

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

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

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	33,812	15,696	17,782	330	4	0	354,854	161,712	190,624	2,480	38	0		
Age														
5 and younger	3	0	3	0	0	0	32	0	32	0	0	0		
6-14	10	0	8	0	2	0	111	0	87	0	24	0		
15-20	72	0	70	1	1	0	527	0	506	9	12	0		
21-44	5,375	2	5,129	244	0	0	54,911	13	52,950	1,948	0	0		
45-64	6,154	1	6,085	68	0	0	64,886	12	64,447	427	0	0		
65-74	9,168	4,736	4,415	16	1	0	98,319	49,077	49,146	94	2	0		
75-84	7,566	6,009	1,556	1	0	0	81,237	63,482	17,753	2	0	0		
85 and older	5,464	4,948	516	0	0	0	54,831	49,128	5,703	0	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	21,241	10,963	10,031	246	1	0	225,315	114,380	108,909	2,014	12	0		
Male	12,569	4,733	7,749	84	3	0	129,515	47,332	81,691	466	26	0		
Unknown	2	0	2	0	0	0	24	0	24	0	0	0		
Race														
White	14,580	6,857	7,613	109	1	0	149,874	68,156	80,872	844	2	0		
African American	678	213	453	12	0	0	6,900	2,192	4,611	97	0	0		
Other/unknown	18,554	8,626	9,716	209	3	0	198,080	91,364	105,141	1,539	36	0		
Use of Nursing Facilities^c														
Entire year	4,181	3,660	501	0	0	0	41,335	35,864	5,471	0	0	0		
Part year	1,925	1,566	359	0	0	0	17,893	14,281	3,612	0	0	0		
None	27,706	10,450	16,922	330	4	0	295,626	111,567	181,541	2,480	38	0		
Maintenance Assistance Status														
Cash	24,821	9,082	15,601	138	0	0	269,875	100,269	168,883	723	0	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	689	154	509	22	4	0	5,659	1,436	4,001	184	38	0		
Other/unknown	8,302	6,460	1,672	170	0	0	79,320	60,007	17,740	1,573	0	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		
Managed Care Status														
FFS all year	31,599	15,289	16,079	227	4	0	341,931	159,036	180,784	2,073	38	0		
FFS part year, with Rx claims	1,462	234	1,172	56	0	0	9,206	1,666	7,322	218	0	0		
FFS part year, no Rx claims	751	173	531	47	0	0	3,717	1,010	2,518	189	0	0		

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 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 2002. 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 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	82.3 %	36.4	\$1,866	\$51	\$15,437	12.1 %	33,812
Age							
5 and younger	66.7	38.7	2,220	57	32,651	6.8	3
6-14	90.0	49.5	8,072	163	21,080	38.3	10
15-20	63.9	12.9	1,151	89	14,212	8.1	72
21-44	76.3	26.8	2,036	76	17,379	11.7	5,375
45-64	83.3	43.1	2,588	60	16,161	16.0	6,154
65-74	79.1	34.2	1,553	45	9,908	15.7	9,168
75-84	85.3	39.2	1,747	45	15,536	11.2	7,566
85 and older	88.7	38.2	1,576	41	21,851	7.2	5,464
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	81.8	34.8	1,527	44	15,426	9.9	15,696
Disabled	83.7	38.3	2,195	57	15,695	14.0	17,782
Adults	37.0	5.0	273	55	2,210	12.3	330
Children	50.0	22.3	2,177	98	5,849	37.2	4
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	85.7	40.8	1,975	49	15,604	12.7	21,241
Male	76.6	28.9	1,683	58	15,158	11.1	12,569
Unknown	100.0	49.0	1,806	37	5,409	33.4	2
Race							
White	85.2	42.0	2,193	52	17,301	12.7	14,580
African American	79.6	38.2	1,918	50	13,835	13.9	678
Other/unknown	80.1	31.8	1,608	51	14,032	11.5	18,554
Use of Nursing Facilities^d							
Entire year	96.6	59.8	2,702	45	33,805	8.0	4,181
Part year	93.4	45.5	2,322	51	24,237	9.6	1,925
None	79.4	32.2	1,708	53	12,054	14.2	27,706
Maintenance Assistance Status							
Cash	81.4	33.2	1,726	52	10,756	16.0	24,821
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	66.3	16.5	1,110	67	5,521	20.1	689
Other/unknown	86.4	47.5	2,348	50	30,256	7.8	8,302

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 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 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	3.5	\$178	12.1 %	17.7 %	21.6 %	11.5 %	26.3 %	18.2 %	4.6 %	\$1,471	33,812	354,854
Age												
5 and younger	3.6	208	6.8	33.3	0.0	33.3	0.0	33.3	0.0	3,061	3	32
6-14	4.5	727	38.3	10.0	0.0	20.0	40.0	30.0	0.0	1,899	10	111
15-20	1.8	157	8.1	36.1	22.2	19.4	9.7	9.7	2.8	1,942	72	527
21-44	2.6	199	11.7	23.7	28.2	11.7	21.6	11.7	3.1	1,701	5,375	54,911
45-64	4.1	245	16.0	16.7	19.0	10.3	26.2	20.7	7.0	1,533	6,154	64,886
65-74	3.2	145	15.7	20.9	23.2	11.4	24.1	16.0	4.4	924	9,168	98,319
75-84	3.6	163	11.2	14.7	19.9	11.7	28.2	20.5	4.9	1,447	7,566	81,237
85 and older	3.8	157	7.2	11.3	17.9	12.4	32.4	22.4	3.6	2,177	5,464	54,831
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	3.4	148	9.9	18.2	20.2	11.6	27.5	18.4	4.0	1,497	15,696	161,712
Disabled	3.6	205	14.0	16.3	23.0	11.5	25.6	18.3	5.2	1,464	17,782	190,624
Adults	0.7	36	12.3	63.0	19.4	5.8	7.9	2.4	1.5	294	330	2,480
Children	2.3	229	37.2	50.0	0.0	0.0	50.0	0.0	0.0	616	4	38
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.8	186	12.7	14.3	19.7	11.4	28.3	20.7	5.6	1,471	21,241	225,315
Male	2.8	163	11.1	23.4	24.8	11.6	23.0	14.0	3.1	1,471	12,569	129,515
Unknown	4.1	151	33.4	0.0	50.0	0.0	0.0	50.0	0.0	451	2	24
Race												
White	4.1	213	12.7	14.8	17.1	11.1	28.4	22.2	6.3	1,683	14,580	149,874
African American	3.8	188	13.9	20.4	18.3	10.8	24.9	20.5	5.2	1,359	678	6,900
Other/unknown	3.0	151	11.5	19.9	25.3	11.8	24.7	15.0	3.3	1,314	18,554	198,080
use of nursing Facilities^d												
Entire year	6.0	273	8.0	3.4	7.9	8.7	33.8	35.1	11.1	3,419	4,181	41,335
Part year	4.9	250	9.6	6.6	13.4	13.9	31.7	27.3	7.2	2,608	1,925	17,893
None	3.0	160	14.2	20.6	24.3	11.8	24.8	15.1	3.5	1,130	27,706	295,626
Maintenance Assistance Status												
Cash	3.1	159	16.0	18.6	24.9	12.1	25.5	15.3	3.6	989	24,821	269,875
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.0	135	20.1	33.7	26.9	12.6	16.8	8.3	1.7	672	689	5,659
Other/unknown	5.0	246	7.8	13.6	11.3	9.5	29.7	27.8	8.1	3,167	8,302	79,320

