.8	0.7	0.0	0.1	90	84	3	106	115	87	30	136,996	14,485	14,470,419	16.8	161,655
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.2	0.1	11	1	8	38	31	50	24	65	19	2,474	0.0	217
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.0	55	54	0	119	124	73	47	2,303	424	274,786	0.5	5,003
Analgesics and Anesthetics	0.4	0.2	0.1	0.2	21	14	4	48	82	59	15	11,035	2,133	531,260	2.5	25,026
Neuromuscular Agents	0.9	0.3	0.2	0.4	43	26	9	50	95	49	20	11,840	1,192	592,224	1.4	13,724
Nutritional Products	0.5	0.0	0.2	0.3	9	0	5	16	15	20	13	3,997	643	63,912	0.7	7,424
Hematological Agents	0.6	0.3	0.1	0.2	132	124	4	213	381	40	21	12,005	1,745	2,552,924	2.0	19,291
Topical Products	0.6	0.3	0.1	0.2	21	13	6	36	46	39	17	19,938	2,848	719,037	3.3	33,453
Miscellaneous Products	0.5	0.2	0.1	0.1	117	84	28	257	401	247	37	329	64	84,567	0.1	725
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	24	0	0	44	0	0	0	18,623	2,926	816,583	3.4	33,940
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.	351,657	n.a.	27,889,981	n.a.	n.a.

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

a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 35,105 beneficiaries who were in nursing facilities for part of their enrollment and their 347,286 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 (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 (May 13 2003).

In New York, 7.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 18

Dual Eligible 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; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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 YORK, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	540,138	313,170	219,574	7,335	59	5,867,600	3,324,632	2,477,571	64,868	529	0
Age											
5 and younger	18	0	15	0	3	208	0	172	0	36	0
6-14	71	0	65	0	6	790	0	736	0	54	0
15-20	624	0	585	0	39	6,873	0	6,477	0	396	0
21-44	73,721	0	70,122	3,590	9	822,053	0	790,005	32,008	40	0
45-64	85,004	0	81,374	3,630	0	939,404	0	907,122	32,282	0	0
65-74	154,965	98,030	56,820	115	0	1,717,540	1,062,212	654,750	578	0	0
75-84	129,610	120,758	8,852	0	0	1,402,425	1,302,347	100,078	0	0	0
85 and older	96,123	94,382	1,741	0	0	978,304	960,073	18,231	0	0	0
Unknown	2	0	0	0	2 3	0	0	0	0	3	0
Gender											
Female	348,212	225,998	118,684	3,498	32	3,803,690	2,420,161	1,350,837	32,429	263	0
Male	191,926	87,172	100,890	3,837	27	2,063,910	904,471	1,126,734	32,439	266	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	237,354	137,849	96,706	2,786	13	2,528,644	1,407,978	1,096,634	23,915	117	0
African American	65,091	30,725	32,252	2,103	11	712,631	332,010	361,485	19,039	97	0
Other/unknown	237,693	144,596	90,616	2,446	35	2,626,325	1,584,644	1,019,452	21,914	315	0
Use of Nursing Facilities											
All year	86,537	76,682	9,834	21	0	903,465	792,785	110,453	227	0	0
Part year	35,295	29,406	5,849	40	0	352,896	288,657	63,815	424	0	0
None	418,306	207,082	203,891	7,274	59	4,611,239	2,243,190	2,303,303	64,217	529	0
Maintenance Assistance Status											
Cash	309,477	155,874	151,879	1,718	6	3,549,009	1,773,583	1,760,298	15,080	48	0
Medically needy	226,837	157,296	67,695	1,799	47	2,285,708	1,551,049	717,273	16,957	429	0
Poverty related	51	0	0	50	1	249	0	0	248	1	0
Other/unknown	3,773	0	0	3,768	5	32,634	0	0	32,583	51	0
Dual Status^c											
Full dual, all year	539,802	312,975	219,436	7,332	59	5,863,934	3,322,511	2,476,049	64,845	529	0
Full dual, part year	336	195	138	3	0	3,666	2,121	1,522	23	0	0
Managed Care Status											
FFS all year	505,183	301,625	198,120	5,390	48	5,469,193	3,192,360	2,230,722	45,688	423	0
FFS part year, with Rx claims	22,041	6,962	14,021	1,052	6	257,142	81,749	163,946	11,386	61	0
FFS part year, no Rx claims	2,688	1,216	1,360	110	2	29,093	13,223	14,904	945	21	0
MC all year, with Rx claims	8,037	1,898	5,478	659	2	91,384	21,985	63,092	6,295	12	0
MC all year, no Rx claims	2,189	1,469	595	124	1	20,788	15,315	4,907	554	12	0

