

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

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

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	3,757,642 (A)	585,681 (E)	3,171,961 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	3,707,056 (B)	560,735 (F)	3,146,321 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	3,113,207 (C)	551,094 (G)	2,562,113 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	97,803 (D)	87,409 (H)	10,394 (L)

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. 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 York in 2001 was \$2,884,671,306, of which \$278,919,540 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 0.0 percent were restricted benefit months without a pharmacy benefit in New York, 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<sup>a, b</sup>  
 NEW YORK, 2001

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>3,113,207</b>	<b>359,640</b>	<b>622,851</b>	<b>880,417</b>	<b>1,250,299</b>	<b>0</b>	<b>25,818,649</b>	<b>3,721,443</b>	<b>6,859,193</b>	<b>5,532,870</b>	<b>9,705,143</b>	<b>0</b>
<b>Age</b>												
5 and younger	477,913	1	16,367	0	461,545	0	3,699,896	5	159,783	0	3,540,108	0
6-14	504,450	4	48,562	0	455,884	0	4,342,413	25	533,476	0	3,808,912	0
15-20	281,089	3	34,264	44,946	201,876	0	2,267,187	25	368,334	328,831	1,569,997	0
21-44	822,183	5	189,987	629,871	2,320	0	5,998,705	43	2,092,328	3,895,320	11,014	0
45-64	453,912	129	248,226	205,555	2	0	4,043,893	1,037	2,734,459	1,308,384	13	0
65-74	185,081	115,720	69,318	43	0	0	1,974,890	1,183,411	791,162	317	0	0
75-84	151,394	137,706	13,687	1	0	0	1,618,960	1,464,741	154,207	12	0	0
85 and older	108,501	106,071	2,429	1	0	0	1,097,523	1,072,144	25,373	6	0	0
Unknown	128,684	1	11	0	128,672	0	775,182	12	71	0	775,099	0
<b>Gender</b>												
Female	1,736,548	254,540	322,111	579,696	580,201	0	14,531,080	2,664,772	3,578,784	3,756,130	4,531,394	0
Male	1,276,667	105,096	300,739	300,634	570,198	0	10,616,293	1,056,664	3,280,402	1,776,564	4,502,663	0
Unknown	99,992	4	1	87	99,900	0	671,276	7	7	176	671,086	0
<b>Race</b>												
White	937,015	150,449	214,042	221,520	351,004	0	8,051,751	1,513,894	2,355,617	1,520,278	2,661,962	0
African American	623,670	38,326	109,793	207,366	268,185	0	5,181,375	402,754	1,189,513	1,514,177	2,074,931	0
Other/unknown	1,552,522	170,865	299,016	451,531	631,110	0	12,585,523	1,804,795	3,314,063	2,498,415	4,968,250	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	97,803	80,116	17,534	119	34	0	1,027,589	827,678	198,405	1,158	348	0
Part year	46,643	32,246	13,657	632	108	0	466,172	312,371	146,404	6,258	1,139	0
None	2,968,761	247,278	591,660	879,666	1,250,157	0	24,324,888	2,581,394	6,514,384	5,525,454	9,703,656	0
<b>Maintenance Assistance Status</b>												
Cash	1,517,606	169,295	497,516	260,477	590,318	0	14,444,502	1,913,764	5,597,301	1,952,442	4,980,995	0
Medically needy	672,335	178,997	122,697	109,349	261,292	0	5,589,954	1,756,498	1,235,756	721,082	1,876,618	0
Poverty-related	260,425	0	0	120	260,305	0	1,864,407	0	0	1,033	1,863,374	0
Other/unknown	662,841	11,348	2,638	510,471	138,384	0	3,919,786	51,181	26,136	2,858,313	984,156	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	550,775	310,848	232,977	6,910	40	0	5,969,847	3,292,717	2,616,336	60,418	376	0
Full dual, part year	319	212	105	2	0	0	3,457	2,341	1,101	15	0	0
Non-dual, all year	2,562,113	48,550	389,769	873,505	1,250,259	0	19,845,345	426,385	4,241,756	5,472,437	9,704,767	0
<b>Managed Care Status</b>												
FFS all year	2,693,762	356,015	604,691	766,169	966,887	0	23,799,039	3,700,731	6,758,258	4,982,699	8,357,351	0
FFS part year, with Rx claims	268,148	2,838	16,065	87,049	162,196	0	1,341,012	17,696	91,283	428,747	803,286	0
FFS part year, no Rx claims	151,297	787	2,095	27,199	121,216	0	678,598	3,016	9,652	121,424	544,506	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. 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<sup>a, b</sup>  
 NEW YORK, 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	57.7 %	11.9	\$837	\$71	\$8,296	10.1 %	3,113,207
<b>Age</b>							
5 and younger	55.7	3.0	120	40	2,414	5.0	477,913
6-14	50.3	3.3	216	65	2,750	7.8	504,450
15-20	45.4	3.1	217	69	3,597	6.0	281,089
21-44	59.4	10.0	894	90	8,403	10.6	822,183
45-64	73.7	27.3	2,079	76	13,884	15.0	453,912
65-74	79.2	33.0	1,914	58	13,358	14.3	185,081
75-84	70.5	29.3	1,636	56	20,878	7.8	151,394
85 and older	47.8	16.0	876	55	29,976	2.9	108,501
Unknown	15.3	0.5	23	44	1,390	1.6	128,684
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	64.8	24.2	1,367	57	21,092	6.5	359,640
Disabled	79.9	32.0	2,587	81	21,345	12.1	622,851
Adults	55.0	6.1	423	70	3,233	13.1	880,417
Children	46.4	2.4	105	44	1,680	6.2	1,250,299
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	61.7	13.5	861	64	8,240	10.5	1,736,548
Male	55.2	10.5	868	83	8,883	9.8	1,276,667
Unknown	19.5	0.7	29	43	1,777	1.6	99,992
<b>Race</b>							
White	61.9	14.7	998	68	11,642	8.6	937,015
African American	56.2	10.0	791	79	7,231	10.9	623,670
Other/unknown	55.7	10.9	759	70	6,705	11.3	1,552,522
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	33.0	8.0	811	101	49,624	1.6	97,803
Part year	61.4	21.8	1,781	82	40,951	4.3	46,643
None	58.4	11.8	823	70	6,421	12.8	2,968,761