Table D4

Dual Eligible Beneficiaries

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 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 MEXICO, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	3.5	\$178	\$51	1.4	\$129	\$93	0.3	\$14	\$42	1.7	\$35	\$20
Age												
5 and younger	3.6	208	57	1.0	180	180	0.0	0	0	2.6	28	11
6-14	4.5	727	163	1.9	628	327	0.6	55	91	1.9	44	23
15-20	1.8	157	89	0.8	130	162	0.1	6	54	0.9	21	25
21-44	2.6	199	76	1.1	151	143	0.2	17	68	1.3	32	24
45-64	4.1	245	60	1.7	182	109	0.3	18	51	2.1	45	22
65-74	3.2	145	45	1.3	103	79	0.3	11	37	1.6	30	19
75-84	3.6	163	45	1.5	116	79	0.4	13	35	1.8	34	19
85 and older	3.8	157	41	1.4	110	78	0.4	13	32	2.0	34	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.4	148	44	1.3	106	79	0.3	12	34	1.7	31	18
Disabled	3.6	205	57	1.4	151	105	0.3	16	49	1.8	38	21
Adults	0.7	36	55	0.2	26	117	0.0	2	57	0.4	8	20
Children	2.3	229	98	0.6	205	325	0.2	4	26	1.6	20	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.8	186	49	1.6	135	87	0.4	14	39	1.9	37	19
Male	2.8	163	58	1.1	120	109	0.3	13	48	1.4	31	21
Unknown	4.1	151	37	1.3	108	87	0.3	11	45	2.6	31	12
Race												
White	4.1	213	52	1.7	155	94	0.4	17	43	2.1	42	20
African American	3.8	188	50	1.3	131	98	0.3	16	50	2.1	41	20
Other/unknown	3.0	151	51	1.2	110	93	0.3	12	40	1.5	29	19
Use of Nursing Facilities^e												
Entire year	6.0	273	45	2.4	200	83	0.7	21	32	3.0	53	18
Part year	4.9	250	51	1.9	189	97	0.5	17	32	2.4	44	18
None	3.0	160	53	1.2	116	96	0.3	13	47	1.5	32	21
Maintenance Assistance Status												
Cash	3.1	159	52	1.2	115	94	0.3	13	46	1.6	31	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.0	135	67	0.9	104	122	0.2	10	65	1.0	22	21
Other/unknown	5.0	246	50	2.0	181	91	0.5	18	35	2.4	46	19

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 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 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_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 MEXICO, 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. Dual Benes	As % of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$16	\$1	\$2	\$62	\$116	\$87	\$15	57,786	\$3,580,956	16,921	50.0 %	187,542
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	24	25	0	22	793	18,831	728	2.2	8,245
Antineoplastic Agents	0.5	0.2	0.0	0.3	91	70	3	18	174	347	85	63	5,230	911,269	954	2.8	10,063
Endocrine/Metabolic Drugs	1.0	0.5	0.2	0.4	37	26	4	8	36	56	20	19	160,845	5,759,003	14,084	41.7	154,551
Cardiovascular Agents	1.5	0.5	0.2	0.8	48	28	6	14	32	59	33	17	280,561	9,069,496	17,242	51.0	187,749
Respiratory Agents	0.7	0.4	0.1	0.3	33	23	4	6	50	66	72	22	89,749	4,455,363	12,121	35.8	134,579
Gastrointestinal Agents	0.7	0.4	0.0	0.3	56	47	1	8	81	132	81	24	93,782	7,555,246	12,318	36.4	134,978
Genitourinary Agents	0.5	0.3	0.0	0.1	24	21	1	2	53	69	47	18	21,734	1,162,337	4,304	12.7	47,933
CNS Drugs	1.2	0.6	0.0	0.6	84	66	4	14	72	117	95	25	182,915	13,212,844	14,661	43.4	158,135
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	36	17	7	11	67	137	70	37	1,103	74,110	188	0.6	2,059
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	80	78	0	2	132	140	0	40	7,684	1,013,742	1,189	3.5	12,674
Analgesics and Anesthetics	0.7	0.2	0.0	0.4	35	24	2	8	50	116	64	18	127,620	6,385,425	16,734	49.5	183,965
Neuromuscular Agents	0.9	0.3	0.1	0.4	50	33	6	11	57	103	49	25	75,703	4,315,619	7,815	23.1	85,892
Nutritional Products	0.6	0.0	0.0	0.5	9	0	1	8	16	17	21	15	34,945	553,296	5,553	16.4	59,876
Hematological Agents	0.7	0.2	0.2	0.3	53	44	4	4	74	223	21	14	34,395	2,533,271	4,426	13.1	47,628
Topical Products	0.4	0.2	0.0	0.2	13	9	1	3	36	58	38	18	49,065	1,749,440	11,598	34.3	130,519
Miscellaneous Products	0.4	0.2	0.1	0.1	81	53	20	8	210	287	249	65	3,323	697,740	782	2.3	8,640
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	26	0	0	0	2,075	53,905	798	2.4	8,999
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.	1,229,308	63,101,893	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 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 2002. 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 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2002

