

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW YORK, 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	4,527,583 (A)	622,548 (E)	3,905,035 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	4,407,166 (B)	616,942 (F)	3,790,224 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	3,626,081 (C)	606,613 (G)	3,019,468 (K)
4. Benes who were all-year nursing facility residents ^f	99,667 (D)	90,908 (H)	8,759 (L)

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

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 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.
- d. The total Medicaid pharmacy reimbursement for New York in 2002 was \$3,493,661,585, of which \$307,944,761 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. 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.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 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.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 0.3 percent were restricted benefit months without a pharmacy benefit in New York, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

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

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

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
All	3,626,081	395,064	639,335	1,235,794	1,355,777	111	27,585,612	3,986,986	6,960,624	7,536,225	9,101,375	402
Age												
5 and younger	479,665	0	16,689	0	462,976	0	3,242,151	0	159,850	0	3,082,301	0
6-14	525,318	0	47,287	0	478,031	0	3,874,761	0	510,309	0	3,364,452	0
15-20	313,598	0	33,684	0	279,909	5	2,268,586	0	358,110	0	1,910,462	14
21-44	1,085,784	0	188,688	885,536	11,521	39	7,496,296	0	2,054,902	5,398,363	42,882	149
45-64	610,462	0	262,631	347,760	5	66	4,990,422	0	2,860,563	2,129,577	49	233
65-74	209,635	134,646	72,494	2,494	0	1	2,144,890	1,317,577	819,062	8,245	0	6
75-84	164,380	149,159	15,218	3	0	0	1,728,549	1,557,915	170,598	36	0	0
85 and older	113,417	110,785	2,632	0	0	0	1,137,092	1,109,941	27,151	0	0	0
Unknown	123,822	474	12	1	123,335	0	702,865	1,553	79	4	701,229	0
Gender												
Female	2,004,913	275,912	330,105	752,364	646,421	111	15,399,148	2,821,781	3,630,368	4,628,010	4,318,587	402
Male	1,532,607	119,021	309,228	483,235	621,123	0	11,609,347	1,164,628	3,330,249	2,907,583	4,206,887	0
Unknown	88,561	131	2	195	88,233	0	577,117	577	7	632	575,901	0
Race												
White	1,084,902	170,034	234,446	268,949	411,386	87	8,698,419	1,687,087	2,548,701	1,719,296	2,743,006	329
African American	708,756	46,625	122,644	237,598	301,882	7	5,565,258	479,626	1,318,737	1,697,825	2,069,050	20
Other/unknown	1,832,423	178,405	282,245	729,247	642,509	17	13,321,935	1,820,273	3,093,186	4,119,104	4,289,319	53
Use of Nursing Facilities^c												
Entire year	99,667	80,851	18,647	142	27	0	1,041,331	829,330	210,372	1,329	300	0
Part year	46,730	31,860	14,030	723	117	0	470,414	311,505	150,622	7,078	1,209	0
None	3,479,684	282,353	606,658	1,234,929	1,355,633	111	26,073,867	2,846,151	6,599,630	7,527,818	9,099,866	402
Maintenance Assistance Status												
Cash	1,494,613	171,889	492,106	233,769	596,849	0	13,319,924	1,914,105	5,471,424	1,645,540	4,288,855	0
Medically needy	738,772	200,290	144,365	134,566	259,551	0	5,922,563	1,953,165	1,461,458	840,480	1,667,460	0
Poverty-related	323,444	240	205	1,028	321,860	111	1,969,792	2,309	2,018	5,267	1,959,796	402
Other/unknown	1,069,252	22,645	2,659	866,431	177,517	0	6,373,333	117,407	25,724	5,044,938	1,185,264	0
Dual Medicare Status^d												
Full dual, all year	604,139	337,014	255,342	11,700	81	2	6,461,886	3,525,924	2,838,831	96,376	746	9
Full dual, part year	2,474	1,813	623	38	0	0	26,477	19,632	6,533	312	0	0
Non-dual, all year	3,019,468	56,237	383,370	1,224,056	1,355,696	109	21,097,249	441,430	4,115,260	7,439,537	9,100,629	393
Managed Care Status												
FFS all year	2,823,547	387,129	615,570	953,760	866,978	110	23,691,185	3,948,332	6,832,183	6,109,201	6,801,070	399
FFS part year, with Rx claims	511,061	5,530	21,055	187,217	297,258	1	2,538,026	30,021	115,898	946,509	1,445,595	3
FFS part year, no Rx claims	291,473	2,405	2,710	94,817	191,541	0	1,356,401	8,633	12,543	480,515	854,710	0

