

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 NEW MEXICO

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW MEXICO, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	428,769 (A)	42,133 (E)	386,636 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	418,853 (B)	33,012 (F)	385,841 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	252,908 (C)	32,057 (G)	220,851 (K)
4. Benes who were all-year nursing facility residents ^f	4,563 (D)	4,212 (H)	351 (L)

Source: Data for this table are from the MAX 2001 file for New Mexico, released by CMS in 06/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for New Mexico in 2001 was \$60,800,794, of which \$82,053 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- 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 2001. All benefit months of such dual eligible beneficiaries, of which 1.0 percent were restricted benefit months without a pharmacy benefit in New Mexico, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = 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^{a,b}
 NEW MEXICO, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	252,908	15,743	26,657	67,491	143,016	1	1,411,763	162,714	249,490	395,242	604,314	3					
Age																	
5 and younger	53,594	1	501	0	53,092	0	203,095	4	3,363	0	199,728	0					
6-14	65,266	0	1,111	0	64,155	0	301,795	0	8,751	0	293,044	0					
15-20	32,662	0	982	5,975	25,704	1	148,183	0	6,901	29,834	111,445	3					
21-44	66,031	1	7,790	58,180	60	0	419,026	12	69,050	349,877	87	0					
45-64	12,965	5	9,646	3,314	0	0	102,802	25	87,320	15,457	0	0					
65-74	9,224	4,673	4,531	20	0	0	99,610	49,087	50,453	70	0	0					
75-84	7,503	5,970	1,532	1	0	0	80,475	63,032	17,442	1	0	0					
85 and older	5,660	5,093	564	1	2	0	56,774	50,554	6,210	3	7	0					
Unknown	3	0	0	0	3	0	3	0	0	0	3	0					
Gender																	
Female	157,675	11,065	14,410	60,787	71,412	1	929,989	115,723	138,676	377,077	298,510	3					
Male	95,226	4,678	12,245	6,704	71,599	0	481,727	46,991	110,801	18,165	305,770	0					
Unknown	7	0	2	0	5	0	47	0	13	0	34	0					
Race																	
White	61,750	7,036	9,991	17,774	26,948	1	319,296	70,794	91,062	97,453	59,984	3					
African American	5,066	225	641	1,365	2,835	0	18,903	2,369	5,250	5,703	5,581	0					
Other/unknown	186,092	8,482	16,025	48,352	113,233	0	1,073,564	89,551	153,178	292,086	538,749	0					
Use of Nursing Facilities^c																	
Entire year	4,563	3,804	759	0	0	0	45,781	37,617	8,164	0	0	0					
Part year	2,167	1,653	510	3	1	0	19,632	14,888	4,729	9	6	0					
None	246,178	10,286	25,388	67,488	143,015	1	1,346,350	110,209	236,597	395,233	604,308	3					
Maintenance Assistance Status																	
Cash	92,021	9,238	24,235	25,195	33,353	0	557,513	101,526	227,971	86,721	141,295	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	102,075	159	676	8,222	93,018	0	443,911	1,532	4,164	33,925	404,290	0					
Other/unknown	58,812	6,346	1,746	34,074	16,645	1	410,339	59,656	17,355	274,596	58,729	3					
Dual Medicare Status^d																	
Full dual, all year	31,352	14,875	16,225	244	8	0	332,106	154,777	175,822	1,445	62	0					
Full dual, part year	705	442	250	13	0	0	7,298	4,689	2,482	127	0	0					
Non-dual, all year	220,851	426	10,182	67,234	143,008	1	1,072,359	3,248	71,186	393,670	604,252	3					
Managed Care Status																	
FFS all year	127,437	15,392	21,027	37,627	53,390	1	1,085,063	160,764	227,558	286,298	410,440	3					
FFS part year, with Rx claims	31,384	175	2,988	10,841	17,380	0	100,540	1,102	12,845	43,399	43,194	0					
FFS part year, no Rx claims	94,087	176	2,642	19,023	72,246	0	226,160	848	9,087	65,545	150,680	0					