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	\$7,031,563	6,073	18.0 %	65,164	0.7	\$148	\$108
ULCER DRUGS	6,527,011	12,371	36.6	136,269	0.5	92	48
ANTIDEPRESSANTS	4,941,123	12,514	37.0	135,989	0.6	60	36
ANTIDIABETIC	3,665,714	10,540	31.2	117,109	0.6	49	31
ANTICONVULSANT	3,251,120	5,968	17.7	65,323	0.8	66	50
ANTIHYPERTENSIVE	3,092,403	12,351	36.5	136,476	0.6	35	23
ANALGESICS - ANTI-INFLAMMATORY	3,057,043	11,905	35.2	134,739	0.4	61	23
ANALGESICS - Narcotic	2,871,834	17,050	50.4	188,069	0.4	42	15
ANTHYPERLIPIDEMIC	2,643,315	5,121	15.1	57,826	0.6	76	46
ANTIASTHMATIC	2,319,883	9,442	27.9	103,663	0.4	52	22
Total	39,401,009	103,335		1,140,627	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 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 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; 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 MEXICO, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	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	610,433	\$39,401,009	6,073	0.7	18.0 %	65,164	0.7	\$108	12,371	36.6 %	136,269	0.5	\$48
Female													
Disabled													
5 and younger	412,530	25,851,068	3,526	0.7	16.6	37,837	0.7	92	8,628	40.6	95,579	0.5	49
6-14	226,457	15,266,805	1,814	0.7	18.1	20,138	0.7	108	4,638	46.2	52,427	0.5	49
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	68	4,002	0	0.0	0.0	0	0.0	0	5	83.3	51	0.6	35
45-64	283	29,517	2	1.4	7.1	19	1.4	441	8	28.6	87	0.3	36
65-74	36,624	3,054,223	625	0.7	28.1	6,822	0.7	123	687	30.9	7,525	0.5	44
75-84	89,098	6,423,704	722	0.7	21.2	8,114	0.7	115	1,716	50.4	19,344	0.5	53
85 and older	69,426	4,037,036	283	0.8	10.0	3,115	0.8	79	1,443	50.9	16,414	0.5	48
Other Eligibles													
5 and younger	24,188	1,352,256	130	0.7	11.5	1,504	0.7	72	582	51.5	6,768	0.5	47
6-14	6,770	366,067	52	0.6	12.9	564	0.6	57	197	48.9	2,238	0.5	48
15-20	186,073	10,584,263	1,712	0.7	15.3	17,699	0.7	75	3,990	35.6	43,152	0.5	48
21-44	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	5	176	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	328	20,268	6	0.2	3.0	45	0.2	23	7	3.5	43	0.3	39
75-84	109	6,485	1	0.2	2.7	11	0.2	56	2	5.4	23	0.3	58
85 and older	43,945	2,480,568	243	0.8	8.5	2,547	0.8	87	950	33.3	10,478	0.4	41
Male													
Disabled													
5 and younger	81,212	4,636,696	686	0.7	16.2	7,240	0.7	77	1,626	38.3	17,791	0.5	48
6-14	60,474	3,440,070	776	0.6	20.0	7,856	0.6	69	1,405	36.2	14,817	0.6	52
15-20	197,849	13,547,122	2,546	0.8	20.3	27,315	0.8	130	3,742	29.8	40,678	0.5	47
21-44	133,211	9,912,322	1,823	0.8	23.5	20,203	0.8	146	2,355	30.4	26,361	0.5	48
45-64	13	671	0	0.0	0.0	0	0.0	0	1	33.3	12	0.9	54
65-74	32	1,909	0	0.0	0.0	0	0.0	0	1	50.0	12	0.6	36
75-84	204	20,363	14	0.7	33.3	73	0.7	127	9	21.4	63	0.4	24
85 and older	44,186	4,129,140	1,011	0.8	34.8	11,176	0.8	160	679	23.4	7,562	0.5	48
Other Eligibles													
5 and younger	52,417	3,740,206	587	0.9	21.9	6,544	0.9	136	923	34.4	10,340	0.5	50
6-14	29,175	1,606,838	149	1.0	9.4	1,717	1.0	111	554	35.1	6,280	0.5	44
15-20	5,523	316,503	41	0.6	9.6	463	0.6	89	141	33.1	1,589	0.5	49
21-44	1,661	96,692	21	0.6	18.6	230	0.6	69	47	41.6	503	0.5	60
45-64	64,638	3,634,800	723	0.7	15.0	7,112	0.7	84	1,387	28.8	14,317	0.5	44
65-74	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown													
5 and younger	251	20,044	1	0.9	2.1	9	0.9	578	12	25.5	81	0.4	40
6-14	97	7,295	2	0.1	6.3	15	0.1	18	10	31.3	66	0.3	32
15-20	20,285	1,132,229	169	0.7	8.9	1,696	0.7	98	433	22.8	4,645	0.4	36
21-44	28,710	1,657,504	309	0.7	17.5	3,053	0.7	88	583	32.9	6,072	0.6	48
45-64	15,295	817,728	242	0.6	22.6	2,339	0.6	68	349	32.6	3,453	0.6	47
65-74	54	2,819	1	0.7	50.0	12	0.7	6	1	50.0	12	0.3	8
75-84													
85 and older													

