

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	551,094	311,060	233,082	6,912	40	0	5,973,304	3,295,058	2,617,437	60,433	376	0
Age												
5 and younger	14	0	12	0	2	0	154	0	138	0	16	0
6-14	67	0	59	0	8	0	758	0	672	0	86	0
15-20	642	0	584	29	29	0	6,945	0	6,405	274	266	0
21-44	71,877	0	68,617	3,259	1	0	795,500	0	767,755	27,737	8	0
45-64	91,409	54	87,756	3,599	0	0	1,006,807	540	974,044	32,223	0	0
65-74	156,918	95,401	61,494	23	0	0	1,734,085	1,028,480	705,424	181	0	0
75-84	134,975	122,542	12,432	1	0	0	1,462,629	1,321,897	140,720	12	0	0
85 and older	95,192	93,063	2,128	1	0	0	966,426	944,141	22,279	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	351,922	221,942	126,483	3,472	25	0	3,830,397	2,368,531	1,430,861	30,764	241	0
Male	199,172	89,118	106,599	3,440	15	0	2,142,907	926,527	1,186,576	29,669	135	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	245,278	139,437	103,431	2,399	11	0	2,592,808	1,408,964	1,163,994	19,755	95	0
African American	71,099	33,385	35,551	2,153	10	0	765,412	354,780	391,548	18,992	92	0
Other/unknown	234,717	138,238	94,100	2,360	19	0	2,615,084	1,531,314	1,061,895	21,686	189	0
Use of Nursing Facilities^c												
Entire year	87,409	76,126	11,258	25	0	0	911,880	784,595	127,008	277	0	0
Part year	37,473	30,563	6,854	56	0	0	369,943	295,083	74,330	530	0	0
None	426,212	204,371	214,970	6,831	40	0	4,691,481	2,215,380	2,416,099	59,626	376	0
Maintenance Assistance Status												
Cash	315,016	153,342	160,117	1,549	8	0	3,602,800	1,743,891	1,845,103	13,726	80	0
Medically needy	229,708	156,310	71,974	1,398	26	0	2,313,656	1,538,594	761,768	13,070	224	0
Poverty-related	3	0	0	2	1	0	34	0	0	22	12	0
Other/unknown	6,367	1,408	991	3,963	5	0	56,814	12,573	10,566	33,615	60	0
Dual Medicare Status^d												
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
Managed Care Status												
FFS all year	544,583	308,244	230,030	6,271	38	0	5,936,174	3,279,493	2,599,274	57,050	357	0
FFS part year, with Rx claims	5,544	2,161	2,804	577	2	0	33,295	13,237	16,948	3,091	19	0
FFS part year, no Rx claims	967	655	248	64	0	0	3,835	2,328	1,215	292	0	0

Table D2

Dual Eligible 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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	75.1 %	32.0	\$2,156	\$67	\$23,216	9.3 %	551,094
Age							
5 and younger	92.9	48.1	6,986	145	38,840	18.0	14
6-14	83.6	48.7	6,503	133	24,235	26.8	67
15-20	71.3	19.6	2,287	117	26,263	8.7	642
21-44	82.8	31.6	3,133	99	27,925	11.2	71,877
45-64	86.5	44.1	3,469	79	28,182	12.3	91,409
65-74	82.1	35.6	2,065	58	13,991	14.8	156,918
75-84	72.6	30.6	1,711	56	21,813	7.8	134,975
85 and older	50.6	17.0	932	55	32,062	2.9	95,192
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	67.2	25.8	1,458	57	22,599	6.5	311,060
Disabled	85.6	40.5	3,068	76	24,486	12.5	233,082
Adults	79.6	28.4	2,789	98	8,171	34.1	6,912
Children	67.5	23.1	3,509	152	13,728	25.6	40
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	75.2	32.9	2,016	61	22,386	9.0	351,922
Male	75.1	30.4	2,402	79	24,682	9.7	199,172
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	69.3	31.2	2,123	68	29,166	7.3	245,278
African American	80.0	33.3	2,378	72	20,903	11.4	71,099
Other/unknown	79.8	32.5	2,123	65	17,698	12.0	234,717
Use of Nursing Facilities^d							
Entire year	31.5	7.0	665	95	46,690	1.4	87,409
Part year	58.1	19.9	1,373	69	33,151	4.1	37,473
None	85.6	38.2	2,530	66	17,528	14.4	426,212
Maintenance Assistance Status							
Cash	87.2	39.1	2,523	65	15,813	16.0	315,016
Medically needy	58.5	22.3	1,596	71	33,725	4.7	229,708
Poverty related	100.0	30.3	2,231	74	3,726	59.9	3
Other/unknown	79.3	31.5	4,179	133	10,342	40.4	6,367

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 D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	3.0	\$199	9.3 %	24.9 %	20.5 %	11.4 %	25.2 %	15.3 %	2.7 %	\$2,142	551,094	5,973,304
Age												
5 and younger	4.4	635	18.0	7.1	14.3	7.1	42.9	28.6	0.0	3,531	14	154
6-14	4.3	575	26.8	16.4	3.0	9.0	38.8	29.9	3.0	2,142	67	758
15-20	1.8	211	8.7	28.7	36.3	10.4	14.2	8.6	1.9	2,428	642	6,945
21-44	2.9	283	11.2	17.2	27.2	13.0	26.2	13.7	2.8	2,523	71,877	795,500
45-64	4.0	315	12.3	13.5	16.7	11.8	30.6	22.2	5.2	2,559	91,409	1,006,807
65-74	3.2	187	14.8	17.9	21.0	12.9	28.4	16.9	2.9	1,266	156,918	1,734,085
75-84	2.8	158	7.8	27.4	19.7	11.3	24.8	14.8	2.0	2,013	134,975	1,462,629
85 and older	1.7	92	2.9	49.4	19.4	7.7	14.8	7.9	0.8	3,158	95,192	966,426
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	2.4	138	6.5	32.8	21.0	10.8	21.9	11.9	1.5	2,133	311,060	3,295,058
Disabled	3.6	273	12.5	14.4	19.8	12.2	29.7	19.8	4.1	2,181	233,082	2,617,437
Adults	3.2	319	34.1	20.4	23.5	12.6	24.4	14.8	4.3	935	6,912	60,433
Children	2.5	373	25.6	32.5	22.5	7.5	25.0	12.5	0.0	1,460	40	376
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.0	185	9.0	24.8	19.3	11.4	25.8	15.9	2.7	2,057	351,922	3,830,397
Male	2.8	223	9.7	24.9	22.7	11.4	24.3	14.2	2.5	2,294	199,172	2,142,907
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.0	201	7.3	30.7	18.5	9.7	22.5	15.5	3.1	2,759	245,278	2,592,808
African American	3.1	221	11.4	20.0	21.6	12.6	27.3	15.8	2.7	1,942	71,099	765,412
Other/unknown	2.9	191	12.0	20.2	22.3	12.9	27.5	14.9	2.2	1,589	234,717	2,615,084
use of nursing Facilities^d												
Entire year	0.7	64	1.4	68.5	20.5	4.5	3.7	2.4	0.5	4,476	87,409	911,880
Part year	2.0	139	4.1	41.9	22.8	8.8	16.2	9.1	1.2	3,358	37,473	369,943
None	3.5	230	14.4	14.4	20.3	13.1	30.5	18.5	3.2	1,592	426,212	4,691,481
Maintenance Assistance Status												
Cash	3.4	221	16.0	12.8	21.1	13.3	31.0	18.7	3.1	1,383	315,016	3,602,800
Medically needy	2.2	158	4.7	41.5	19.7	8.9	17.4	10.6	2.0	3,348	229,708	2,313,656
Poverty related	2.7	197	59.9	0.0	33.3	0.0	66.7	0.0	0.0	329	3	34
Other/unknown	3.5	468	40.4	20.7	21.5	12.0	24.7	15.8	5.2	1,159	6,367	56,814

