

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 NEW MEXICO

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW MEXICO, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	465,415 (A)	44,589 (E)	420,826 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	453,692 (B)	34,609 (F)	419,083 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	260,657 (C)	33,812 (G)	226,845 (K)
4. Benes who were all-year nursing facility residents ^f	4,545 (D)	4,181 (H)	364 (L)

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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.
- Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2002, 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 19 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 19 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.
- The total Medicaid pharmacy reimbursement for New Mexico in 2002 was \$75,710,436, of which \$81,584 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.
- Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 1.2 percent were restricted benefit months without a pharmacy benefit in New Mexico, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NEW MEXICO, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	260,657	16,142	30,470	75,800	138,157	88	1,576,011	164,952	279,245	500,989	630,425	400					
Age																	
5 and younger	52,720	2	658	0	52,060	0	214,019	12	4,217	0	209,790	0					
6-14	61,563	2	1,323	0	60,238	0	309,872	4	10,114	0	299,754	0					
15-20	33,374	0	1,158	6,383	25,826	7	161,380	0	7,872	32,710	120,771	27					
21-44	74,399	3	9,025	65,315	22	34	523,536	14	78,625	444,652	80	165					
45-64	15,581	2	11,452	4,077	3	47	125,679	13	101,949	23,495	14	208					
65-74	9,619	4,872	4,725	21	1	0	102,483	49,955	52,413	113	2	0					
75-84	7,765	6,160	1,602	3	0	0	82,988	64,725	18,253	10	0	0					
85 and older	5,628	5,101	526	1	0	0	56,037	50,229	5,799	9	0	0					
Unknown	8	0	1	0	7	0	17	0	3	0	14	0					
Gender																	
Female	163,000	11,233	16,231	66,579	68,869	88	1,049,958	116,336	152,874	468,556	311,792	400					
Male	97,639	4,909	14,230	9,221	69,279	0	525,903	48,616	126,282	32,433	318,572	0					
Unknown	18	0	9	0	9	0	150	0	89	0	61	0					
Race																	
White	62,566	7,013	11,013	19,726	24,782	32	339,724	69,218	97,956	117,695	54,698	157					
African American	4,774	218	769	1,440	2,345	2	19,885	2,232	6,019	6,928	4,703	3					
Other/unknown	193,317	8,911	18,688	54,634	111,030	54	1,216,402	93,502	175,270	376,366	571,024	240					
Use of Nursing Facilities^c																	
Entire year	4,545	3,772	773	0	0	0	45,191	36,756	8,435	0	0	0					
Part year	2,178	1,591	584	3	0	0	19,770	14,501	5,255	14	0	0					
None	253,934	10,779	29,113	75,797	138,157	88	1,511,050	113,695	265,555	500,975	630,425	400					
Maintenance Assistance Status																	
Cash	108,975	9,299	27,378	32,761	39,537	0	681,017	101,936	252,886	136,788	189,407	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	94,738	156	981	8,180	85,333	88	432,314	1,443	6,076	35,712	388,663	400					
Other/unknown	56,944	6,687	2,111	34,859	13,287	0	462,680	61,573	20,283	328,489	52,335	0					
Dual Medicare Status^d																	
Full dual, all year	32,948	15,193	17,451	300	4	0	346,180	156,472	187,471	2,199	38	0					
Full dual, part year	864	503	331	30	0	0	8,674	5,240	3,153	281	0	0					
Non-dual, all year	226,845	446	12,688	75,470	138,153	88	1,221,157	3,240	88,621	498,509	630,387	400					
Managed Care Status																	
FFS all year	136,178	15,651	23,384	42,180	54,881	82	1,246,332	162,014	249,824	383,485	450,639	370					
FFS part year, with Rx claims	30,933	271	3,736	11,183	15,741	2	101,099	1,794	17,475	42,973	38,849	8					
FFS part year, no Rx claims	93,546	220	3,350	22,437	67,535	4	228,580	1,144	11,946	74,531	140,937	22					

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NEW MEXICO, 2002

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	34.2 %	5.9	\$290	\$49	\$3,898	7.4 %	260,657
Age							
5 and younger	25.9	0.8	20	25	2,024	1.0	52,720
6-14	21.7	0.7	29	40	1,280	2.3	61,563
15-20	27.7	1.1	44	41	2,350	1.9	33,374
21-44	33.4	3.4	207	60	3,316	6.2	74,399
45-64	57.6	21.6	1,230	57	10,658	11.5	15,581
65-74	78.4	33.6	1,520	45	10,115	15.0	9,619
75-84	84.8	38.7	1,726	45	15,487	11.1	7,765
85 and older	87.7	37.7	1,557	41	21,653	7.2	5,628
Unknown	0.0	0.0	0	0	0	0.0	8
Basis of Eligibility^c							
Aged	81.0	34.4	1,505	44	15,320	9.8	16,142
Disabled	69.1	26.2	1,484	57	13,740	10.8	30,470
Adults	29.4	1.3	43	33	1,789	2.4	75,800
Children	23.6	0.7	21	29	1,548	1.3	138,157
Unknown	59.1	6.1	418	68	8,256	5.1	88
Gender							
Female	35.8	6.6	304	46	3,852	7.9	163,000
Male	31.6	4.9	268	55	3,976	6.7	97,639
Unknown	55.6	8.8	328	37	5,022	6.5	18
Race							
White	38.7	10.9	558	51	5,920	9.4	62,566
African American	28.6	6.3	302	48	3,690	8.2	4,774
Other/unknown	32.9	4.3	203	47	3,249	6.3	193,317
Use of Nursing Facilities^d							
Entire year	96.5	61.2	2,777	45	35,070	7.9	4,545
Part year	93.5	45.9	2,303	50	26,349	8.7	2,178
None	32.6	4.6	228	49	3,148	7.3	253,934