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 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 2002. 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 2002. 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 MEXICO, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-DIABETIC					ANTICONVULSANT				
	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	12,514	37.0 %	135,989	\$36	0.6	10,540	31.2 %	117,109	\$31	0.6	5,968	17.7 %	65,323	0.8	\$50
Female	8,830	41.6	96,491	36	0.6	7,423	34.9	82,908	32	0.6	3,587	16.9	39,277	0.7	46
Disabled	5,046	50.3	56,486	37	0.6	3,960	39.5	44,674	35	0.6	2,388	23.8	26,687	0.7	52
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	16.7	12	35	0.5	0	0.0	0	0	0.0	1	16.7	12	0.5	28
15-20	9	32.1	107	26	0.5	1	3.6	12	24	0.2	6	21.4	51	1.1	158
21-44	1,245	56.0	13,568	41	0.6	264	11.9	2,907	43	0.7	786	35.3	8,697	0.7	62
45-64	2,292	67.3	25,716	40	0.6	1,412	41.5	15,804	36	0.6	1,030	30.3	11,464	0.7	56
65-74	1,090	38.4	12,334	31	0.6	1,690	59.6	19,173	34	0.6	400	14.1	4,579	0.7	35
75-84	315	27.9	3,661	27	0.6	487	43.1	5,616	30	0.6	130	11.5	1,504	0.7	30
85 and older	94	23.3	1,088	27	0.6	106	26.3	1,162	24	0.6	35	8.7	380	0.9	19
Other Eligibles	3,784	33.8	40,005	34	0.6	3,463	30.9	38,234	28	0.7	1,199	10.7	12,590	0.7	31
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	0	0.0	0	0	0.0	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	26	13.1	160	46	0.5	1	0.5	1	380	5.0	10	5.0	74	1.0	80
45-64	8	21.6	72	26	0.4	3	8.1	16	23	0.4	4	10.8	44	0.3	14
65-74	772	27.1	8,402	30	0.6	1,166	40.9	13,124	29	0.6	290	10.2	3,108	0.6	32
75-84	1,529	36.1	16,428	33	0.6	1,620	38.2	18,001	29	0.7	528	12.5	5,581	0.7	33
85 and older	1,449	37.4	14,943	37	0.7	673	17.3	7,092	25	0.7	367	9.5	3,783	0.7	27
Male	3,683	29.3	39,486	38	0.6	3,117	24.8	34,201	30	0.6	2,380	18.9	26,034	0.8	56
Disabled	2,561	33.0	28,224	39	0.6	1,884	24.3	20,984	32	0.6	1,869	24.1	20,725	0.8	62
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	50.0	12	6	0.1	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	16	38.1	105	46	0.5	5	11.9	51	18	0.2	11	26.2	49	0.5	39
21-44	1,134	39.1	12,484	43	0.6	309	10.6	3,463	37	0.7	948	32.7	10,465	0.8	66
45-64	1,014	37.8	11,157	38	0.6	790	29.5	8,798	32	0.6	700	26.1	7,858	0.9	64
65-74	297	18.8	3,368	28	0.7	639	40.4	7,146	31	0.6	173	10.9	1,922	0.9	35
75-84	75	17.6	819	32	0.5	121	28.4	1,312	24	0.6	26	6.1	309	0.7	27
85 and older	24	21.2	279	31	0.6	20	17.7	214	24	0.7	11	9.7	122	0.5	24
Other Eligibles	1,122	23.3	11,262	36	0.7	1,233	25.6	13,217	28	0.6	511	10.6	5,309	0.7	35
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	0	0.0	0	0	0.0	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	10	21.3	45	70	0.9	8	17.0	57	22	0.6	5	10.6	26	1.3	108
45-64	5	15.6	20	37	0.5	2	6.3	6	75	0.8	6	18.8	43	0.3	15
65-74	297	15.6	3,124	35	0.7	469	24.7	5,073	27	0.6	158	8.3	1,701	0.8	37
75-84	484	27.3	4,872	35	0.7	559	31.6	6,060	29	0.6	235	13.3	2,456	0.7	34
85 and older	326	30.5	3,201	37	0.7	195	18.2	2,021	25	0.7	107	10.0	1,083	0.8	32
Unknown	1	50.0	12	13	0.5	0	0.0	0	0	0.0	1	50.0	12	0.8	115

Table D7B

Dual Eligible Beneficiaries

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 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 2002. 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 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); 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 MEXICO, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					ANALGESICS - Narcotic				
	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	12,351	36.5 %	136,476	0.6	\$23	11,905	35.2 %	134,739	0.4	\$23	17,050	50.4 %	188,069	0.4	\$15
Female	8,466	39.9	94,205	0.6	23	8,342	39.3	94,696	0.4	25	11,726	55.2	130,570	0.4	15
Disabled	3,865	38.5	43,824	0.6	23	4,703	46.9	54,030	0.4	24	6,779	67.6	77,049	0.4	17
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	2	33.3	24	0.6	25	1	16.7	12	0.1	1	0	0.0	0	0.0	0
15-20	4	14.3	48	0.5	16	6	21.4	59	0.1	1	7	25.0	70	0.2	1
21-44	285	12.8	3,146	0.6	19	813	36.5	9,130	0.3	16	1,330	59.8	14,766	0.4	20
45-64	1,231	36.2	13,827	0.6	22	1,633	48.0	18,641	0.4	28	2,592	76.1	29,494	0.4	23
65-74	1,532	54.0	17,403	0.6	23	1,507	53.2	17,478	0.4	24	1,909	67.3	21,931	0.4	11
75-84	620	54.9	7,222	0.6	24	580	51.3	6,814	0.4	24	709	62.7	8,172	0.3	8
85 and older	191	47.4	2,154	0.7	24	163	40.4	1,896	0.4	26	232	57.6	2,616	0.3	8
Other Eligibles	4,601	41.0	50,381	0.7	24	3,639	32.5	40,666	0.4	26	4,947	44.1	53,521	0.3	13
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	0	0.0	0	0.0	0	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	7	3.5	42	0.3	18	19	9.5	145	0.3	10	34	17.1	291	0.2	4
45-64	1	2.7	2	0.5	18	4	10.8	35	0.4	23	6	16.2	68	0.4	5
65-74	1,130	39.6	12,588	0.6	23	953	33.4	10,834	0.3	21	1,129	39.6	12,464	0.3	11
75-84	2,001	47.2	22,230	0.7	25	1,586	37.4	17,938	0.4	24	2,124	50.1	23,532	0.3	12
85 and older	1,462	37.7	15,519	0.7	25	1,077	27.8	11,714	0.5	32	1,654	42.6	17,166	0.4	15
Male	3,884	30.9	42,259	0.6	21	3,562	28.3	40,031	0.3	18	5,322	42.3	57,475	0.4	16
Disabled	2,172	28.0	23,961	0.6	21	2,413	31.1	27,420	0.3	16	3,703	47.8	40,980	0.4	18
5 and younger	1	33.3	12	0.2	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	12	0.1	1	1	50.0	12	0.1	1
15-20	6	14.3	55	0.2	6	5	11.9	43	0.2	15	8	19.0	60	0.2	1
21-44	403	13.9	4,467	0.6	20	734	25.3	8,229	0.3	11	1,209	41.6	13,356	0.4	20
45-64	814	30.4	8,791	0.6	22	881	32.9	10,006	0.4	19	1,480	55.2	16,273	0.4	22
65-74	728	46.1	8,182	0.6	22	626	39.6	7,197	0.3	17	777	49.2	8,781	0.4	11
75-84	166	39.0	1,860	0.6	21	128	30.0	1,489	0.3	16	178	41.8	1,960	0.3	7
85 and older	54	47.8	594	0.6	18	38	33.6	444	0.4	24	50	44.2	538	0.3	5
Other Eligibles	1,712	35.5	18,298	0.6	21	1,149	23.8	12,611	0.4	22	1,619	33.6	16,495	0.3	11
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	0	0.0	0	0.0	0	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	2	4.3	4	0.5	11	8	17.0	58	0.3	14	20	42.6	116	0.5	20
45-64	5	15.6	23	0.4	15	6	18.8	16	0.4	93	10	31.3	57	0.4	9
65-74	596	31.4	6,514	0.6	20	412	21.7	4,597	0.3	15	498	26.2	5,338	0.3	12
75-84	757	42.8	8,179	0.6	21	452	25.5	5,068	0.4	23	636	35.9	6,621	0.3	11
85 and older	352	32.9	3,578	0.7	21	271	25.4	2,872	0.5	31	455	42.6	4,363	0.3	10
Unknown	1	50.0	12	0.3	12	1	50.0	12	0.8	10	2	100.0	24	0.2	1