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

a. Table A.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 1999

Beneficiary Characteristics	Benes and					
	Bene Mos in Cell F of Table 1	Bene Mos in Cell G of Table 1		Excluded from Cell G of Table 1		
	No. of Benes	No. of Benes Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	540,138	5,867,600	529,912	5,661,343	10,226	206,257
FFS all year	505,183	5,469,193	505,183	5,469,193	0	0
FFS part year, with Rx claims	22,041	257,142	22,041	172,959	0	84,183
FFS part year, with no Rx claims	2,688	29,093	2,688	19,191	0	9,902
MC all year, with Rx claims	8,037	91,384	0	0	8,037	91,384
MC all year, with no Rx claims	2,189	20,788	0	0	2,189	20,788

Source: Data for this table are from the MAX 1999 file for New York, 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEW YORK, 1999

Total Number of Dual Eligible Beneficiaries 529,912
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$793,172,514
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,497

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
				28.6 %	0.0 %
\$0	151,572		\$0		
1-500	101,871	19.2	21,857,598	2.8	
501-1,000	62,483	11.8	46,128,830	5.8	
1,001-1,500	48,375	9.1	60,008,790	7.6	
1,501-2,000	37,125	7.0	64,564,432	8.1	
2,001-2,500	28,070	5.3	62,862,314	7.9	
2,501-3,000	21,679	4.1	59,384,780	7.5	
3,001-3,500	16,417	3.1	53,185,557	6.7	
3,501-4,000	12,397	2.3	46,362,127	5.8	
4,001-4,500	9,239	1.7	39,126,320	4.9	
4,501-5,000	7,333	1.4	34,738,097	4.4	
5,001-5,500	5,616	1.1	29,418,021	3.7	
5,501-6,000	4,508	0.9	25,875,766	3.3	
6,001-6,500	3,472	0.7	21,677,513	2.7	
6,501-7,000	2,852	0.5	19,230,829	2.4	
7,001-7,500	2,249	0.4	16,291,977	2.1	
7,501-8,000	1,862	0.4	14,414,316	1.8	
8,001-8,500	1,588	0.3	13,091,109	1.7	
8,501-9,000	1,324	0.2	11,577,902	1.5	
9,001-9,500	1,096	0.2	10,136,335	1.3	
9,501-10,000	965	0.2	9,409,679	1.2	
10,001+	7,819	1.5	133,830,222	16.9	

Source: Data for this table are from the MAX 1999 file for New York, released by CMS in 11/2003. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEW YORK, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 147,624
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$362,035,012
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,452

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	24,512	16.6%	0	0.0%
1-500	31,995	21.7	6,353,028	1.8
501-1,000	16,043	10.9	11,809,499	3.3
1,001-1,500	12,505	8.5	15,510,874	4.3
1,501-2,000	9,817	6.7	17,085,700	4.7
2,001-2,500	8,028	5.4	18,009,894	5.0
2,501-3,000	6,857	4.6	18,801,846	5.2
3,001-3,500	5,491	3.7	17,799,203	4.9
3,501-4,000	4,521	3.1	16,924,941	4.7
4,001-4,500	3,693	2.5	15,655,496	4.3
4,501-5,000	3,216	2.2	15,230,155	4.2
5,001-5,500	2,644	1.8	13,864,565	3.8
5,501-6,000	2,384	1.6	13,692,441	3.8
6,001-6,500	1,931	1.3	12,064,001	3.3
6,501-7,000	1,674	1.1	11,288,004	3.1
7,001-7,500	1,386	0.9	10,043,203	2.8
7,501-8,000	1,224	0.8	9,472,952	2.6
8,001-8,500	1,079	0.7	8,892,102	2.5
8,501-9,000	933	0.6	8,156,227	2.3
9,001-9,500	820	0.6	7,586,594	2.1
9,501-10,000	725	0.5	7,072,193	2.0
10,001+	6,146	4.2	106,722,094	29.5

Source: Data for this table are from the MAX 1999 file for New York, released by CMS in 11/2003. This table was produced on 10/26/2004.

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 1999.