Table D4

Dual Eligible 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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, 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	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	3.0	\$199	1.6	\$155	0.3	\$17	1.1	\$27
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
Age								
5 and younger	4.4	635	2.4	575	0.4	12	1.6	47
6-14	4.3	575	2.0	511	0.4	26	1.8	38
15-20	1.8	211	0.9	168	0.2	24	0.7	20
21-44	2.9	283	1.5	223	0.3	28	1.1	32
45-64	4.0	315	2.1	247	0.3	26	1.5	41
65-74	3.2	187	1.8	145	0.3	14	1.1	27
75-84	2.8	158	1.5	121	0.3	13	1.0	23
85 and older	1.7	92	0.8	70	0.2	7	0.7	14
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	2.4	138	1.3	107	0.2	11	0.9	20
Disabled	3.6	273	1.9	213	0.3	24	1.4	36
Adults	3.2	319	1.8	263	0.2	22	1.1	33
Children	2.5	373	1.2	302	0.2	41	1.0	30
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	3.0	185	1.6	143	0.3	16	1.1	26
Male	2.8	223	1.5	176	0.2	18	1.1	29
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	3.0	201	1.5	154	0.3	18	1.2	28
African American	3.1	221	1.6	175	0.2	15	1.2	30
Other/unknown	2.9	191	1.6	150	0.2	16	1.0	25
Use of Nursing Facilities^e								
Entire year	0.7	64	0.5	57	0.0	2	0.2	4
Part year	2.0	139	1.1	112	0.2	9	0.8	18
None	3.5	230	1.8	177	0.3	20	1.3	32
Maintenance Assistance Status								
Cash	3.4	221	1.8	170	0.3	19	1.3	30
Medically needy	2.2	158	1.2	124	0.2	13	0.9	21
Poverty related	2.7	197	1.4	184	0.0	0	1.3	13
Other/unknown	3.5	468	2.1	412	0.2	21	1.1	34

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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_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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

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. of Dual Benes	As % of Benes	No. of Bene Mos				
														Generic	Brand-Name	Generic	Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$42	\$40	\$0	\$2	\$125	\$182	\$97	\$16	829,800	\$103,762,324	214,186	38.9 %	2,477,633
Biologics	0.1	0.1	0.0	0.0	62	2	22	38	524	28	3,018	1,361	7,835	4,103,334	5,541	1.0	65,765
Antineoplastic Agents	0.5	0.3	0.1	0.1	147	115	22	10	274	368	256	74	80,835	22,145,948	13,376	2.4	150,579
Endocrine/Metabolic Drugs	0.9	0.6	0.1	0.3	49	42	2	5	54	75	23	19	1,720,449	93,294,441	166,782	30.3	1,915,958
Cardiovascular Agents	1.6	0.8	0.1	0.7	67	44	5	18	42	58	49	24	5,069,507	210,972,838	273,773	49.7	3,136,088
Respiratory Agents	0.7	0.5	0.0	0.2	39	32	1	6	55	64	53	31	1,231,245	67,141,176	150,248	27.3	1,737,591
Gastrointestinal Agents	0.6	0.3	0.1	0.2	54	44	5	5	91	127	90	27	1,207,910	109,540,907	174,900	31.7	2,015,342
Genitourinary Agents	0.4	0.3	0.0	0.1	24	23	0	1	59	67	55	19	262,956	15,505,616	55,052	10.0	639,391
CNS Drugs	1.1	0.6	0.1	0.3	109	85	14	11	101	134	124	32	2,580,014	260,056,233	209,135	37.9	2,385,031
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.2	45	31	6	8	90	138	73	42	10,103	905,554	1,773	0.3	20,205
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	50	46	0	4	127	137	62	68	91,644	11,623,579	20,060	3.6	231,680
Analgesics and Anesthetics	0.5	0.3	0.0	0.2	35	27	3	5	65	103	86	19	1,295,290	83,999,092	211,104	38.3	2,434,083
Neuromuscular Agents	0.8	0.4	0.1	0.4	55	42	5	8	65	110	53	22	952,482	62,347,904	98,716	17.9	1,135,563
Nutritional Products	0.5	0.0	0.2	0.3	10	1	5	4	21	37	26	16	254,143	5,360,517	45,617	8.3	521,121
Hematological Agents	0.6	0.2	0.1	0.3	69	60	3	6	117	287	30	20	516,351	60,448,417	76,842	13.9	876,314
Topical Products	0.6	0.3	0.1	0.2	25	18	3	4	44	58	44	22	1,342,584	59,529,781	208,531	37.8	2,426,909
Miscellaneous Products	0.8	0.4	0.2	0.2	202	144	39	19	262	379	219	89	51,086	13,386,072	5,814	1.1	66,328
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	26	0	0	0	147,421	3,839,382	46,289	8.4	538,075
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.	17,651,655	1,187,963,115	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 D.6 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 2001. 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, 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 (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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

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	\$163,834,951	121,562	22.1 %	1,387,000	0.8	\$154	\$118
ULCER DRUGS	94,219,548	178,098	32.3	2,065,478	0.4	104	46
ANTIVIRAL	68,525,975	31,797	5.8	362,954	0.5	344	189
ANTIHYPERTENSIVE	65,902,754	116,389	21.1	1,354,330	0.6	82	49
ANTIDEPRESSANTS	63,703,358	136,877	24.8	1,579,133	0.6	73	40
ANTIDIABETIC	61,147,770	152,311	27.6	1,757,447	0.6	56	35
ANTIHYPERTENSIVE	56,461,899	205,094	37.2	2,373,184	0.6	41	24
ANALGESICS - ANTI-INFLAMMATORY	53,221,895	197,340	35.8	2,304,911	0.3	74	23
ANTICONVULSANT	52,227,716	79,799	14.5	921,842	0.7	79	57
CALCIUM BLOCKERS	44,114,941	110,123	20.0	1,273,576	0.7	53	35
Total	723,360,807	1,329,390		15,379,855	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	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	8,539,143	\$723,360,807	121,562	22.1 %	1,387,000	0.8	\$118	178,098	32.3 %	2,065,478	0.4	\$46
Female	5,499,875	424,020,485	68,463	19.5	779,221	0.7	101	122,199	34.7	1,421,352	0.4	45
Disabled	2,727,962	232,746,116	35,936	28.4	418,594	0.8	121	54,336	43.0	635,111	0.5	48
5 and younger	34	1,677	0	0.0	0	0.0	0	2	66.7	24	0.8	45
6-14	302	35,209	1	4.2	12	0.3	39	9	37.5	106	0.3	26
15-20	1,702	158,819	44	18.5	485	0.6	115	42	17.6	493	0.4	29
21-44	489,802	53,540,949	12,314	43.6	143,258	0.8	129	7,842	27.8	91,151	0.4	49
45-64	1,081,139	97,938,506	15,569	34.2	181,363	0.8	130	20,069	44.0	232,809	0.5	53
65-74	948,604	67,039,761	6,090	14.8	71,342	0.7	93	21,584	52.6	254,585	0.4	44
75-84	189,740	12,939,570	1,609	16.8	18,673	0.7	85	4,376	45.6	51,322	0.4	46
85 and older	16,639	1,091,625	309	17.7	3,461	0.7	71	412	23.6	4,621	0.5	46
Other Eligibles	2,771,913	191,274,369	32,527	14.4	360,627	0.6	78	67,863	30.1	786,241	0.4	42
5 and younger	13	1,905	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	24	3,177	0	0.0	0	0.0	0	1	25.0	12	0.1	16
15-20	168	17,694	3	8.3	36	0.8	216	4	11.1	48	0.3	20
21-44	18,612	2,360,265	410	23.4	4,283	0.5	88	404	23.1	4,375	0.4	38
45-64	28,706	2,485,236	300	17.4	3,074	0.6	88	671	38.9	7,179	0.4	38
65-74	939,738	64,134,038	5,947	10.0	67,541	0.6	88	23,175	39.1	269,476	0.4	40
75-84	1,232,794	84,141,259	12,307	14.2	138,258	0.7	81	29,979	34.6	349,817	0.4	43
85 and older	551,858	38,130,795	13,560	17.8	147,435	0.6	69	13,629	17.9	155,334	0.5	46
Male	3,039,268	299,340,322	53,099	26.7	607,779	0.8	140	55,899	28.1	644,126	0.4	47
Disabled	2,018,386	224,939,583	40,423	37.9	469,903	0.9	156	31,011	29.1	358,506	0.5	51
5 and younger	59	7,713	0	0.0	0	0.0	0	4	44.4	41	0.4	14
6-14	374	22,239	1	2.9	12	0.9	18	13	37.1	148	0.6	52
15-20	3,217	340,164	106	30.6	1,229	0.7	116	54	15.6	620	0.4	44
21-44	683,668	91,893,131	19,499	48.3	226,768	0.9	161	8,327	20.6	96,379	0.5	51
45-64	901,068	101,148,492	17,178	40.7	199,603	0.9	160	13,492	32.0	154,585	0.5	55
65-74	381,608	28,111,959	3,093	15.1	35,934	0.7	114	7,980	39.1	93,400	0.4	45
75-84	45,638	3,227,052	483	17.0	5,650	0.8	97	1,060	37.4	12,382	0.5	50
85 and older	2,754	188,833	63	16.5	707	0.7	77	81	21.3	951	0.4	40
Other Eligibles	1,020,882	74,400,739	12,676	13.7	137,876	0.7	87	24,888	26.9	285,620	0.4	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	11	1,038	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	113	8,041	3	13.6	36	0.6	85	3	13.6	36	0.8	41
21-44	17,453	2,586,398	362	24.0	3,704	0.5	90	306	20.3	3,230	0.4	42
45-64	30,214	3,659,524	321	16.7	3,331	0.5	91	525	27.2	5,529	0.4	44
65-74	453,188	32,298,638	3,819	10.6	42,970	0.7	106	10,747	29.8	123,853	0.4	41
75-84	410,260	28,253,291	5,087	14.2	55,455	0.7	83	10,348	28.8	119,526	0.4	42
85 and older	109,643	7,593,809	3,084	18.1	32,380	0.6	68	2,959	17.3	33,446	0.4	44
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 2001 file for New York, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 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, 2001