Source: Data for this table are from the MAX 2002 file for New York, 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 YORK, 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	54.7 %	11.4	\$879	\$77	\$7,915	11.1 %	3,626,081
Age							
5 and younger	54.7	2.9	142	48	2,704	5.2	479,665
6-14	47.9	3.3	246	74	2,803	8.8	525,318
15-20	42.9	3.1	232	75	3,481	6.6	313,598
21-44	53.3	8.4	794	95	6,945	11.4	1,085,784
45-64	66.5	23.2	1,938	83	11,773	16.5	610,462
65-74	77.0	32.8	2,092	64	13,197	15.8	209,635
75-84	70.9	30.6	1,886	62	21,772	8.7	164,380
85 and older	50.1	17.2	1,049	61	31,861	3.3	113,417
Unknown	14.0	0.5	27	54	1,226	2.2	123,822
Basis of Eligibility^c							
Aged	65.1	25.0	1,558	62	21,478	7.3	395,064
Disabled	80.8	34.2	3,031	89	22,641	13.4	639,335
Adults	49.2	5.2	382	73	2,707	14.1	1,235,794
Children	44.5	2.3	119	51	1,766	6.7	1,355,777
Unknown	38.7	2.1	238	115	3,237	7.4	111
Gender							
Female	58.8	13.0	908	70	7,938	11.4	2,004,913
Male	51.5	9.9	889	90	8,244	10.8	1,532,607
Unknown	19.2	0.7	36	53	1,687	2.2	88,561
Race							
White	60.8	15.0	1,115	74	11,663	9.6	1,084,902
African American	54.9	10.3	895	87	7,575	11.8	708,756
Other/unknown	51.1	9.7	732	76	5,828	12.6	1,832,423
Use of Nursing Facilities^d							
Entire year	37.4	9.5	1,045	111	54,271	1.9	99,667
Part year	66.3	25.0	2,193	88	44,399	4.9	46,730
None	55.1	11.3	856	76	6,097	14.0	3,479,684

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	67.3	18.1	1,401	78	9,604	14.6	1,494,613
Medically needy	52.0	12.1	920	76	15,139	6.1	738,772
Poverty related	44.4	2.2	99	45	1,202	8.2	323,444
Other/unknown	42.2	4.3	355	82	2,594	13.7	1,069,252