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for New Mexico, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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^{a, b}
 NEW MEXICO, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	30.2 %	5.2	\$240	\$46	\$3,520	6.8 %	252,908
Age							
5 and younger	22.4	0.6	13	22	1,786	0.7	53,594
6-14	16.6	0.5	20	37	1,174	1.7	65,266
15-20	23.7	0.9	36	40	2,273	1.6	32,662
21-44	31.3	3.2	191	59	3,006	6.4	66,031
45-64	56.8	20.7	1,101	53	10,168	10.8	12,965
65-74	74.2	30.3	1,307	43	8,813	14.8	9,224
75-84	80.9	34.9	1,475	42	14,502	10.2	7,503
85 and older	84.7	33.8	1,331	39	21,788	6.1	5,660
Unknown	0.0	0.0	0	0	0	0.0	3
Basis of Eligibility^c							
Aged	77.9	30.8	1,281	42	15,205	8.4	15,743
Disabled	67.6	25.1	1,349	54	12,693	10.6	26,657
Adults	27.3	1.1	35	31	1,598	2.2	67,491
Children	19.3	0.6	16	28	1,432	1.1	143,016
Unknown	0.0	0.0	0	0	0	0.0	1
Gender							
Female	31.9	5.8	255	44	3,485	7.3	157,675
Male	27.3	4.1	216	52	3,578	6.0	95,226
Unknown	57.1	1.1	46	41	2,648	1.7	7
Race							
White	38.4	10.1	488	48	5,629	8.7	61,750
African American	28.9	5.5	249	45	3,351	7.4	5,066
Other/unknown	27.5	3.5	158	45	2,825	5.6	186,092
Use of Nursing Facilities^d							
Entire year	93.3	51.1	2,275	45	38,523	5.9	4,563
Part year	90.7	38.2	1,726	45	26,345	6.6	2,167
None	28.5	4.0	189	47	2,671	7.1	246,178

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	39.4	9.3	446	48	4,298	10.4	92,021
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	21.3	0.7	21	31	1,609	1.3	102,075
Other/unknown	31.2	6.6	298	45	5,622	5.3	58,812

Source: Data for this table are from the MAX 2001 file for New Mexico, released by CMS in 06/2005. This table was produced on 09/19/2006.

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

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

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW MEXICO, 2001

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	0.9	\$43	6.8 %	69.8 %	18.9 %	3.6 %	4.7 %	2.5 %	0.6 %	\$631	252,908	1,411,763
Age												
5 and younger	0.2	4	0.7	77.6	18.7	2.6	1.1	0.1	0.0	471	53,594	203,095
6-14	0.1	4	1.7	83.4	13.7	1.9	0.9	0.1	0.0	254	65,266	301,795
15-20	0.2	8	1.6	76.3	19.5	2.5	1.4	0.2	0.0	501	32,662	148,183
21-44	0.5	30	6.4	68.7	23.0	3.2	3.4	1.4	0.3	474	66,031	419,026
45-64	2.6	139	10.8	43.2	18.9	7.8	15.6	11.2	3.2	1,282	12,965	102,802
65-74	2.8	121	14.8	25.8	23.0	10.8	22.6	14.2	3.6	816	9,224	99,610
75-84	3.3	138	10.2	19.1	20.7	10.6	27.4	18.5	3.7	1,352	7,503	80,475
85 and older	3.4	133	6.1	15.3	19.3	12.8	31.3	18.5	2.8	2,172	5,660	56,774
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	3	3
Basis of Eligibility^c												
Aged	3.0	124	8.4	22.1	20.9	11.5	26.4	16.1	3.0	1,471	15,743	162,714
Disabled	2.7	144	10.6	32.4	23.4	9.3	19.1	12.5	3.2	1,356	26,657	249,490
Adults	0.2	6	2.2	72.7	22.7	2.4	1.7	0.4	0.1	273	67,491	395,242
Children	0.1	4	1.1	80.7	16.0	2.2	1.0	0.1	0.0	339	143,016	604,314
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
Gender												
Female	1.0	43	7.3	68.1	20.0	3.5	5.0	2.8	0.7	591	157,675	929,989
Male	0.8	43	6.0	72.7	17.0	3.7	4.2	2.0	0.4	707	95,226	481,727
Unknown	0.2	7	1.7	42.9	57.1	0.0	0.0	0.0	0.0	394	7	47
Race												
White	2.0	94	8.7	61.6	17.9	5.3	8.6	5.3	1.4	1,089	61,750	319,296
African American	1.5	67	7.4	71.1	15.3	4.5	5.5	2.9	0.8	898	5,066	18,903
Other/unknown	0.6	27	5.6	72.5	19.3	3.0	3.4	1.5	0.3	490	186,092	1,073,564
Use of Nursing Facilities^d												
Entire year	5.1	227	5.9	6.7	10.4	9.9	33.7	31.1	8.2	3,840	4,563	45,781
Part year	4.2	191	6.6	9.3	16.1	12.5	33.4	23.9	4.9	2,908	2,167	19,632
None	0.7	35	7.1	71.5	19.0	3.4	3.9	1.8	0.4	488	246,178	1,346,350