Beneficiary Characteristics	ANTIVIRAL					ANTIHYPERLIPIDEMIC					ANTIDEPRESSANTS				
	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	31,797	5.8 %	362,954	\$189	0.5	116,389	21.1 %	1,354,330	0.6	\$49	136,877	24.8 %	1,579,133	0.6	\$40
Female	10,925	3.1	126,010	138	0.4	78,972	22.4	921,379	0.6	49	90,990	25.9	1,052,611	0.5	39
Disabled	7,732	6.1	89,235	168	0.5	34,110	27.0	399,676	0.6	50	54,261	42.9	631,149	0.6	44
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	7	29.2	84	263	0.7	0	0.0	0	0.0	0	3	12.5	36	0.7	46
15-20	13	5.5	148	97	0.4	5	2.1	60	0.5	48	49	20.6	573	0.4	29
21-44	3,176	11.2	36,568	179	0.5	2,185	7.7	25,431	0.6	46	14,592	51.7	168,576	0.6	52
45-64	3,359	7.4	38,699	188	0.5	12,551	27.5	145,689	0.6	51	23,511	51.6	272,373	0.6	48
65-74	1,035	2.5	12,069	89	0.3	16,265	39.6	191,998	0.6	50	13,528	32.9	159,551	0.5	33
75-84	135	1.4	1,583	35	0.2	2,963	30.9	34,911	0.6	52	2,338	24.4	27,343	0.5	30
85 and older	7	0.4	84	15	0.2	141	8.1	1,587	0.6	46	240	13.7	2,697	0.5	32
Other Eligibles	3,193	1.4	36,775	64	0.3	44,862	19.9	521,703	0.6	47	36,729	16.3	421,462	0.5	31
5 and younger	1	100.0	12	4	0.1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	50.0	24	70	0.2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	2.8	6	10	0.2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	411	23.5	4,358	205	0.6	99	5.7	1,010	0.5	37	869	49.6	8,825	0.5	42
45-64	206	11.9	2,245	202	0.5	383	22.2	4,044	0.5	41	890	51.6	9,309	0.5	39
65-74	1,074	1.8	12,464	49	0.2	18,788	31.7	217,851	0.6	46	12,003	20.2	138,913	0.5	30
75-84	1,055	1.2	12,500	28	0.2	20,352	23.5	238,211	0.6	48	15,629	18.0	181,367	0.5	30
85 and older	443	0.6	5,166	10	0.1	5,240	6.9	60,587	0.6	48	7,338	9.7	83,048	0.5	31
Male	20,872	10.5	236,944	216	0.6	37,417	18.8	432,951	0.6	49	45,887	23.0	526,522	0.6	43
Disabled	17,987	16.9	204,686	225	0.6	20,746	19.5	240,860	0.6	51	33,787	31.7	389,602	0.6	48
5 and younger	1	11.1	12	467	0.7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	11.4	48	51	0.4	4	11.4	48	0.4	29	1	2.9	12	0.8	13
15-20	15	4.3	180	72	0.2	8	2.3	92	0.5	36	75	21.7	865	0.6	44
21-44	8,777	21.7	99,657	221	0.6	4,001	9.9	46,532	0.6	45	14,364	35.6	165,408	0.6	51
45-64	8,276	19.6	94,249	234	0.7	9,619	22.8	110,724	0.6	52	14,311	33.9	164,229	0.6	50
65-74	863	4.2	9,949	177	0.6	6,460	31.6	75,806	0.6	52	4,507	22.1	52,944	0.5	33
75-84	49	1.7	567	114	0.4	626	22.1	7,333	0.6	54	499	17.6	5,811	0.5	34
85 and older	2	0.5	24	4	0.1	28	7.3	325	0.4	33	30	7.9	333	0.5	25
Other Eligibles	2,885	3.1	32,258	161	0.5	16,671	18.0	192,091	0.6	47	12,100	13.1	136,920	0.5	30
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	12	18	0.1	1	25.0	12	0.1	9	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	633	42.0	6,805	208	0.6	150	9.9	1,571	0.5	38	688	45.6	6,972	0.5	36
45-64	679	35.2	7,417	244	0.7	442	22.9	4,636	0.6	47	693	36.0	7,131	0.5	40
65-74	964	2.7	10,894	148	0.5	8,494	23.5	97,813	0.6	47	4,813	13.3	55,359	0.5	30
75-84	519	1.4	6,092	53	0.2	6,573	18.3	76,477	0.6	48	4,524	12.6	52,018	0.4	29
85 and older	89	0.5	1,038	36	0.2	1,011	5.9	11,582	0.6	47	1,382	8.1	15,440	0.5	29
Unknown	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible 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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.7C
 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, 2001