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	42.2	9.2	466	50	4,739	9.8	108,975
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	25.4	0.9	31	35	1,791	1.7	94,738
Other/unknown	33.7	8.1	386	48	5,797	6.7	56,944

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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

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

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

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

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW MEXICO, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	1.0	\$48	7.4 %	65.8 %	22.0 %	3.7 %	5.0 %	2.8 %	0.7 %	\$645	260,657	1,576,011
Age												
5 and younger	0.2	5	1.0	74.1	22.1	2.5	1.2	0.1	0.0	499	52,720	214,019
6-14	0.1	6	2.3	78.3	18.6	2.0	1.0	0.1	0.0	254	61,563	309,872
15-20	0.2	9	1.9	72.3	23.3	2.8	1.4	0.2	0.0	486	33,374	161,380
21-44	0.5	29	6.2	66.6	25.0	3.2	3.5	1.3	0.3	471	74,399	523,536
45-64	2.7	153	11.5	42.4	20.0	7.8	15.7	10.6	3.6	1,321	15,581	125,679
65-74	3.2	143	15.0	21.6	23.4	11.2	23.6	15.7	4.4	949	9,619	102,483
75-84	3.6	162	11.1	15.2	20.1	11.6	27.9	20.3	4.8	1,449	7,765	82,988
85 and older	3.8	156	7.2	12.3	17.7	12.2	32.1	22.2	3.6	2,175	5,628	56,037
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	8	17
Basis of Eligibility^c												
Aged	3.4	147	9.8	19.0	20.1	11.5	27.2	18.2	4.0	1,499	16,142	164,952
Disabled	2.9	162	10.8	30.9	24.2	9.6	19.0	12.6	3.7	1,499	30,470	279,245
Adults	0.2	7	2.4	70.6	24.8	2.4	1.8	0.4	0.1	271	75,800	500,989
Children	0.2	5	1.3	76.4	20.2	2.3	1.1	0.1	0.0	339	138,157	630,425
Unknown	1.4	92	5.1	40.9	28.4	9.1	19.3	2.3	0.0	1,816	88	400
Gender												
Female	1.0	47	7.9	64.2	23.0	3.6	5.2	3.1	0.8	598	163,000	1,049,958
Male	0.9	50	6.7	68.4	20.3	3.9	4.7	2.2	0.5	738	97,639	525,903
Unknown	1.1	39	6.5	44.4	44.4	0.0	5.6	5.6	0.0	603	18	150
Race												
White	2.0	103	9.4	61.3	17.3	5.3	8.6	5.8	1.7	1,090	62,566	339,724
African American	1.5	73	8.2	71.4	14.3	4.5	5.6	3.4	0.8	886	4,774	19,885
Other/unknown	0.7	32	6.3	67.1	23.7	3.2	3.8	1.8	0.4	516	193,317	1,216,402
Use of Nursing Facilities^d												
Entire year	6.2	279	7.9	3.5	7.7	8.6	33.4	35.0	11.7	3,527	4,545	45,191
Part year	5.1	254	8.7	6.5	13.2	13.2	31.5	27.4	8.2	2,903	2,178	19,770
None	0.8	38	7.3	67.4	22.3	3.6	4.3	2.0	0.4	529	253,934	1,511,050

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	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				
Maintenance Assistance Status												
Cash	1.5	75	9.8	57.8	23.0	5.7	8.3	4.2	1.0	758	108,975	681,017
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	7	1.7	74.6	21.5	2.4	1.2	0.2	0.0	392	94,738	432,314
Other/unknown	1.0	48	6.7	66.3	20.9	2.3	4.9	4.3	1.2	713	56,944	462,680

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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