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
<b>Maintenance Assistance Status</b>							
Cash	67.4	16.9	1,184	70	8,754	13.5	1,517,606
Medically needy	49.9	10.6	728	69	14,825	4.9	672,335
Poverty related	47.8	2.3	85	37	1,136	7.5	260,425
Other/unknown	47.1	5.5	448	82	3,437	13.0	662,841

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. 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<sup>a,b</sup>  
 NEW YORK, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene	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	1.4	\$101	10.1 %	42.3 %	34.6 %	6.9 %	10.1 %	5.0 %	1.1 %	\$1,000	3,113,207	25,818,649
<b>Age</b>												
5 and younger	0.4	16	5.0	44.3	48.5	4.0	2.4	0.6	0.2	312	477,913	3,699,896
6-14	0.4	25	7.8	49.7	43.5	3.7	2.4	0.5	0.2	320	504,450	4,342,413
15-20	0.4	27	6.0	54.6	38.6	3.5	2.5	0.6	0.2	446	281,089	2,267,187
21-44	1.4	123	10.6	40.6	37.0	8.0	9.6	3.7	1.1	1,152	822,183	5,998,705
45-64	3.1	233	15.0	26.3	23.3	11.7	22.6	12.9	3.2	1,558	453,912	4,043,893
65-74	3.1	179	14.3	20.8	21.3	12.7	27.1	15.6	2.6	1,252	185,081	1,974,890
75-84	2.7	153	7.8	29.5	19.4	11.0	24.0	14.1	1.9	1,952	151,394	1,618,960
85 and older	1.6	87	2.9	52.2	18.4	7.3	14.0	7.4	0.7	2,963	108,501	1,097,523
Unknown	0.1	4	1.6	84.7	14.5	0.5	0.2	0.0	0.0	231	128,684	775,182
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	2.3	132	6.5	35.2	20.7	10.6	21.0	11.1	1.4	2,038	359,640	3,721,443
Disabled	2.9	235	12.1	20.1	25.8	11.7	24.5	14.5	3.3	1,938	622,851	6,859,193
Adults	1.0	67	13.1	45.0	37.3	7.5	7.3	2.1	0.8	515	880,417	5,532,870
Children	0.3	14	6.2	53.6	41.1	3.0	1.7	0.4	0.1	216	1,250,299	9,705,143
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	1.6	103	10.5	38.3	35.7	7.5	11.4	5.8	1.3	985	1,736,548	14,531,080
Male	1.3	104	9.8	44.8	34.5	6.6	9.1	4.2	0.9	1,068	1,276,667	10,616,293
Unknown	0.1	4	1.6	80.5	18.5	0.7	0.3	0.0	0.0	265	99,992	671,276
<b>Race</b>												
White	1.7	116	8.6	38.1	34.8	7.2	11.6	6.6	1.7	1,355	937,015	8,051,751
African American	1.2	95	10.9	43.8	36.3	6.2	8.7	4.1	1.0	870	623,670	5,181,375
Other/unknown	1.3	94	11.3	44.3	33.8	7.0	9.8	4.3	0.8	827	1,552,522	12,585,523
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	0.8	77	1.6	67.0	20.6	4.8	4.2	2.7	0.6	4,723	97,803	1,027,589
Part year	2.2	178	4.3	38.6	23.1	9.4	17.3	9.9	1.7	4,097	46,643	466,172
None	1.4	100	12.8	41.6	35.3	6.9	10.2	4.9	1.1	784	2,968,761	24,324,888