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY						
	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	152,311	27.6 %	1,757,447	0.6	\$35	205,094	37.2 %	2,373,184	0.6	\$24	197,340	35.8 %	2,304,911	0.3	\$23
Female	103,807	29.5	1,201,895	0.6	34	136,774	38.9	1,587,861	0.6	24	139,981	39.8	1,638,636	0.3	25
Disabled	47,346	37.4	551,844	0.6	38	51,595	40.8	602,849	0.6	25	66,029	52.2	775,453	0.3	25
5 and younger	0	0.0	0	0.0	0	3	100.0	36	0.4	16	0	0.0	0	0.0	0
6-14	1	4.2	12	0.9	21	8	33.3	88	0.8	26	0	0.0	0	0.0	0
15-20	12	5.0	144	0.4	27	29	12.2	330	0.4	19	63	26.5	750	0.2	4
21-44	3,563	12.6	41,201	0.6	39	3,282	11.6	37,839	0.6	22	11,210	39.7	130,808	0.3	15
45-64	17,144	37.6	198,025	0.7	40	16,693	36.6	192,851	0.6	25	24,091	52.9	281,061	0.3	27
65-74	22,358	54.4	262,768	0.7	38	25,679	62.5	302,617	0.6	25	25,452	62.0	301,267	0.3	27
75-84	4,000	41.7	46,717	0.6	32	5,429	56.6	63,759	0.6	25	4,884	50.9	57,747	0.4	28
85 and older	268	15.3	2,977	0.6	28	472	27.0	5,329	0.6	23	329	18.8	3,820	0.4	28
Other Eligibles	56,461	25.0	650,051	0.6	31	85,179	37.8	985,012	0.6	23	73,952	32.8	863,183	0.3	26
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	2	50.0	24	0.3	15	0	0.0	0	0.0	0
15-20	1	2.8	12	0.7	36	6	16.7	72	0.6	35	7	19.4	70	0.2	4
21-44	214	12.2	2,209	0.5	36	172	9.8	1,785	0.5	19	730	41.7	7,585	0.2	15
45-64	674	39.0	7,259	0.6	38	654	37.9	6,883	0.6	23	973	56.4	10,530	0.3	23
65-74	22,770	38.4	261,980	0.6	34	28,775	48.5	332,517	0.6	23	27,811	46.9	324,192	0.3	24
75-84	25,142	29.0	291,625	0.6	31	39,111	45.2	455,902	0.6	24	32,139	37.1	378,091	0.3	27
85 and older	7,660	10.1	86,966	0.6	26	16,459	21.7	187,829	0.6	23	12,292	16.2	142,715	0.4	27
Male	48,504	24.4	555,552	0.6	36	68,320	34.3	785,323	0.6	24	57,359	28.8	666,275	0.3	18
Disabled	26,229	24.6	301,912	0.7	38	32,341	30.3	372,949	0.6	25	32,701	30.7	380,753	0.3	17
5 and younger	0	0.0	0	0.0	0	3	33.3	32	0.2	2	1	11.1	10	0.1	3
6-14	0	0.0	0	0.0	0	15	42.9	170	0.5	22	2	5.7	24	0.1	1
15-20	15	4.3	153	0.6	32	43	12.4	503	0.5	22	48	13.9	544	0.2	3
21-44	4,266	10.6	49,000	0.6	39	5,410	13.4	62,003	0.6	23	10,019	24.8	116,119	0.2	10
45-64	12,254	29.0	139,804	0.7	39	13,668	32.4	155,654	0.6	25	13,376	31.7	154,825	0.3	19
65-74	8,741	42.8	101,932	0.7	37	11,693	57.2	136,991	0.6	25	8,278	40.5	97,712	0.3	20
75-84	906	32.0	10,492	0.6	35	1,407	49.6	16,416	0.6	26	920	32.5	10,868	0.3	24
85 and older	47	12.3	531	0.6	31	102	26.8	1,180	0.5	19	57	15.0	651	0.3	23
Other Eligibles	22,275	24.1	253,640	0.6	32	35,979	38.9	412,374	0.6	23	24,658	26.6	285,522	0.3	20
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	1	25.0	12	0.6	47	1	25.0	12	0.1	6
15-20	0	0.0	0	0.0	0	3	13.6	22	0.7	26	2	9.1	18	0.1	4
21-44	166	11.0	1,712	0.7	44	231	15.3	2,365	0.5	20	515	34.2	5,384	0.2	12
45-64	683	35.4	7,109	0.6	33	693	36.0	7,111	0.6	22	816	42.3	8,587	0.3	18
65-74	11,226	31.1	127,887	0.6	34	16,182	44.8	185,444	0.6	23	11,356	31.5	131,596	0.3	19
75-84	8,483	23.6	97,561	0.6	32	15,050	41.9	174,090	0.6	24	9,562	26.6	112,088	0.3	21
85 and older	1,717	10.1	19,371	0.6	25	3,819	22.4	43,330	0.5	22	2,406	14.1	27,837	0.3	22
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible 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 D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.7D
 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, 2001

Beneficiary Characteristics	ANTICONVULSANT				CALCIUM BLOCKERS				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx								
All	79,799	14.5 %	921,842	0.7	\$57	110,123	20.0 %	1,273,576	\$35	0.7	551,094	5,973,304				
Female	44,733	12.7	517,655	0.7	51	79,417	22.6	920,730	35	0.7	351,922	3,830,397				
Disabled	29,815	23.6	347,305	0.7	62	28,813	22.8	336,160	36	0.7	126,483	1,430,861				
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0	0.0	3	36				
6-14	2	8.3	22	0.7	18	11	45.8	130	41	0.7	24	280				
15-20	51	21.4	572	0.7	54	27	11.3	324	33	0.6	238	2,626				
21-44	10,672	37.8	124,045	0.8	74	1,662	5.9	19,182	34	0.6	28,239	317,007				
45-64	13,119	28.8	152,619	0.8	65	9,255	20.3	106,658	37	0.7	45,572	509,785				
65-74	4,985	12.1	58,562	0.5	33	14,255	34.7	167,799	36	0.7	41,062	473,761				
75-84	886	9.2	10,343	0.6	28	3,285	34.2	38,512	35	0.7	9,598	108,971				
85 and older	100	5.7	1,142	0.6	31	318	18.2	3,555	35	0.7	1,747	18,395				
Other Eligibles	14,918	6.6	170,350	0.5	28	50,604	22.4	584,570	34	0.7	225,439	2,399,536				
5 and younger	0	0.0	0	0.0	0	1	100.0	12	155	1.0	1	12				
6-14	0	0.0	0	0.0	0	2	50.0	24	39	0.5	4	43				
15-20	4	11.1	47	0.6	60	4	11.1	40	73	0.7	36	338				
21-44	407	23.2	4,169	0.6	59	106	6.1	1,106	34	0.6	1,752	15,013				
45-64	331	19.2	3,442	0.6	44	343	19.9	3,570	38	0.7	1,726	15,829				
65-74	4,717	8.0	54,384	0.5	32	16,136	27.2	186,454	34	0.7	59,321	645,941				
75-84	6,346	7.3	73,247	0.5	25	23,319	26.9	271,340	34	0.7	86,608	943,843				
85 and older	3,113	4.1	35,061	0.5	23	10,693	14.1	122,024	33	0.7	75,991	778,517				
Male	35,066	17.6	404,187	0.8	64	30,706	15.4	352,846	35	0.6	199,172	2,142,907				
Disabled	27,754	26.0	321,805	0.8	72	14,643	13.7	168,601	37	0.7	106,599	1,186,576				
5 and younger	0	0.0	0	0.0	0	4	44.4	46	32	0.6	9	102				
6-14	4	11.4	44	1.1	31	11	31.4	126	42	0.7	35	392				
15-20	89	25.7	1,060	0.8	78	33	9.5	374	41	0.6	346	3,779				
21-44	13,110	32.5	152,168	0.9	81	2,319	5.7	26,555	37	0.6	40,378	450,748				
45-64	11,737	27.8	135,653	0.8	71	6,435	15.3	73,273	38	0.7	42,184	464,259				
65-74	2,494	12.2	29,133	0.6	38	5,165	25.3	60,364	36	0.7	20,432	231,663				
75-84	303	10.7	3,544	0.6	29	633	22.3	7,366	35	0.7	2,834	31,749				
85 and older	17	4.5	203	0.5	28	43	11.3	497	34	0.6	381	3,884				
Other Eligibles	7,312	7.9	82,382	0.6	33	16,063	17.4	184,245	33	0.6	92,573	956,331				
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0	0.0	1	4				
6-14	0	0.0	0	0.0	0	1	25.0	12	6	0.1	4	43				
15-20	4	18.2	42	1.0	44	1	4.5	12	83	0.5	22	202				
21-44	328	21.8	3,283	0.6	51	107	7.1	1,084	34	0.6	1,508	12,732				
45-64	326	16.9	3,366	0.6	46	306	15.9	3,210	33	0.6	1,927	16,934				
65-74	2,948	8.2	33,685	0.6	37	6,978	19.3	80,006	33	0.6	36,103	382,720				
75-84	2,868	8.0	32,732	0.6	29	6,880	19.1	79,580	33	0.6	35,935	378,066				
85 and older	838	4.9	9,274	0.5	23	1,790	10.5	20,341	31	0.6	17,073	165,630				
Unknown	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0				

Table D7D

Dual Eligible 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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