Source: Data for this table are from the MAX 2002 file for New York, 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 YORK, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services					No. of Rx, % with:					Mean \$, All Services	Bene Mos	Benes	No.
			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	1.1 %	45.3 %	31.2 %	6.9 %				
All	1.5	\$116	11.1 %	45.3 %	31.2 %	6.9 %	10.0 %	5.2 %	1.4 %	\$1,040	3,626,081	27,585,612				
Age																
5 and younger	0.4	21	5.2	45.3	44.1	5.2	3.8	1.1	0.4	400	479,665	3,242,151				
6-14	0.5	33	8.8	52.1	38.7	4.6	3.5	0.9	0.3	380	525,318	3,874,761				
15-20	0.4	32	6.6	57.1	34.7	4.0	3.1	0.8	0.3	481	313,598	2,268,586				
21-44	1.2	115	11.4	46.7	32.9	7.2	8.5	3.5	1.2	1,006	1,085,784	7,496,296				
45-64	2.8	237	16.5	33.5	22.6	9.9	18.8	11.6	3.7	1,440	610,462	4,990,422				
65-74	3.2	204	15.8	23.0	20.1	12.0	25.8	16.0	3.1	1,290	209,635	2,144,890				
75-84	2.9	179	8.7	29.1	18.8	10.7	23.7	15.2	2.5	2,071	164,380	1,728,549				
85 and older	1.7	105	3.3	49.9	19.0	7.5	14.4	8.1	1.0	3,178	113,417	1,137,092				
Unknown	0.1	5	2.2	86.0	12.6	0.8	0.5	0.1	0.0	216	123,822	702,865				
Basis of Eligibility^c																
Aged	2.5	154	7.3	34.9	20.3	10.3	20.7	11.9	1.9	2,128	395,064	3,986,986				
Disabled	3.1	278	13.4	19.2	24.5	11.4	24.9	16.0	4.0	2,080	639,335	6,960,624				
Adults	0.9	63	14.1	50.8	32.0	6.9	6.8	2.3	1.2	444	1,235,794	7,536,225				
Children	0.3	18	6.7	55.5	36.7	3.9	2.8	0.8	0.3	263	1,355,777	9,101,375				
Unknown	0.6	66	7.4	61.3	26.1	10.8	0.9	0.9	0.0	894	111	402				
Gender																
Female	1.7	118	11.4	41.2	32.3	7.5	11.2	6.1	1.7	1,034	2,004,913	15,399,148				
Male	1.3	117	10.8	48.5	30.5	6.5	9.0	4.3	1.2	1,088	1,532,607	11,609,347				
Unknown	0.1	6	2.2	80.8	17.3	1.1	0.7	0.2	0.0	259	88,561	577,117				
Race																
White	1.9	139	9.6	39.2	32.0	7.5	12.0	7.2	2.1	1,455	1,084,902	8,698,419				
African American	1.3	114	11.8	45.1	33.4	6.4	9.2	4.6	1.3	965	708,756	5,565,258				
Other/unknown	1.3	101	12.6	48.9	29.8	6.8	9.2	4.3	1.1	802	1,832,423	13,321,935				
Use of Nursing Facilities^d																
Entire year	0.9	100	1.9	62.6	22.9	5.6	4.8	3.2	0.8	5,194	99,667	1,041,331				
Part year	2.5	218	4.9	33.7	23.7	9.8	18.9	11.5	2.3	4,411	46,730	470,414				
None	1.5	114	14.0	44.9	31.5	6.9	10.1	5.2	1.4	814	3,479,684	26,073,867				

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	2.0	157	14.6	32.7	34.1	8.4	14.4	8.3	2.1	1,078	1,494,613	13,319,924
Medically needy	1.5	115	6.1	48.0	28.2	6.6	10.1	5.7	1.4	1,888	738,772	5,922,563
Poverty related	0.4	16	8.2	55.6	36.4	4.0	2.9	0.8	0.3	197	323,444	1,969,792
Other/unknown	0.7	60	13.7	57.8	27.4	6.1	5.9	1.9	0.8	435	1,069,252	6,373,333

Source: Data for this table are from the MAX 2002 file for New York, 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 YORK, 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	1.5	\$116	0.8	\$92	0.1	\$8	0.6	\$16
		\$77		\$118		\$67		\$27
Age								
5 and younger	0.4	21	0.2	16	0.0	1	0.2	4
6-14	0.5	33	0.2	26	0.0	3	0.2	4
15-20	0.4	32	0.2	25	0.0	3	0.2	4
21-44	1.2	115	0.6	93	0.1	8	0.5	14
45-64	2.8	237	1.5	189	0.2	16	1.1	32
65-74	3.2	204	1.7	158	0.3	15	1.2	31
75-84	2.9	179	1.6	139	0.2	13	1.1	27
85 and older	1.7	105	0.9	82	0.1	7	0.7	16
Unknown	0.1	5	0.0	4	0.0	0	0.1	1
Basis of Eligibility^d								
Aged	2.5	154	1.3	120	0.2	11	0.9	23
Disabled	3.1	278	1.6	222	0.3	19	1.2	37
Adults	0.9	63	0.4	50	0.1	4	0.4	8
Children	0.3	18	0.1	13	0.0	2	0.2	3
Unknown	0.6	66	0.3	54	0.0	1	0.3	11
Gender								
Female	1.7	118	0.9	92	0.1	9	0.7	17
Male	1.3	117	0.7	95	0.1	8	0.5	15
Unknown	0.1	6	0.0	5	0.0	0	0.1	1
Race								
White	1.9	139	1.0	108	0.2	10	0.8	21
African American	1.3	114	0.7	94	0.1	6	0.5	14
Other/unknown	1.3	101	0.7	80	0.1	7	0.5	13
Use of Nursing Facilities^e								
Entire year	0.9	100	0.6	91	0.0	3	0.2	6
Part year	2.5	218	1.3	182	0.2	10	1.0	26
None	1.5	114	0.8	90	0.1	8	0.6	16