Table 4

All Medicaid Beneficiaries



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						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		Mean \$, All Services	
							Less	More than 10				Benes
<b>Maintenance Assistance Status</b>												
Cash	1.8	124	13.5	32.6	37.3	7.9	13.5	7.2	1.5	920	1,517,606	14,444,502
Medically needy	1.3	88	4.9	50.1	29.9	5.8	8.6	4.6	1.0	1,783	672,335	5,589,954
Poverty related	0.3	12	7.5	52.2	41.7	3.3	2.1	0.5	0.2	159	260,425	1,864,407
Other/unknown	0.9	76	13.0	52.9	30.4	7.1	7.0	2.0	0.6	581	662,841	3,919,786

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. 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<sup>a, b, c</sup>  
 NEW YORK, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.4	\$101	0.8	\$80	0.1	\$70	0.6	\$23
<b>Age</b>								
5 and younger	0.4	16	0.2	12	0.0	35	0.2	14
6-14	0.4	25	0.2	21	0.0	65	0.2	20
15-20	0.4	27	0.2	22	0.0	69	0.2	22
21-44	1.4	123	0.7	100	0.1	142	0.5	24
45-64	3.1	233	1.7	186	0.2	112	1.1	28
65-74	3.1	179	1.7	139	0.2	81	1.1	26
75-84	2.7	153	1.5	117	0.2	80	1.0	23
85 and older	1.6	87	0.8	66	0.1	7	0.6	13
Unknown	0.1	4	0.0	3	0.0	117	0.1	1
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	2.3	132	1.3	102	0.2	80	0.8	19
Disabled	2.9	235	1.5	187	0.2	121	1.1	28
Adults	1.0	67	0.5	56	0.1	109	0.4	8
Children	0.3	14	0.1	11	0.0	77	0.2	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.6	103	0.9	81	0.1	94	0.6	14
Male	1.3	104	0.7	85	0.1	127	0.5	12
Unknown	0.1	4	0.0	3	0.0	118	0.1	1
<b>Race</b>								
White	1.7	116	0.9	90	0.1	102	0.7	16
African American	1.2	95	0.6	79	0.1	127	0.5	11
Other/unknown	1.3	94	0.7	75	0.1	103	0.5	11
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	0.8	77	0.5	70	0.0	129	0.2	5
Part year	2.2	178	1.2	148	0.2	126	0.8	20
None	1.4	100	0.8	79	0.1	105	0.6	13

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
<b>Maintenance Assistance Status</b>								
Cash	1.8	124	0.9	98	0.1	10	0.7	16
Medically needy	1.3	88	0.7	69	0.1	7	0.5	12
Poverty related	0.3	12	0.1	9	0.0	0	0.2	2
Other/unknown	0.9	76	0.5	64	0.1	4	0.3	7

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. 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 York, 1.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, 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).