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	\$64	0.7	87,409	911,880
Age				
0-64	191	1.5	5,586	62,794
65-74	111	1.3	11,334	123,359
75-84	65	0.8	28,080	294,759
85 and older	31	0.3	42,409	430,968
Unknown	0	0.0	0	0
Gender				
Female	55	0.6	63,638	668,172
Male	87	0.8	23,771	243,708
Unknown	0	0.0	0	0
Race				
White	52	0.5	58,834	596,691
African American	91	0.9	5,754	61,040
Other/unknown	86	0.9	22,821	254,149
Basis of Eligibility^c				
Aged	49	0.5	76,126	784,595
Disabled	153	1.5	11,258	127,008
Adults	369	2.9	25	277
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 37,473 beneficiaries who were in nursing facilities for part of their enrollment and their 369,943 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	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	\$67	\$66	\$0	\$1	\$138	\$168	\$54	\$14	20,350	\$2,815,526	3,561	4.1 %	41,975
Biologics	0.1	0.1	0.0	0.0	21	1	20	0	231	10	8,102	23	258	59,476	234	0.3	2,788
Antineoplastic Agents	0.7	0.5	0.1	0.1	249	229	14	6	371	444	220	63	2,327	862,930	295	0.3	3,469
Endocrine/Metabolic Drugs	1.0	0.6	0.1	0.3	65	56	3	6	64	87	31	22	33,067	2,128,076	2,778	3.2	32,757
Cardiovascular Agents	1.9	0.9	0.2	0.9	77	50	7	20	41	57	46	23	110,285	4,483,689	4,937	5.6	58,185
Respiratory Agents	0.6	0.4	0.0	0.2	34	28	1	5	54	63	67	30	16,729	908,659	2,293	2.6	27,123
Gastrointestinal Agents	0.6	0.3	0.1	0.2	51	40	5	5	81	120	81	22	23,299	1,875,967	3,121	3.6	36,871
Genitourinary Agents	0.5	0.4	0.0	0.1	32	30	0	2	58	67	50	18	8,754	511,777	1,363	1.6	16,117
CNS Drugs	1.0	0.9	0.0	0.1	124	118	2	3	124	133	110	41	255,242	31,768,355	22,909	26.2	255,984
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.3	44	31	5	8	85	177	56	33	154	13,147	25	0.0	300
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	68	67	0	1	141	143	31	53	5,405	762,263	952	1.1	11,287
Analgesics and Anesthetics	0.5	0.3	0.0	0.2	33	28	2	3	64	88	66	17	20,344	1,298,431	3,315	3.8	39,223
Neuromuscular Agents	0.8	0.4	0.1	0.3	44	32	2	10	56	78	42	30	53,114	2,953,272	5,856	6.7	67,310
Nutritional Products	0.5	0.0	0.2	0.3	10	0	6	4	19	39	26	13	5,467	102,616	865	1.0	10,186
Hematological Agents	0.7	0.4	0.1	0.2	176	172	2	3	265	394	27	16	22,271	5,902,665	3,016	3.5	33,484
Topical Products	0.7	0.4	0.1	0.2	32	24	3	4	45	57	43	21	34,081	1,521,447	4,010	4.6	47,662
Miscellaneous Products	0.4	0.2	0.1	0.1	82	45	32	4	215	257	306	41	307	66,148	73	0.1	809
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	29	0	0	0	3,987	115,956	1,026	1.2	12,195
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.	615,441	58,150,400	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 37,473 beneficiaries who were in nursing facilities for part of their enrollment and their 369,943 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 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.
- 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, 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.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$29,659,435	22,758	26.0 %	253,151	0.9	\$135	\$117
HEMATOPOIETIC AGENTS	5,339,328	2,307	2.6	25,102	0.6	375	213
ANTICONVULSANT	2,668,882	5,541	6.3	63,620	0.7	58	42
ANTIVIRAL	2,355,284	860	1.0	9,677	1.2	207	243
ULCER DRUGS	1,672,247	3,123	3.6	37,022	0.5	99	45
ANTIDEPRESSANTS	1,349,432	3,384	3.9	40,209	0.5	67	34
ANTIHYPERTENSIVE	1,321,323	2,199	2.5	26,139	0.6	82	51
ANTIDIABETIC	1,252,509	4,274	4.9	50,871	0.6	42	25
ANTIALGESICS - ANTI-INFLAMMATORY	1,238,734	2,822	3.2	33,422	0.7	56	37
	947,389	3,125	3.6	37,249	0.3	74	25
Total	47,804,563	50,393		576,462	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 37,473 beneficiaries who were in nursing facilities for part of their enrollment and their 369,943 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS							
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Residents	NF	Mos among Users	No. of Bene Users	Mean No. of Rx	Users as %	Residents	NF	Mos among Users	No. of Bene Users	Mean No. of Rx
			22,758	26.0 %	253,151													
All	409,156	\$47,804,563	22,758	26.0 %	253,151	0.9	2,307	2.6 %	25,102	0.6	\$213							
Female	272,228	30,354,009	15,799	24.8	176,252	0.8	1,515	2.4	16,640	0.5	205							
Disabled	65,105	7,511,795	2,131	34.3	24,781	1.0	298	4.8	3,450	0.5	144							
64 or younger	28,494	3,734,760	931	37.2	10,814	1.1	204	4.4	1,247	0.6	167							
65-74	26,103	2,699,451	719	35.3	8,455	1.0	161	6.0	1,464	0.5	112							
75-84	8,406	857,974	333	31.6	3,834	0.9	125	4.9	612	0.6	150							
85 and older	2,102	219,610	148	23.9	1,678	0.8	90	2.1	127	0.5	267							
Other Eligibles	207,123	22,842,214	13,668	23.8	151,471	0.8	1,217	2.1	13,190	0.6	221							
64 or younger	209	15,410	6	42.9	56	0.6	95	0.0	0	0.0	0							
65-74	32,314	3,575,541	1,317	30.6	14,771	0.9	138	4.0	1,908	0.5	194							
75-84	92,152	9,780,057	4,968	27.0	55,790	0.9	112	2.6	5,311	0.5	181							
85 and older	82,448	9,471,206	7,377	21.3	80,854	0.8	87	1.6	5,971	0.6	265							
Male	136,928	17,450,554	6,959	29.3	76,899	0.9	133	3.3	8,462	0.6	228							
Disabled	54,168	7,895,977	1,929	38.2	22,323	1.1	193	4.4	2,510	0.6	196							
64 or younger	36,829	5,850,516	1,219	39.9	14,126	1.2	215	4.8	1,633	0.7	228							
65-74	14,034	1,728,964	552	37.0	6,385	0.9	168	3.8	674	0.5	154							
75-84	2,865	269,552	131	34.6	1,514	0.9	112	4.2	177	0.5	88							
85 and older	440	46,945	27	22.3	298	0.9	119	2.5	26	0.7	56							
Other Eligibles	82,760	9,554,577	5,030	26.9	54,576	0.8	108	3.0	5,952	0.6	241							
64 or younger	364	78,372	4	28.6	42	1.2	175	0.0	0	0.0	0							
65-74	22,997	2,781,320	1,147	32.7	12,880	0.9	134	3.7	1,382	0.6	221							
75-84	39,859	4,345,640	2,223	27.0	24,191	0.8	110	3.1	2,748	0.5	197							
85 and older	19,540	2,349,245	1,656	23.8	17,463	0.8	86	2.6	1,822	0.8	323							
Unknown	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0							

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 37,473 beneficiaries who were in nursing facilities for part of their enrollment and their 369,943 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