Table D7C

Dual Eligible Beneficiaries

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 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 2002. 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 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); 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 MEXICO, 2002

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANTIASTHMATIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$						
All	5,121	15.1 %	57,826	0.6	\$46	9,442	27.9 %	103,663	0.4	\$22	33,812	354,854		
Female	3,438	16.2	39,031	0.6	46	6,456	30.4	71,395	0.4	22	21,241	225,315		
Disabled	1,894	18.9	21,594	0.6	47	3,570	35.6	40,244	0.4	23	10,031	108,909		
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
6-14	3	50.0	36	0.3	24	0	0.0	0	0.0	0	6	63		
15-20	0	0.0	0	0.0	0	11	39.3	75	1.0	80	28	232		
21-44	118	5.3	1,353	0.6	40	538	24.2	5,909	0.4	19	2,225	22,965		
45-64	738	21.7	8,340	0.6	45	1,398	41.1	15,651	0.4	24	3,404	36,508		
65-74	793	28.0	9,057	0.6	50	1,113	39.3	12,752	0.4	22	2,835	31,745		
75-84	212	18.8	2,459	0.6	44	407	36.0	4,698	0.4	22	1,130	12,922		
85 and older	30	7.4	349	0.6	52	103	25.6	1,159	0.3	19	403	4,474		
Other Eligibles	1,544	13.8	17,437	0.6	45	2,886	25.7	31,151	0.4	21	11,210	116,406		
5 and younger	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	0	0.0	0	0.0	0	0	0		
15-20	0	0.0	0	0.0	0	2	100.0	24	0.2	7	2	21		
21-44	3	1.5	13	0.3	18	6	3.0	64	0.1	6	199	1,673		
45-64	3	8.1	20	0.3	14	3	8.1	18	0.2	14	37	274		
65-74	603	21.1	6,823	0.6	42	681	23.9	7,440	0.4	22	2,853	30,029		
75-84	721	17.0	8,212	0.6	47	1,208	28.5	13,237	0.5	25	4,240	45,454		
85 and older	214	5.5	2,369	0.6	44	986	25.4	10,368	0.4	17	3,879	38,955		
Male	1,682	13.4	18,783	0.6	46	2,986	23.8	32,268	0.4	24	12,569	129,515		
Disabled	1,096	14.1	12,376	0.6	45	1,680	21.7	18,594	0.4	24	7,749	81,691		
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	32		
6-14	0	0.0	0	0.0	0	3	150.0	36	0.6	38	2	24		
15-20	0	0.0	0	0.0	0	6	14.3	49	0.3	19	42	274		
21-44	200	6.9	2,195	0.6	40	404	13.9	4,578	0.3	19	2,903	29,973		
45-64	459	17.1	5,194	0.6	46	569	21.2	6,281	0.5	25	2,680	27,927		
65-74	368	23.3	4,218	0.6	46	538	34.1	5,930	0.5	28	1,580	17,401		
75-84	66	15.5	733	0.6	42	115	27.0	1,285	0.4	19	426	4,831		
85 and older	3	2.7	36	0.9	68	45	39.8	435	0.4	17	113	1,229		
Other Eligibles	586	12.2	6,407	0.6	47	1,306	27.1	13,674	0.4	23	4,820	47,824		
5 and younger	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	0	0.0	0	0.0	0	2	24		
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
21-44	3	6.4	19	0.8	63	6	12.8	47	0.1	2	47	288		
45-64	5	15.6	25	0.4	25	3	9.4	18	0.2	6	32	165		
65-74	247	13.0	2,681	0.6	46	356	18.7	3,745	0.5	27	1,900	19,144		
75-84	276	15.6	3,123	0.6	50	595	33.6	6,370	0.4	23	1,770	18,030		
85 and older	55	5.1	559	0.5	38	346	32.4	3,494	0.4	19	1,069	10,173		
Unknown	1	50.0	12	0.8	70	0	0.0	0	0.0	0	2	24		

Table D7D

Dual Eligible Beneficiaries

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 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 2002. 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 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); 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 MEXICO, 2002**