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<sup>a, b, c, d</sup>  
 NEW YORK, 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.	As % of All Benes	No. of Bene Mos			
		Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.1	\$40	\$39	\$0	\$2	\$121	\$186	\$80	\$13	3,497,247	\$421,834,843	1,057,060	34.0 %	10,435,171
Biologics	0.2	0.2	0.0	0.0	192	121	25	46	963	769	2,232	1,485	27,460	26,446,352	12,790	0.4	137,655
Antineoplastic Agents	0.5	0.3	0.1	0.1	156	117	27	12	295	414	265	85	154,439	45,623,812	26,866	0.9	291,585
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	42	37	2	4	63	89	29	19	3,354,386	210,350,775	484,779	15.6	4,963,261
Cardiovascular Agents	1.4	0.7	0.1	0.7	59	39	4	16	41	57	49	24	7,900,218	327,781,616	515,684	16.6	5,564,650
Respiratory Agents	0.6	0.4	0.0	0.2	28	23	0	5	51	64	45	26	3,686,407	187,505,831	650,514	20.9	6,617,992
Gastrointestinal Agents	0.5	0.3	0.0	0.2	47	38	4	5	91	128	94	27	2,146,984	196,093,061	388,042	12.5	4,157,807
Genitourinary Agents	0.3	0.2	0.0	0.0	15	14	0	1	51	57	46	19	515,617	26,194,230	171,365	5.5	1,730,608
CNS Drugs	1.0	0.6	0.1	0.3	101	79	13	10	100	132	123	31	5,531,331	550,770,841	506,166	16.3	5,434,078
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	0.2	35	23	4	8	68	86	56	45	176,668	11,973,940	32,861	1.1	344,754
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	38	31	0	7	122	138	64	81	142,048	17,344,082	41,617	1.3	454,211
Analgesics and Anesthetics	0.4	0.2	0.0	0.2	22	17	2	4	55	105	81	16	3,105,146	171,186,161	754,427	24.2	7,661,891
Neuromuscular Agents	0.7	0.3	0.1	0.3	48	37	5	6	65	109	55	21	2,007,014	130,802,397	250,157	8.0	2,707,707
Nutritional Products	0.3	0.0	0.1	0.2	7	1	3	3	20	37	26	15	504,159	10,142,246	150,729	4.8	1,462,740
Hematological Agents	0.5	0.2	0.1	0.3	77	69	2	6	146	391	30	21	804,833	117,725,540	142,142	4.6	1,530,108
Topical Products	0.4	0.2	0.0	0.1	15	10	2	3	41	57	43	20	2,972,106	120,847,086	778,800	25.0	7,955,725
Miscellaneous Products	0.6	0.3	0.1	0.2	155	115	26	14	253	377	229	70	97,849	24,722,235	14,925	0.5	159,780
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	27	0	0	0	311,708	8,406,718	123,336	4.0	1,355,748
<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.	36,935,620	2,605,751,766	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. 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](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, 1.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/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 YORK, 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	\$320,116,652	257,511	8.3 %	2,901,131	0.7	\$159		\$110
ANTIVIRAL	300,187,947	134,846	4.3	1,495,326	0.6	352		201
ULCER DRUGS	165,299,538	380,597	12.2	4,188,548	0.4	103		39
ANTIDEPRESSANTS	152,170,264	377,328	12.1	4,151,941	0.5	73		37
ANTICONVULSANT	111,649,668	186,628	6.0	2,093,602	0.7	80		53
ANTIASTHMATIC	107,656,862	556,891	17.9	6,043,098	0.4	50		18
ANTIIDIABETIC	107,450,686	285,219	9.2	3,140,636	0.6	56		34
ANTIHYPERLIPIDEMIC	101,783,783	197,702	6.4	2,218,571	0.6	81		46
ANALGESICS - ANTI-INFLAMMATORY	99,912,808	681,251	21.9	7,313,379	0.2	56		14
ANTIHYPERTENSIVE	88,240,433	353,147	11.3	3,930,570	0.6	40		22
Total	1,554,468,641	3,411,120		37,476,802	n.a.	n.a.		n.a.

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. 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\\_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.