Beneficiary Characteristics	ANTICONVULSANT					ANTIVIRAL					ULCER DRUGS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	5,541	63,620	0.7	\$42	1.2	860	1.0 %	9,677	1.2	\$243	3,123	3.6 %	37,022	0.5	\$45
Female	3,382	38,923	0.7	38	1.2	199	0.3	2,235	1.2	191	2,270	3.6	26,967	0.4	44
Disabled	938	11,064	0.9	58	1.7	130	2.1	1,450	1.7	261	617	9.9	7,361	0.5	50
64 or younger	538	6,336	1.0	72	2.0	109	4.4	1,198	2.0	305	147	5.9	1,746	0.6	56
65-74	305	3,613	0.7	40	0.4	21	1.0	252	0.4	52	364	17.9	4,363	0.5	47
75-84	72	840	0.7	36	0.0	0	0.0	0	0.0	0	93	8.8	1,101	0.5	48
85 and older	23	275	0.7	29	0.0	0	0.0	0	0.0	0	13	2.1	151	0.5	51
Other Eligibles	2,444	27,859	0.6	30	0.3	69	0.1	785	0.3	63	1,653	2.9	19,606	0.4	42
64 or younger	5	60	0.6	42	0.0	0	0.0	0	0.0	0	1	7.1	12	0.3	28
65-74	464	5,298	0.7	40	0.4	19	0.4	185	0.3	94	347	8.1	4,121	0.4	44
75-84	1,078	12,347	0.6	31	0.4	37	0.2	444	0.4	70	972	5.3	11,554	0.4	40
85 and older	897	10,154	0.6	24	0.1	13	0.0	156	0.1	9	333	1.0	3,919	0.5	45
Male	2,159	24,697	0.8	48	1.2	661	2.8	7,442	1.2	259	853	3.6	10,055	0.5	49
Disabled	903	10,592	0.9	65	1.2	550	10.9	6,176	1.2	268	261	5.2	3,082	0.6	55
64 or younger	606	7,091	1.0	73	1.1	503	16.5	5,652	1.1	273	131	4.3	1,541	0.6	57
65-74	247	2,919	0.9	52	1.5	44	2.9	508	1.5	215	105	7.0	1,248	0.5	48
75-84	45	522	0.8	35	0.4	3	0.8	16	0.4	164	24	6.3	281	0.6	71
85 and older	5	60	0.6	42	0.0	0	0.0	0	0.0	0	1	0.8	12	0.7	101
Other Eligibles	1,256	14,105	0.7	35	1.3	111	0.6	1,266	1.3	215	592	3.2	6,973	0.5	46
64 or younger	3	30	0.5	41	0.9	21	150.0	252	0.9	260	1	7.1	12	1.0	116
65-74	367	4,168	0.8	44	1.8	61	1.7	682	1.8	252	133	3.8	1,590	0.5	51
75-84	633	7,115	0.7	34	0.5	23	0.3	260	0.5	132	358	4.3	4,237	0.4	45
85 and older	253	2,792	0.6	26	0.1	6	0.1	72	0.1	5	100	1.4	1,134	0.5	44
Unknown	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 37,473 beneficiaries who were in nursing facilities for part of their enrollment and their 369,943 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

Table D10B

Dual Eligible Beneficiaries

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE								
	Users as %					Users as %								
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	
All	3,384	40,209	0.5	\$34	2,199	2.5 %	26,139	0.6	\$51	4,274	4.9 %	50,871	0.6	\$25
Female	2,410	28,635	0.5	33	1,587	2.5	18,893	0.6	51	2,961	4.7	35,257	0.6	24
Disabled	711	8,455	0.6	40	454	7.3	5,412	0.7	58	758	12.2	9,054	0.6	25
64 or younger	223	2,632	0.7	51	116	4.6	1,381	0.7	62	158	6.3	1,878	0.7	24
65-74	409	4,891	0.5	36	269	13.2	3,219	0.7	56	459	22.5	5,489	0.6	26
75-84	69	812	0.5	32	64	6.1	752	0.7	57	129	12.3	1,543	0.6	26
85 and older	10	120	0.7	38	5	0.8	60	0.4	37	12	1.9	144	0.6	30
Other Eligibles	1,699	20,180	0.5	30	1,133	2.0	13,481	0.6	48	2,203	3.8	26,203	0.6	24
64 or younger	2	24	0.2	4	2	14.3	24	1.2	129	6	42.9	72	0.8	32
65-74	415	4,953	0.5	33	285	6.6	3,409	0.6	50	481	11.2	5,740	0.6	25
75-84	1,001	11,948	0.4	28	687	3.7	8,182	0.6	47	1,319	7.2	15,725	0.5	24
85 and older	281	3,255	0.5	34	159	0.5	1,866	0.6	48	397	1.1	4,666	0.6	22
Male	974	11,574	0.5	34	612	2.6	7,246	0.6	50	1,313	5.5	15,614	0.6	25
Disabled	325	3,845	0.6	47	193	3.8	2,270	0.7	52	349	6.9	4,150	0.7	26
64 or younger	184	2,168	0.7	51	91	3.0	1,067	0.7	54	154	5.0	1,830	0.7	27
65-74	117	1,389	0.6	44	85	5.7	999	0.6	50	159	10.6	1,888	0.6	25
75-84	20	240	0.7	35	14	3.7	168	0.7	49	33	8.7	396	0.7	25
85 and older	4	48	0.7	41	3	2.5	36	0.4	32	3	2.5	36	0.8	35
Other Eligibles	649	7,729	0.4	28	419	2.2	4,976	0.6	49	964	5.1	11,464	0.6	25
64 or younger	3	36	0.8	25	2	14.3	24	0.7	69	0	0.0	0	0.0	0
65-74	184	2,190	0.5	31	124	3.5	1,478	0.6	47	216	6.2	2,570	0.6	25
75-84	371	4,422	0.4	27	244	3.0	2,886	0.6	49	578	7.0	6,878	0.6	26
85 and older	91	1,081	0.4	28	49	0.7	588	0.6	51	170	2.4	2,016	0.5	21
Unknown	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2001 file for New York, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 37,473 beneficiaries who were in nursing facilities for part of their enrollment and their 369,943 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene Mos among Users		Mean Rx	Users as %		No. of Bene Mos among Users		Mean Rx		
	No. of Users	Residents	No. of Users	Residents		No. of Users	Residents	No. of Users	Residents			
All	2,822	3.2 %	33,422	0.7	\$37	3,125	3.6 %	37,249	0.3	\$25	87,409	911,880
Female	2,007	3.2	23,777	0.7	37	2,351	3.7	28,060	0.4	27	63,638	668,172
Disabled	648	10.4	7,721	0.7	41	651	10.5	7,791	0.4	30	6,210	70,363
64 or younger	165	6.6	1,963	0.7	44	155	6.2	1,847	0.4	27	2,503	28,304
65-74	368	18.1	4,396	0.7	40	391	19.2	4,685	0.4	30	2,036	23,526
75-84	108	10.3	1,283	0.8	42	94	8.9	1,127	0.5	36	1,053	11,921
85 and older	7	1.1	79	0.8	22	11	1.8	132	0.7	48	618	6,612
Other Eligibles	1,359	2.4	16,056	0.6	35	1,700	3.0	20,269	0.3	25	57,428	597,809
64 or younger	4	28.6	48	1.0	36	1	7.1	12	0.1	7	14	160
65-74	349	8.1	4,146	0.7	41	375	8.7	4,487	0.3	24	4,300	46,185
75-84	806	4.4	9,530	0.6	34	1,001	5.4	11,961	0.3	26	18,414	195,269
85 and older	200	0.6	2,332	0.6	28	323	0.9	3,809	0.4	27	34,700	356,195
Male	815	3.4	9,645	0.7	38	774	3.3	9,189	0.3	22	23,771	243,708
Disabled	252	5.0	2,949	0.7	41	217	4.3	2,562	0.4	22	5,048	56,645
64 or younger	125	4.1	1,458	0.8	39	98	3.2	1,153	0.4	20	3,055	34,186
65-74	105	7.0	1,227	0.7	42	103	6.9	1,217	0.3	22	1,493	16,984
75-84	20	5.3	240	0.7	44	13	3.4	156	0.6	42	379	4,199
85 and older	2	1.7	24	1.0	41	3	2.5	36	0.4	29	121	1,276
Other Eligibles	563	3.0	6,696	0.6	36	557	3.0	6,627	0.3	21	18,723	187,063
64 or younger	0	0.0	0	0.0	0	3	21.4	36	0.3	6	14	144
65-74	152	4.3	1,809	0.7	42	126	3.6	1,511	0.3	22	3,505	36,664
75-84	342	4.2	4,063	0.6	36	347	4.2	4,135	0.3	21	8,234	83,370
85 and older	69	1.0	824	0.5	26	81	1.2	945	0.3	21	6,970	66,885
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 2001 file for New York, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 37,473 beneficiaries who were in nursing facilities for part of their enrollment and their 369,943 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW YORK, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene	Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes	
									49.0 %
All	269,809	49.0 %	4.7	2,584,678	\$53	\$29,381,866	\$11	2.5 %	551,094
Age									
5 and younger	10	71.4	13.4	187	478	6,688	36	6.8	14
6-14	45	67.2	10.3	693	161	10,794	16	2.5	67
15-20	220	34.3	2.5	1,595	86	55,404	35	3.8	642
21-44	32,986	45.9	4.1	298,283	84	6,021,928	20	2.7	71,877
45-64	53,963	59.0	6.5	593,485	102	9,304,814	16	2.9	91,409
65-74	90,765	57.8	5.2	809,203	46	7,244,451	9	2.2	156,918
75-84	65,043	48.2	4.6	615,861	36	4,861,558	8	2.1	134,975
85 and older	26,777	28.1	2.8	265,371	20	1,876,229	7	2.1	95,192
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	133,314	42.9	3.9	1,203,054	30	9,326,629	8	2.1	311,060
Disabled	133,173	57.1	5.8	1,359,772	83	19,311,156	14	2.7	233,082
Adults	3,308	47.9	3.1	21,686	107	742,505	34	3.9	6,912
Children	14	35.0	4.2	166	39	1,576	9	1.1	40
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	178,179	50.6	4.9	1,741,953	54	19,100,455	11	2.7	351,922
Male	91,630	46.0	4.2	842,725	52	10,281,411	12	2.1	199,172
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	100,519	41.0	4.4	1,072,906	57	14,075,899	13	2.7	245,278
African American	38,477	54.1	4.9	346,508	51	3,597,759	10	2.1	71,099
Other/unknown	130,813	55.7	5.0	1,165,264	50	11,708,208	10	2.4	234,717
Use of Nursing Facilities^d									
Entire year	4,806	5.5	0.7	58,866	6	521,884	9	0.9	87,409
Part year	13,098	35.0	3.0	114,253	27	1,010,714	9	2.0	37,473
None	251,905	59.1	5.7	2,411,559	65	27,849,268	12	2.6	426,212
Maintenance Assistance Status									
Cash	195,359	62.0	5.9	1,871,756	63	19,694,519	11	2.5	315,016
Medically needy	71,232	31.0	3.0	689,319	39	9,062,492	13	2.5	229,708
Poverty related	0	0.0	0.0	0	0	0	0	0.0	3
Other/unknown	3,218	50.5	3.7	23,603	98	624,855	26	2.3	6,367