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	\$273	6.0	4,181	41,335
Age				
0-64	374	7.6	233	2,524
65-74	347	7.4	562	5,670
75-84	304	6.5	1,339	13,255
85 and older	219	5.2	2,047	19,886
Unknown	0	0.0	0	0
Gender				
Female	268	6.0	2,910	28,943
Male	286	6.1	1,271	12,392
Unknown	0	0.0	0	0
Race				
White	283	6.2	2,655	25,732
African American	275	5.5	52	547
Other/unknown	256	5.7	1,474	15,056
Basis of Eligibility^c				
Aged	262	5.8	3,680	35,864
Disabled	345	7.5	501	5,471
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,925 beneficiaries who were in nursing facilities for part of their enrollment and their 17,893 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 MEXICO, 2002

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 # of Rx	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	0.3	0.2	0.0	0.2	\$13	\$1	\$2	\$48	\$81	\$13	\$81	\$13	9,941	\$478,526	2,837	67.9 %	29,565
Biologicals	0.1	0.0	0.0	0.1	1	0	1	21	20	0	22	0	419	8,854	400	9.6	4,503
Antineoplastic Agents	0.6	0.2	0.0	0.4	56	5	30	155	308	204	79	204	1,217	188,102	209	5.0	2,058
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.6	34	24	3	28	52	13	13	13	27,562	763,592	2,172	51.9	22,220
Cardiovascular Agents	1.9	0.4	0.3	1.2	44	19	8	24	50	27	15	15	52,050	1,229,602	2,754	65.9	27,913
Respiratory Agents	0.7	0.3	0.1	0.3	34	20	5	46	61	61	26	26	13,155	605,789	1,689	40.4	17,738
Gastrointestinal Agents	1.0	0.4	0.0	0.5	61	48	1	62	111	72	22	22	19,982	1,238,409	1,971	47.1	20,398
Genitourinary Agents	0.7	0.5	0.0	0.1	38	34	1	56	68	41	17	17	5,736	319,563	801	19.2	8,428
CNS Drugs	1.6	1.0	0.1	0.6	108	92	4	68	96	60	21	21	46,826	3,195,223	2,903	69.4	29,634
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.0	0.4	17	10	0	37	128	53	18	18	168	6,163	34	0.8	361
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	102	101	0	124	126	0	22	22	3,806	471,504	449	10.7	4,645
Analgesics and Anesthetics	0.9	0.4	0.1	0.4	43	34	3	50	87	51	14	14	19,275	960,510	2,220	53.1	22,537
Neuromuscular Agents	1.4	0.5	0.3	0.6	63	36	9	46	68	37	30	30	17,210	787,361	1,201	28.7	12,583
Nutritional Products	0.8	0.0	0.0	0.7	12	0	1	16	15	20	16	16	10,048	158,558	1,273	30.4	13,032
Hematological Agents	1.1	0.2	0.4	0.4	51	40	6	48	180	16	10	10	11,111	531,126	1,020	24.4	10,492
Topical Products	0.4	0.2	0.0	0.2	14	9	1	31	51	31	16	16	10,297	322,557	2,179	52.1	23,457
Miscellaneous Products	0.2	0.1	0.0	0.1	10	5	2	48	48	368	33	33	419	20,308	188	4.5	2,005
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	21	0	0	0	0	614	12,703	208	5.0	2,284
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.	249,836	11,298,450	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,925 beneficiaries who were in nursing facilities for part of their enrollment and their 17,893 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 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.

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 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.

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 MEXICO, 2002

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	\$1,854,439	1,770	42.3 %	18,392	0.9	\$114	\$101
ANTIDEPRESSANTS	1,137,812	2,427	58.0	25,281	0.8	53	45
ULCER DRUGS	1,092,182	1,720	41.1	17,742	0.8	78	62
ANTICONVULSANT	481,980	1,006	24.1	10,526	1.1	43	46
ANTIHYPERTENSIVE	477,693	1,674	40.0	17,338	0.9	32	28
ANALGESICS - ANTI-INFLAMMATORY	474,807	1,119	26.8	11,718	0.6	66	41
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	474,696	466	11.1	4,829	0.8	122	98
ANALGESICS - Narcotic	438,128	1,939	46.4	19,481	0.5	44	22
ANTIDIABETIC	371,904	1,195	28.6	12,459	0.8	35	30
ANTIASTHMATIC	361,114	1,455	34.8	15,047	0.5	49	24
Total	7,164,755	14,771		152,813	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,925 beneficiaries who were in nursing facilities for part of their enrollment and their 17,893 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 2002. 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 2002 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_mdmb.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 MEXICO, 2002