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 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEW YORK, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74 152,175
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$213,766,167
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,405

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	31,540	20.7 %	0	0.0
1-500	31,627	20.8	6,936,329	3.2
501-1,000	21,222	13.9	15,723,590	7.4
1,001-1,500	16,760	11.0	20,806,814	9.7
1,501-2,000	12,897	8.5	22,429,698	10.5
2,001-2,500	9,591	6.3	21,471,497	10.0
2,501-3,000	7,287	4.8	19,948,439	9.3
3,001-3,500	5,335	3.5	17,279,318	8.1
3,501-4,000	3,981	2.6	14,884,664	7.0
4,001-4,500	2,919	1.9	12,359,547	5.8
4,501-5,000	2,212	1.5	10,483,682	4.9
5,001-5,500	1,571	1.0	8,224,935	3.8
5,501-6,000	1,170	0.8	6,708,855	3.1
6,001-6,500	854	0.6	5,330,175	2.5
6,501-7,000	655	0.4	4,412,941	2.1
7,001-7,500	513	0.3	3,713,491	1.7
7,501-8,000	365	0.2	2,830,251	1.3
8,001-8,500	288	0.2	2,374,019	1.1
8,501-9,000	229	0.2	2,001,180	0.9
9,001-9,500	158	0.1	1,460,831	0.7
9,501-10,000	133	0.1	1,294,692	0.6
10,001+	868	0.6	13,091,219	6.1

Source: Data for this table are from the MAX 1999 file for New York, released by CMS in 11/2003. This table was produced on 10/26/2004.

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 1999.

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

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SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEW YORK, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 128,158
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$145,977,861
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,139

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	41,037	32.0 %	0	0.0 %
1-500	22,363	17.4	5,100,285	3.5
501-1,000	15,899	12.4	11,765,646	8.1
1,001-1,500	12,569	9.8	15,605,358	10.7
1,501-2,000	9,776	7.6	17,009,536	11.7
2,001-2,500	7,313	5.7	16,361,623	11.2
2,501-3,000	5,305	4.1	14,530,836	10.0
3,001-3,500	3,976	3.1	12,881,306	8.8
3,501-4,000	2,803	2.2	10,475,935	7.2
4,001-4,500	1,925	1.5	8,142,461	5.6
4,501-5,000	1,396	1.1	6,609,229	4.5
5,001-5,500	1,027	0.8	5,371,508	3.7
5,501-6,000	706	0.6	4,055,179	2.8
6,001-6,500	500	0.4	3,117,467	2.1
6,501-7,000	367	0.3	2,477,096	1.7
7,001-7,500	246	0.2	1,781,050	1.2
7,501-8,000	191	0.1	1,475,893	1.0
8,001-8,500	148	0.1	1,222,638	0.8
8,501-9,000	102	0.1	893,851	0.6
9,001-9,500	78	0.1	719,252	0.5
9,501-10,000	58	0.0	564,848	0.4
10,001+	373	0.3	5,816,864	4.0

Source: Data for this table are from the MAX 1999 file for New York, released by CMS in 11/2003. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEW YORK, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 95,447
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$57,455,215
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$602

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	52,717	55.2 %	0	0.0 %
1-500	14,301	15.0	3,171,677	5.5
501-1,000	8,642	9.1	6,330,219	11.0
1,001-1,500	6,075	6.4	7,508,662	13.1
1,501-2,000	4,259	4.5	7,384,456	12.9
2,001-2,500	2,891	3.0	6,463,890	11.3
2,501-3,000	2,044	2.1	5,592,214	9.7
3,001-3,500	1,435	1.5	4,640,725	8.1
3,501-4,000	977	1.0	3,646,387	6.3
4,001-4,500	620	0.6	2,623,821	4.6
4,501-5,000	424	0.4	2,012,150	3.5
5,001-5,500	297	0.3	1,553,167	2.7
5,501-6,000	193	0.2	1,104,191	1.9
6,001-6,500	134	0.1	835,393	1.5
6,501-7,000	110	0.1	741,313	1.3
7,001-7,500	68	0.1	493,509	0.9
7,501-8,000	43	0.0	332,782	0.6
8,001-8,500	36	0.0	296,163	0.5
8,501-9,000	34	0.0	298,478	0.5
9,001-9,500	19	0.0	175,895	0.3
9,501-10,000	22	0.0	215,034	0.4
10,001+	106	0.1	2,035,089	3.5

Source: Data for this table are from the MAX 1999 file for New York, released by CMS in 11/2003. This table was produced on 10/26/2004.

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 1999.

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