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
 - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW YORK, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	0.4	\$5	\$11	\$0	\$2	5,973,304
Age						
5 and younger	1.2	43	36	0	0	154
6-14	0.9	14	16	0	0	758
15-20	0.2	8	35	0	0	6,945
21-44	0.4	8	20	0	3	795,500
45-64	0.6	9	16	0	3	1,006,807
65-74	0.5	4	9	0	1	1,734,085
75-84	0.4	3	8	0	1	1,462,629
85 and older	0.3	2	7	0	0	966,426
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	3	8	0	1	3,295,058
Disabled	0.5	7	14	0	3	2,617,437
Adults	0.4	12	34	0	3	60,433
Children	0.4	4	9	0	0	376
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	5	11	0	1	3,830,397
Male	0.4	5	12	0	2	2,142,907
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	5	13	0	2	2,592,808
African American	0.5	5	10	0	1	765,412
Other/unknown	0.4	4	10	0	1	2,615,084
Use of Nursing Facilities^d						
Entire year	0.1	1	9	0	0	911,880
Part year	0.3	3	9	0	1	369,943
None	0.5	6	12	0	2	4,691,481
Maintenance Assistance Status						
Cash	0.5	5	11	0	2	3,602,800
Medically needy	0.3	4	13	0	1	2,313,656
Poverty related	0.0	0	0	0	0	34
Other/unknown	0.4	11	26	0	3	56,814

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 NEW YORK, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	365,215	\$80	\$29,381,866	100.0 %	2,584,678	\$11	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	8	297	2,375	0.0	29	82	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	31,269	117	3,671,395	12.5	71,877	51	2.8
Vitamins and minerals	42,857	118	5,058,802	17.2	237,202	21	9.2
Non-prescription drugs	232,700	27	6,302,241	21.4	1,951,102	3	75.5
Barbiturates	4,111	68	280,507	1.0	41,048	7	1.6
Benzodiazepines	43,473	209	9,081,766	30.9	243,475	37	9.4
Other Part D Excl Rx Drugs	10,797	462	4,984,780	17.0	39,945	125	1.5

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEW YORK, 2001

Total Number of Dual Eligible Beneficiaries 551,094
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$1,187,963,115
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,156

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	137,009	24.9 %	\$0	0.0 %
1-500	80,391	14.6	17,630,938	1.5
501-1,000	54,933	10.0	40,938,269	3.4
1,001-1,500	45,195	8.2	56,184,165	4.7
1,501-2,000	39,589	7.2	69,083,843	5.8
2,001-2,500	32,916	6.0	73,855,616	6.2
2,501-3,000	26,994	4.9	74,054,024	6.2
3,001-3,500	22,587	4.1	73,215,836	6.2
3,501-4,000	18,755	3.4	70,175,892	5.9
4,001-4,500	15,206	2.8	64,491,986	5.4
4,501-5,000	12,368	2.2	58,683,140	4.9
5,001-5,500	10,155	1.8	53,228,935	4.5
5,501-6,000	8,400	1.5	48,241,137	4.1
6,001-6,500	6,923	1.3	43,220,059	3.6
6,501-7,000	5,653	1.0	38,130,576	3.2
7,001-7,500	4,699	0.9	34,019,410	2.9
7,501-8,000	3,765	0.7	29,178,957	2.5
8,001-8,500	3,179	0.6	26,202,511	2.2
8,501-9,000	2,707	0.5	23,663,028	2.0
9,001-9,500	2,247	0.4	20,768,587	1.7
9,501-10,000	1,998	0.4	19,468,246	1.6
10,001+	15,425	2.8	253,527,960	21.3

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. 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 2001.

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, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 157,028
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$524,812,598
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,342

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
		14.9 %	0		0.0 %
\$0	23,401			0	
1-500	25,781	16.4	5,211,220	1.0	1.0
501-1,000	14,245	9.1	10,520,629	2.0	2.0
1,001-1,500	11,273	7.2	14,018,489	2.7	2.7
1,501-2,000	9,703	6.2	16,940,666	3.2	3.2
2,001-2,500	8,525	5.4	19,163,746	3.7	3.7
2,501-3,000	7,364	4.7	20,223,846	3.9	3.9
3,001-3,500	6,454	4.1	20,926,339	4.0	4.0
3,501-4,000	5,713	3.6	21,403,272	4.1	4.1
4,001-4,500	5,227	3.3	22,187,421	4.2	4.2
4,501-5,000	4,454	2.8	21,129,898	4.0	4.0
5,001-5,500	3,913	2.5	20,529,579	3.9	3.9
5,501-6,000	3,507	2.2	20,152,420	3.8	3.8
6,001-6,500	3,084	2.0	19,248,738	3.7	3.7
6,501-7,000	2,734	1.7	18,446,042	3.5	3.5
7,001-7,500	2,402	1.5	17,395,023	3.3	3.3
7,501-8,000	2,014	1.3	15,610,827	3.0	3.0
8,001-8,500	1,799	1.1	14,830,611	2.8	2.8
8,501-9,000	1,607	1.0	14,045,912	2.7	2.7
9,001-9,500	1,366	0.9	12,622,012	2.4	2.4
9,501-10,000	1,281	0.8	12,483,431	2.4	2.4
10,001+	11,181	7.1	187,722,477	35.8	35.8

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.

- 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 2001.
- Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEW YORK, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+ 387,085
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$643,641,365
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,663

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+ 29:0 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	112,178		0	0.0 %
1-500	53,084	13.7	12,121,452	1.9
501-1,000	39,914	10.3	29,838,916	4.6
1,001-1,500	33,416	8.6	41,538,157	6.5
1,501-2,000	29,465	7.6	51,407,829	8.0
2,001-2,500	24,088	6.2	54,011,107	8.4
2,501-3,000	19,371	5.0	53,119,493	8.3
3,001-3,500	15,900	4.1	51,531,838	8.0
3,501-4,000	12,852	3.3	48,061,199	7.5
4,001-4,500	9,833	2.5	41,687,154	6.5
4,501-5,000	7,806	2.0	37,038,819	5.8
5,001-5,500	6,143	1.6	32,180,312	5.0
5,501-6,000	4,791	1.2	27,502,928	4.3
6,001-6,500	3,742	1.0	23,365,471	3.6
6,501-7,000	2,863	0.7	19,305,709	3.0
7,001-7,500	2,244	0.6	16,241,175	2.5
7,501-8,000	1,693	0.4	13,118,414	2.0
8,001-8,500	1,340	0.3	11,043,212	1.7
8,501-9,000	1,059	0.3	9,259,505	1.4
9,001-9,500	838	0.2	7,750,203	1.2
9,501-10,000	682	0.2	6,643,434	1.0
10,001+	3,783	1.0	56,875,038	8.8