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	Bene Mos
				None	More than 0, 1, but 2 or Less		More than 2, but 5 or Less		More than 5, but 10 or Less			
					but 1 or Less	Less	Less	Less				
Maintenance												
Assistance Status												
Cash	1.5	74	10.4	60.6	19.7	5.7	8.6	4.4	1.0	709	92,021	557,513
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	5	1.3	78.7	17.8	2.2	1.1	0.1	0.0	370	102,075	443,911
Other/unknown	1.0	43	5.3	68.8	19.4	2.6	4.8	3.5	0.8	806	58,812	410,339

Source: Data for this table are from the MAX 2001 file for New Mexico, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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^{a, b, c}
 NEW MEXICO, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	0.9	\$43	0.4	\$31	0.1	\$43	0.5	\$18
Age								
5 and younger	0.2	4	0.0	2	0.0	54	0.1	1
6-14	0.1	4	0.0	3	0.0	73	0.1	1
15-20	0.2	8	0.1	6	0.0	77	0.1	2
21-44	0.5	30	0.2	22	0.1	107	0.3	5
45-64	2.6	139	1.1	102	0.2	92	1.3	25
65-74	2.8	121	1.3	89	0.2	71	1.3	23
75-84	3.3	138	1.4	98	0.3	71	1.5	27
85 and older	3.4	133	1.3	92	0.4	71	1.6	27
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	3.0	124	1.3	89	0.3	70	1.4	24
Disabled	2.7	144	1.1	106	0.2	93	1.3	26
Adults	0.2	6	0.1	3	0.0	50	0.1	2
Children	0.1	4	0.0	3	0.0	60	0.1	1
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.0	43	0.4	31	0.1	75	0.5	8
Male	0.8	43	0.3	31	0.1	93	0.4	8
Unknown	0.2	7	0.1	6	0.0	98	0.1	1
Race								
White	2.0	94	0.8	68	0.2	83	0.9	18
African American	1.5	67	0.6	47	0.1	83	0.8	14
Other/unknown	0.6	27	0.3	20	0.1	78	0.3	5
Use of Nursing Facilities^e								
Entire year	5.1	227	2.0	160	0.7	79	2.3	43
Part year	4.2	191	1.7	137	0.5	80	2.0	36
None	0.7	35	0.3	25	0.1	81	0.4	7

Table 5

All Medicaid Beneficiaries

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
Maintenance Assistance Status								
Cash	1.5	74	48	54	83	6	48	14
Medically needy	0.0	0	0	0	0	0	0	0
Poverty related	0.2	5	31	3	64	0	37	1
Other/unknown	1.0	43	45	30	77	5	36	8

Source: Data for this table are from the MAX 2001 file for New Mexico, released by CMS in 06/2005. This table was produced on 09/19/2006.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 4.5 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).