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	2.0	157	1.1	78	0.2	118	0.8	22
Medically needy	1.5	115	0.8	76	0.1	117	0.6	17
Poverty related	0.4	16	0.1	45	0.0	77	0.2	3
Other/unknown	0.7	60	0.4	82	0.1	128	0.3	7

Source: Data for this table are from the MAX 2002 file for New York, 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 York, 0.9 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 YORK, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.4	0.2	0.0	0.1	\$50	\$46	\$2	\$137	\$219	\$83	\$17	3,686,867	\$506,241,489	1,131,849	31.2 %	10,206,393
Biologics	0.2	0.2	0.0	0.0	255	163	19	1040	797	2,698	2,167	34,599	35,999,754	13,906	0.4	141,268
Antineoplastic Agents	0.5	0.3	0.0	0.2	182	149	10	334	484	299	111	165,631	55,333,277	28,904	0.8	304,568
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	43	31	4	59	84	39	29	3,861,142	226,058,965	555,635	15.3	5,306,724
Cardiovascular Agents	1.5	0.7	0.1	0.7	65	45	5	45	64	47	23	8,959,317	399,820,830	598,617	16.5	6,136,959
Respiratory Agents	0.6	0.4	0.0	0.2	36	27	3	59	73	76	28	3,975,031	233,219,547	695,673	19.2	6,509,087
Gastrointestinal Agents	0.5	0.3	0.0	0.2	53	45	3	97	133	110	28	2,514,145	243,840,267	451,730	12.5	4,572,216
Genitourinary Agents	0.3	0.3	0.0	0.0	19	18	0	58	64	45	19	604,354	34,770,775	191,127	5.3	1,818,043
CNS Drugs	1.1	0.7	0.1	0.3	116	94	8	109	142	127	41	6,178,467	670,465,740	558,986	15.4	5,781,352
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	0.2	44	29	7	81	97	79	53	205,652	16,583,274	37,638	1.0	380,166
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	42	34	0	133	150	64	91	188,946	25,070,591	56,524	1.6	595,439
Analgesics and Anesthetics	0.4	0.2	0.0	0.2	27	20	2	61	118	82	19	3,550,079	215,097,382	854,343	23.6	7,978,241
Neuromuscular Agents	0.8	0.4	0.1	0.3	56	44	5	74	119	67	23	2,258,586	166,702,528	285,257	7.9	2,985,976
Nutritional Products	0.4	0.0	0.1	0.3	7	1	1	20	34	22	19	515,074	10,430,419	155,221	4.3	1,410,445
Hematological Agents	0.6	0.2	0.1	0.3	92	85	2	165	412	32	18	958,165	157,841,937	163,952	4.5	1,714,915
Topical Products	0.4	0.2	0.1	0.2	19	12	3	46	67	49	23	3,304,824	151,064,515	849,442	23.4	7,966,961
Miscellaneous Products	0.6	0.3	0.1	0.2	174	134	25	273	405	246	73	113,286	30,956,160	17,281	0.5	177,844
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	26	0	0	0	243,695	6,219,374	101,194	2.8	1,033,743
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.	41,317,860	3,185,716,824	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New York, 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 York, 0.9 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 YORK, 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		
ANTIPSYCHOTICS	\$400,121,110	289,855	8.0 %	3,237,435	0.7	\$179	\$124	
ANTIVIRAL	369,581,723	143,074	3.9	1,575,724	0.6	400	235	
ULCER DRUGS	197,296,130	426,933	11.8	4,526,660	0.4	106	44	
ANTIDEPRESSANTS	176,705,040	412,993	11.4	4,464,806	0.5	76	40	
ANTICONVULSANT	140,340,417	211,045	5.8	2,344,529	0.7	90	60	
ANTIHYPERLIPIDEMIC	132,954,146	244,769	6.8	2,664,739	0.6	88	50	
ANTIDIABETIC	128,306,418	321,581	8.9	3,435,266	0.6	60	37	
ANTIASTHMATIC	127,562,116	558,467	15.4	5,862,538	0.4	59	22	
ANALGESICS - ANTI-INFLAMMATORY	116,569,853	709,361	19.6	7,224,999	0.3	62	16	
ANTIHYPERTENSIVE	105,922,571	401,693	11.1	4,360,038	0.6	43	24	
Total	1,895,359,524	3,719,771		39,696,734	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for New York, 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.