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. 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 2001.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 NEW YORK, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74 156,918
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$323,967,354
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,065

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	28,081	17.9 %	0	0.0 %
1-500	23,556	15.0	5,321,468	1.6
501-1,000	17,627	11.2	13,165,929	4.1
1,001-1,500	15,202	9.7	18,912,502	5.8
1,501-2,000	13,424	8.6	23,436,159	7.2
2,001-2,500	11,259	7.2	25,258,784	7.8
2,501-3,000	9,144	5.8	25,073,645	7.7
3,001-3,500	7,558	4.8	24,516,217	7.6
3,501-4,000	6,355	4.0	23,757,692	7.3
4,001-4,500	4,798	3.1	20,341,851	6.3
4,501-5,000	3,886	2.5	18,449,591	5.7
5,001-5,500	3,193	2.0	16,732,994	5.2
5,501-6,000	2,470	1.6	14,181,195	4.4
6,001-6,500	2,033	1.3	12,699,954	3.9
6,501-7,000	1,561	1.0	10,525,824	3.2
7,001-7,500	1,219	0.8	8,822,132	2.7
7,501-8,000	936	0.6	7,252,555	2.2
8,001-8,500	791	0.5	6,520,648	2.0
8,501-9,000	603	0.4	5,273,735	1.6
9,001-9,500	477	0.3	4,410,246	1.4
9,501-10,000	409	0.3	3,986,321	1.2
10,001+	2,336	1.5	35,327,912	10.9

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. 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 2001.
 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 75 TO 84^{a, b}
 NEW YORK, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84 134,975
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$230,978,782
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,711

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	37,047	27.4 %	0	0.0 %
1-500	17,504	13.0	4,041,276	1.7
501-1,000	13,894	10.3	10,404,336	4.5
1,001-1,500	11,923	8.8	14,843,389	6.4
1,501-2,000	10,745	8.0	18,737,423	8.1
2,001-2,500	8,925	6.6	20,013,350	8.7
2,501-3,000	7,261	5.4	19,916,106	8.6
3,001-3,500	5,985	4.4	19,384,444	8.4
3,501-4,000	4,740	3.5	17,734,195	7.7
4,001-4,500	3,747	2.8	15,886,780	6.9
4,501-5,000	2,970	2.2	14,082,637	6.1
5,001-5,500	2,289	1.7	11,983,426	5.2
5,501-6,000	1,775	1.3	10,190,795	4.4
6,001-6,500	1,312	1.0	8,186,671	3.5
6,501-7,000	1,020	0.8	6,878,263	3.0
7,001-7,500	817	0.6	5,915,164	2.6
7,501-8,000	615	0.5	4,764,404	2.1
8,001-8,500	417	0.3	3,434,167	1.5
8,501-9,000	360	0.3	3,147,461	1.4
9,001-9,500	289	0.2	2,674,966	1.2
9,501-10,000	218	0.2	2,122,455	0.9
10,001+	1,122	0.8	16,637,074	7.2

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. 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 2001.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEW YORK, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 95,192
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$88,695,229
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$932

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	47,050	49.4 %	0	0.0 %
1-500	12,024	12.6	2,758,708	3.1
501-1,000	8,393	8.8	6,268,651	7.1
1,001-1,500	6,291	6.6	7,782,266	8.8
1,501-2,000	5,296	5.6	9,234,247	10.4
2,001-2,500	3,904	4.1	8,738,973	9.9
2,501-3,000	2,966	3.1	8,129,742	9.2
3,001-3,500	2,357	2.5	7,631,177	8.6
3,501-4,000	1,757	1.8	6,569,312	7.4
4,001-4,500	1,288	1.4	5,458,523	6.2
4,501-5,000	950	1.0	4,506,591	5.1
5,001-5,500	661	0.7	3,463,892	3.9
5,501-6,000	546	0.6	3,130,938	3.5
6,001-6,500	397	0.4	2,478,846	2.8
6,501-7,000	282	0.3	1,901,622	2.1
7,001-7,500	208	0.2	1,503,879	1.7
7,501-8,000	142	0.1	1,101,455	1.2
8,001-8,500	132	0.1	1,088,397	1.2
8,501-9,000	96	0.1	838,309	0.9
9,001-9,500	72	0.1	664,991	0.7
9,501-10,000	55	0.1	534,658	0.6
10,001+	325	0.3	4,910,052	5.5

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. 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 2001.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

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, 2001

Beneficiary Characteristics	No. of Benes				No. of Bene Mos							
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	560,735	316,040	236,962	7,691	42	0	6,118,935	3,368,208	2,679,065	71,275	387	0
Age												
5 and younger	16	0	12	0	4	0	160	0	138	0	22	0
6-14	69	0	61	0	8	0	792	0	706	0	86	0
15-20	664	0	605	30	29	0	7,328	0	6,757	300	271	0
21-44	73,163	0	69,560	3,602	1	0	816,178	0	783,644	32,526	8	0
45-64	93,158	54	89,074	4,030	0	0	1,034,257	540	995,511	38,206	0	0
65-74	160,058	97,126	62,905	27	0	0	1,782,308	1,055,389	726,694	225	0	0
75-84	137,075	124,477	12,597	1	0	0	1,492,618	1,349,546	143,060	12	0	0
85 and older	96,532	94,383	2,148	1	0	0	985,294	962,733	22,555	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	358,674	225,702	129,026	3,921	25	0	3,931,392	2,423,068	1,470,994	37,084	246	0
Male	202,061	90,338	107,936	3,770	17	0	2,187,543	945,140	1,208,071	34,191	141	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	248,036	140,923	104,412	2,689	12	0	2,637,432	1,431,436	1,181,909	23,989	98	0
African American	73,571	34,442	36,691	2,428	10	0	801,493	369,825	409,036	22,536	96	0
Other/unknown	239,128	140,675	95,859	2,574	20	0	2,680,010	1,566,947	1,088,120	24,750	193	0
Use of Nursing Facilities^c												
Entire year	87,418	76,128	11,265	25	0	0	912,028	784,647	127,104	277	0	0
Part year	37,496	30,577	6,859	60	0	0	372,223	296,766	74,873	584	0	0
None	435,821	209,335	218,838	7,606	42	0	4,834,684	2,286,795	2,477,088	70,414	387	0
Maintenance Assistance Status												
Cash	321,166	156,117	163,254	1,785	10	0	3,696,506	1,785,447	1,894,041	16,932	86	0
Medically needy	232,549	158,359	72,684	1,480	26	0	2,356,563	1,567,794	774,087	14,453	229	0
Poverty related	3	0	0	2	1	0	34	0	0	22	12	0
Other/unknown	7,017	1,564	1,024	4,424	5	0	65,832	14,967	10,937	39,868	60	0
Dual Status^d												
Full dual, all year	560,416	315,828	236,857	7,689	42	0	6,115,471	3,365,867	2,677,957	71,260	387	0
Full dual, part year	319	212	105	2	0	0	3,464	2,341	1,108	15	0	0
Managed Care Status												
FFS all year	544,583	308,244	230,030	6,271	38	0	5,936,174	3,279,493	2,599,274	57,050	357	0
FFS part year, with Rx claims	5,544	2,161	2,804	577	2	0	63,346	24,790	32,421	6,111	24	0
FFS part year, no Rx claims	967	655	248	64	0	0	9,458	6,423	2,485	550	0	0
MC all year, with Rx claims	5,004	1,426	2,889	688	1	0	57,485	16,748	33,591	7,142	4	0
MC all year, no Rx claims	4,637	3,554	991	91	1	0	52,472	40,754	11,294	422	2	0

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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2001. 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^a
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2001

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
All	560,735	6,118,935	551,094	5,973,304	0	145,631
FFS all year	544,583	5,936,174	544,583	5,936,174	0	0
FFS part year, with Rx claims	5,544	63,346	5,544	33,295	0	30,051
FFS part year, with no Rx claims	967	9,458	967	3,835	0	5,623
MC all year, with Rx claims	5,004	57,485	0	0	0	57,485
MC all year, with no Rx claims	4,637	52,472	0	0	0	52,472

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.