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

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

CMS = 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^{a, b, c, d}
 NEW MEXICO, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos				
		Generic	Generic		Generic	Generic		Generic	Generic									
Anti-infective Agents	0.3	0.1	0.0	0.2	\$13	\$11	\$0	\$2	\$46	\$90	\$40	\$12	86,111	\$3,991,594	37,528	14.8 %	302,957	
Biologics	0.1	0.0	0.0	0.1	13	9	2	2	132	203	1,617	42	637	84,237	584	0.2	6,337	
Antineoplastic Agents	0.5	0.2	0.1	0.2	83	58	11	14	163	287	130	62	5,253	854,444	1,028	0.4	10,355	
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	27	20	3	4	34	50	20	15	192,802	6,483,503	25,021	9.9	236,627	
Cardiovascular Agents	1.4	0.6	0.1	0.7	44	28	4	12	32	50	32	17	256,528	8,157,123	18,200	7.2	186,035	
Respiratory Agents	0.5	0.3	0.0	0.2	22	17	0	4	40	60	28	18	114,202	4,616,081	27,203	10.8	214,232	
Gastrointestinal Agents	0.6	0.3	0.0	0.3	49	38	4	8	76	126	84	25	89,758	6,831,398	13,978	5.5	139,257	
Genitourinary Agents	0.4	0.2	0.0	0.1	17	14	0	3	45	62	43	18	20,009	897,585	5,516	2.2	52,282	
CNS Drugs	1.0	0.5	0.1	0.5	71	53	8	11	69	115	107	21	181,917	12,566,314	19,042	7.5	176,346	
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	27	15	2	9	46	67	38	30	4,271	194,651	1,281	0.5	7,327	
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	65	64	0	2	116	126	89	31	5,863	682,294	1,013	0.4	10,429	
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	25	18	2	6	44	111	67	15	139,936	6,188,353	27,237	10.8	242,981	
Neuromuscular Agents	0.8	0.3	0.1	0.4	47	29	6	12	56	99	46	29	76,104	4,298,440	9,698	3.8	91,879	
Nutritional Products	0.5	0.0	0.2	0.3	8	0	4	4	15	15	22	11	41,041	617,467	9,931	3.9	81,409	
Hematological Agents	0.7	0.1	0.2	0.3	37	28	4	4	56	195	19	15	29,673	1,666,128	4,444	1.8	45,446	
Topical Products	0.3	0.1	0.0	0.2	10	6	1	3	30	51	33	15	61,885	1,851,834	20,499	8.1	186,264	
Miscellaneous Products	0.6	0.3	0.2	0.2	150	100	40	9	240	357	245	51	2,937	704,727	454	0.2	4,705	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	21	0	0	0	1,521	32,568	749	0.3	7,881	
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.	1,310,448	60,718,741	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for New Mexico, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001. 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 (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, 4.5 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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NEW MEXICO, 2001

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	\$6,276,659	6,660	2.6 %	65,674	0.7	\$143
ULCER DRUGS	5,994,331	13,577	5.4	137,920	0.5	89
ANTIDEPRESSANTS	4,914,253	15,410	6.1	144,568	0.6	59
ANTI-DIABETIC	3,401,301	11,133	4.4	115,892	0.6	47
ANTICONVULSANT	3,315,651	6,789	2.7	65,707	0.7	67
ANALGESICS - ANTI-INFLAMMATORY	2,937,004	19,166	7.6	180,388	0.3	51
ANALGESICS - Narcotic	2,887,174	23,380	9.2	221,332	0.3	38
ANTIHYPERTENSIVE	2,822,418	11,988	4.7	125,744	0.6	36
ASTHMATIC	2,327,353	16,496	6.5	141,607	0.4	43
ANTIHYPERLIPIDEMIC	2,124,066	4,591	1.8	49,032	0.6	73
Total	37,000,210	129,190		1,247,864	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for New Mexico, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.