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	Users as %			Mean No. of Rx	Mean Rx \$			
			No. of Users	No. of Bene Mos among Users	NF Residents			No. of Users	No. of Bene Mos among Users	NF Residents			No. of Users	No. of Bene Mos among Users	NF Residents					
All	116,702	\$7,164,755	1,770	42.3 %	18,392	0.9	\$101	2,427	58.0 %	25,281	0.8	\$45								
Female	78,942	4,868,222	1,180	40.5	12,282	0.8	95	1,723	59.2	18,059	0.8	45								
Disabled	10,148	607,729	145	59.2	1,601	1.4	143	146	59.6	1,587	1.0	47								
64 or younger	3,958	269,532	55	56.7	612	1.1	153	66	68.0	710	1.0	53								
65-74	3,477	190,249	43	58.9	483	1.9	165	53	72.6	568	1.1	46								
75-84	1,747	99,286	32	69.6	357	1.2	102	15	32.6	171	0.6	36								
85 and older	966	48,662	15	51.7	149	1.3	124	12	41.4	138	1.1	34								
Other Eligibles	68,794	4,260,493	1,035	38.8	10,681	0.8	88	1,577	59.2	16,472	0.8	44								
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
65-74	8,071	492,755	119	53.4	1,222	1.0	116	159	71.3	1,634	0.8	47								
75-84	26,580	1,649,188	401	48.3	4,213	0.8	91	566	68.2	5,936	0.8	45								
85 and older	34,143	2,118,550	515	31.9	5,246	0.7	79	852	52.9	8,902	0.8	43								
Male	37,760	2,296,533	590	46.4	6,110	1.0	112	704	55.4	7,222	0.9	46								
Disabled	11,475	663,577	161	62.9	1,799	1.4	142	152	59.4	1,686	1.2	52								
64 or younger	6,482	378,627	81	59.6	874	1.6	152	96	70.6	1,054	1.1	53								
65-74	4,023	209,310	56	73.7	660	1.4	139	37	48.7	419	1.7	48								
75-84	648	52,826	15	55.6	176	0.7	128	13	48.1	143	0.7	50								
85 and older	322	22,814	9	52.9	89	0.8	108	6	35.3	70	0.9	56								
Other Eligibles	26,285	1,632,956	429	42.3	4,311	0.8	100	552	54.4	5,536	0.8	45								
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
65-74	6,247	390,233	94	49.5	953	0.9	120	121	63.7	1,258	1.0	49								
75-84	12,240	762,733	198	45.4	2,026	0.8	100	260	59.6	2,584	0.8	42								
85 and older	7,798	479,990	137	35.2	1,332	0.7	84	171	44.0	1,694	0.8	45								
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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,925 beneficiaries who were in nursing facilities for part of their enrollment and their 17,893 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 2002. 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 2002 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 MEXICO, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTIHYPERTENSIVE					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	1,720	41.1 %	\$62	1,006	24.1 %	1.1	10,526	40.0 %	\$46	1,674	17,338	0.9	\$28					
Female	1,241	42.6	60	642	22.1	1.0	6,660	39.6	42	1,153	11,990	0.8	28					
Disabled	102	41.6	60	124	50.6	1.5	1,358	35.9	66	88	978	0.9	26					
64 or younger	47	48.5	59	69	71.1	1.3	750	35.1	75	34	365	0.7	28					
65-74	26	35.6	285	32	43.8	1.5	364	41.1	52	30	335	1.0	23					
75-84	16	34.8	185	16	34.8	1.8	176	39.1	62	18	216	1.0	27					
85 and older	13	44.8	144	7	24.1	4.5	68	20.7	45	6	62	0.9	28					
Other Eligibles	1,139	42.7	61	518	19.4	0.8	5,302	40.0	36	1,065	11,012	0.8	28					
64 or younger	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0	0.0	0					
65-74	101	45.3	1,037	86	38.6	0.8	898	42.2	45	94	961	1.0	32					
75-84	393	47.3	4,020	222	26.7	0.9	2,280	46.5	39	386	4,018	0.8	28					
85 and older	645	40.0	6,717	210	13.0	0.8	2,124	36.3	30	585	6,033	0.8	27					
Male	479	37.7	65	364	28.6	1.2	3,866	41.0	52	521	5,348	0.9	27					
Disabled	96	37.5	77	122	47.7	1.8	1,360	36.7	67	94	1,049	1.0	30					
64 or younger	52	38.2	598	77	56.6	1.9	860	34.6	80	47	513	1.0	33					
65-74	25	32.9	288	40	52.6	1.8	443	38.2	47	29	333	1.1	28					
75-84	15	55.6	170	2	7.4	2.1	21	44.4	23	12	134	0.8	30					
85 and older	4	23.5	35	3	17.6	0.9	36	35.3	42	6	69	0.9	23					
Other Eligibles	383	37.7	61	242	23.8	0.9	2,506	42.1	44	427	4,299	0.9	26					
64 or younger	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0	0.0	0					
65-74	66	34.7	629	71	37.4	1.1	762	49.5	54	94	954	0.9	26					
75-84	175	40.1	1,702	121	27.8	0.8	1,253	46.3	40	202	2,071	0.9	27					
85 and older	142	36.5	1,408	50	12.9	0.9	491	33.7	36	131	1,274	0.9	26					
Unknown	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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,925 beneficiaries who were in nursing facilities for part of their enrollment and their 17,893 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 2002. 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 2002 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.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 MEXICO, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx
All	1,119	26.8 %	0.6	\$41	466	11.1 %	0.8	\$98	0.8	4,829	46.4 %	1,939	\$23	19,481	0.5	\$23	
Female	812	27.9	0.6	42	333	11.4	0.8	99	0.8	3,444	47.0	1,368	22	13,960	0.5	22	
Disabled	59	24.1	0.7	36	13	5.3	0.9	77	0.9	156	41.2	101	23	1,096	0.5	23	
64 or younger	21	21.6	0.9	27	2	2.1	0.6	37	0.6	24	44.3	43	28	458	0.5	28	
65-74	18	24.7	0.6	42	2	2.7	0.6	73	0.6	24	41.1	30	26	325	0.6	26	
75-84	13	28.3	0.6	41	5	10.9	0.6	69	0.6	60	39.1	18	15	209	0.5	15	
85 and older	7	24.1	0.5	36	4	13.8	1.6	111	1.6	48	34.5	10	6	104	0.2	6	
Other Eligibles	753	28.3	0.6	43	320	12.0	0.8	100	0.8	3,288	47.5	1,267	22	12,864	0.5	22	
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0	0	0.0	0	
65-74	48	21.5	0.6	48	29	13.0	0.8	67	0.8	293	56.1	125	26	1,232	0.6	26	
75-84	266	32.0	0.6	43	117	14.1	0.8	98	0.8	1,218	53.7	446	23	4,580	0.6	23	
85 and older	439	27.2	0.6	42	174	10.8	0.8	106	0.8	1,777	43.2	696	21	7,052	0.5	21	
Male	307	24.2	0.6	36	133	10.5	0.8	98	0.8	1,385	44.9	571	23	5,521	0.5	23	
Disabled	51	19.9	0.5	25	13	5.1	0.7	129	0.7	141	41.4	106	29	1,155	0.7	29	
64 or younger	29	21.3	0.4	21	7	5.1	0.5	201	0.5	69	46.3	63	17	674	0.6	17	
65-74	12	15.8	0.6	31	4	5.3	1.0	53	1.0	48	38.2	29	62	329	1.0	62	
75-84	7	25.9	0.4	26	1	3.7	1.0	117	1.0	12	40.7	11	10	120	0.4	10	
85 and older	3	17.6	0.8	34	1	5.9	0.3	33	0.3	12	17.6	3	9	32	0.3	9	
Other Eligibles	256	25.2	0.6	38	120	11.8	0.8	94	0.8	1,244	45.8	465	22	4,366	0.5	22	
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0	0	0.0	0	
65-74	46	24.2	0.6	36	20	10.5	0.8	88	0.8	196	46.8	89	36	863	0.6	36	
75-84	110	25.2	0.5	35	55	12.6	0.7	93	0.7	563	43.6	190	23	1,818	0.5	23	
85 and older	100	25.7	0.7	42	45	11.6	0.8	98	0.8	485	47.8	186	14	1,685	0.4	14	
Unknown	0	0.0	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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 1,925 beneficiaries who were in nursing facilities for part of their enrollment and their 17,893 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 2002. 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 2002 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 MEXICO, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	NF	Mos among Users		No. of Users	Residents	NF	Mos among Users			
All	1,195	28.6 %	12,459	0.8	\$30	1,455	34.8 %	15,047	0.5	\$24	4,181	41,335
Female	795	27.3	8,290	0.9	29	969	33.3	10,136	0.5	25	2,910	28,943
Disabled	87	35.5	937	0.9	37	77	31.4	865	0.5	32	245	2,668
64 or younger	27	27.8	303	0.8	35	24	24.7	278	0.6	36	97	1,045
65-74	37	50.7	403	0.9	39	24	32.9	288	0.5	31	73	816
75-84	16	34.8	192	0.9	35	19	41.3	220	0.5	35	46	507
85 and older	7	24.1	39	0.7	27	10	34.5	79	0.3	10	29	300
Other Eligibles	708	26.6	7,353	0.9	28	892	33.5	9,271	0.5	24	2,665	26,275
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	122	54.7	1,272	0.9	30	99	44.4	967	0.7	29	223	2,156
75-84	314	37.8	3,292	0.8	30	299	36.0	3,131	0.6	30	830	8,280
85 and older	272	16.9	2,789	0.8	26	494	30.6	5,173	0.4	19	1,612	15,839
Male	400	31.5	4,169	0.8	31	486	38.2	4,911	0.5	23	1,271	12,392
Disabled	88	34.4	976	0.9	34	64	25.0	714	0.5	21	256	2,803
64 or younger	43	31.6	485	1.0	38	32	23.5	360	0.4	16	136	1,479
65-74	32	42.1	352	0.8	36	18	23.7	216	0.7	28	76	841
75-84	9	33.3	97	0.4	10	10	37.0	117	0.4	24	27	314
85 and older	4	23.5	42	0.5	16	4	23.5	21	0.5	25	17	169
Other Eligibles	312	30.7	3,193	0.8	30	422	41.6	4,197	0.5	23	1,015	9,589
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	80	42.1	826	0.8	32	69	36.3	669	0.5	24	190	1,857
75-84	154	35.3	1,601	0.8	31	200	45.9	2,003	0.5	26	436	4,154
85 and older	78	20.1	766	0.7	25	153	39.3	1,525	0.4	19	389	3,578
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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,925 beneficiaries who were in nursing facilities for part of their enrollment and their 17,893 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 2002. 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 2002 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW MEXICO, 2002