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

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

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NEW MEXICO, 2002

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	1.0	\$48	0.4	\$34	0.1	\$41	0.5	\$19
Age								
5 and younger	0.2	5	0.0	3	0.0	0	0.1	2
6-14	0.1	6	0.0	4	0.0	1	0.1	1
15-20	0.2	9	0.1	6	0.0	1	0.1	2
21-44	0.5	29	0.2	21	0.1	3	0.3	5
45-64	2.7	153	1.1	112	0.3	12	1.4	28
65-74	3.2	143	1.3	102	0.3	11	1.6	30
75-84	3.6	162	1.5	115	0.4	13	1.8	34
85 and older	3.8	156	1.4	110	0.4	13	2.0	34
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	3.4	147	1.3	105	0.3	12	1.7	31
Disabled	2.9	162	1.1	119	0.3	13	1.4	30
Adults	0.2	7	0.1	3	0.0	1	0.1	2
Children	0.2	5	0.0	3	0.0	1	0.1	1
Unknown	1.4	92	0.5	74	0.0	1	0.8	16
Gender								
Female	1.0	47	0.4	33	0.1	4	0.5	10
Male	0.9	50	0.3	36	0.1	4	0.5	10
Unknown	1.1	39	0.4	30	0.1	3	0.6	7
Race								
White	2.0	103	0.8	74	0.2	8	1.0	20
African American	1.5	73	0.5	50	0.1	7	0.8	16
Other/unknown	0.7	32	0.3	23	0.1	3	0.4	7
Use of Nursing Facilities^e								
Entire year	6.2	279	2.4	204	0.7	22	3.0	53
Part year	5.1	254	2.0	191	0.5	17	2.5	46
None	0.8	38	0.3	27	0.1	4	0.4	8

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
Maintenance Assistance Status								
Cash	1.5	75	0.6	50	0.1	6	0.8	15
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.2	7	0.1	35	0.0	1	0.1	2
Other/unknown	1.0	48	0.4	48	0.1	4	0.5	9

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 1.1 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_mddeb.asp (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NEW MEXICO, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos			
		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name				%				
Anti-infective Agents	0.3	0.1	0.0	0.2	\$13	\$10	\$1	\$2	\$48	\$98	\$74	\$14	103,038	\$4,973,232	44,574	17.1	388,524
Biologics	0.1	0.1	0.0	0.0	9	9	0	1	92	111	1,091	22	1,543	141,217	1,366	0.5	14,998
Antineoplastic Agents	0.5	0.2	0.0	0.3	88	69	2	17	172	348	70	60	6,080	1,044,738	1,185	0.5	11,854
Endocrine/Metabolic Drugs	0.8	0.3	0.2	0.3	28	18	4	6	36	55	28	21	225,594	8,218,932	29,758	11.4	289,446
Cardiovascular Agents	1.4	0.4	0.2	0.8	45	26	6	13	32	59	32	17	302,574	9,710,108	20,867	8.0	214,215
Respiratory Agents	0.5	0.2	0.0	0.2	23	16	3	4	45	65	67	20	132,045	5,959,644	30,766	11.8	257,719
Gastrointestinal Agents	0.6	0.3	0.0	0.3	51	42	1	7	78	130	80	24	106,463	8,319,263	16,437	6.3	164,580
Genitourinary Agents	0.4	0.3	0.0	0.1	21	18	1	2	50	67	45	18	25,700	1,297,267	6,411	2.5	62,568
CNS Drugs	1.1	0.5	0.0	0.5	76	60	4	12	72	116	92	25	216,691	15,525,782	21,698	8.3	203,411
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	27	12	6	10	52	84	58	35	5,078	264,034	1,479	0.6	9,625
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.1	80	78	0	2	133	141	0	40	7,953	1,057,221	1,285	0.5	13,239
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	23	16	2	6	44	116	46	16	165,685	7,251,925	33,821	13.0	314,682
Neuromuscular Agents	0.8	0.3	0.1	0.4	47	31	6	10	56	101	47	24	93,037	5,176,726	11,504	4.4	110,923
Nutritional Products	0.5	0.0	0.0	0.4	7	0	1	6	15	19	19	15	43,629	656,700	10,614	4.1	90,790
Hematological Agents	0.7	0.2	0.2	0.3	53	45	4	4	76	236	21	14	37,829	2,878,121	5,270	2.0	54,090
Topical Products	0.3	0.1	0.0	0.2	10	6	1	3	32	58	45	16	69,518	2,257,561	23,641	9.1	224,136
Miscellaneous Products	0.3	0.2	0.0	0.1	48	32	12	5	169	197	243	62	4,882	823,850	1,796	0.7	17,023
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	20	0	0	0	3,544	72,531	1,840	0.7	19,798
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,550,883	75,628,852	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 1.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NEW MEXICO, 2002

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
ANTI-PSYCHOTICS	\$8,237,692	8,018	3.1 %	79,085	0.7	\$146
ULCER DRUGS	7,127,936	15,932	6.1	162,271	0.5	89
ANTI-DEPRESSANTS	5,899,638	18,314	7.0	173,568	0.6	59
ANTI-DIABETIC	4,219,345	13,457	5.2	141,387	0.6	49
ANTI-CONVULSANT	3,985,267	8,357	3.2	82,369	0.7	65
ANALGESICS - ANTI-INFLAMMATORY	3,386,377	24,532	9.4	240,880	0.3	49
ANTI-HYPERTENSIVE	3,320,903	14,421	5.5	152,706	0.6	35
ANALGESICS - Narcotic	3,296,961	27,334	10.5	263,773	0.3	38
ANTI-ASTHMATIC	3,099,904	20,329	7.8	182,997	0.4	48
ANTI-HYPERTENSIVE	2,832,124	5,982	2.3	64,658	0.6	76
Total	45,406,147	156,676		1,543,694	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.