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 Dual Rx \$	Total No. of Benes
			6.4	56.5 %					
All	19,119	56.5 %	6.4	216,551	\$80	\$2,719,439	\$13	4.3 %	33,812
Age									
5 and younger	2	66.7	19.7	59	442	1,326	22	19.9	3
6-14	8	80.0	13.4	134	231	2,305	17	2.9	10
15-20	26	36.1	2.4	171	32	2,280	13	2.8	72
21-44	2,475	46.0	4.5	24,242	76	409,105	17	3.7	5,375
45-64	3,527	57.3	7.1	43,606	104	641,795	15	4.0	6,154
65-74	4,767	52.0	5.4	49,481	63	578,778	12	4.1	9,168
75-84	4,600	60.8	6.8	51,716	77	584,127	11	4.4	7,566
85 and older	3,714	68.0	8.6	47,142	91	499,723	11	5.8	5,464
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	9,044	57.6	6.6	103,842	71	1,108,073	11	4.6	15,696
Disabled	10,026	56.4	6.3	112,444	90	1,606,217	14	4.1	17,782
Adults	48	14.5	0.8	249	15	4,981	20	5.5	330
Children	1	25.0	4.0	16	42	168	11	1.9	4
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	13,052	61.4	7.1	151,432	89	1,886,874	12	4.5	21,241
Male	6,065	48.3	5.2	65,115	66	832,455	13	3.9	12,569
Unknown	2	100.0	2.0	4	55	110	28	3.0	2
Race									
White	8,796	60.3	7.3	107,130	95	1,377,892	13	4.3	14,580
African American	367	54.1	6.1	4,106	87	58,969	14	4.5	678
Other/unknown	9,956	53.7	5.7	105,315	69	1,282,578	12	4.3	18,554
Use of Nursing Facilities^d									
Entire year	3,510	84.0	14.6	60,970	136	568,136	9	5.0	4,181
Part year	1,529	79.4	10.0	19,176	97	186,884	10	4.2	1,925
None	14,080	50.8	4.9	136,405	71	1,964,419	14	4.2	27,706
Maintenance Assistance Status									
Cash	12,977	52.3	4.9	122,625	70	1,733,196	14	4.0	24,821
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	254	36.9	2.1	1,451	27	18,388	13	2.4	689
Other/unknown	5,888	70.9	11.1	92,475	117	967,855	10	5.0	8,302

Table D11

Dual Eligible Beneficiaries

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW MEXICO, 2002

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
	0.6	\$8	\$13	\$0	\$2	354,854
Age						
5 and younger	1.8	41	22	0	0	32
6-14	1.2	21	17	0	0	111
15-20	0.3	4	13	0	1	527
21-44	0.4	7	17	0	3	54,911
45-64	0.7	10	15	0	3	64,886
65-74	0.5	6	12	0	1	98,319
75-84	0.6	7	11	0	1	81,237
85 and older	0.9	9	11	0	1	54,831
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	7	11	0	1	161,712
Disabled	0.6	8	14	0	3	190,624
Adults	0.1	2	20	0	1	2,480
Children	0.4	4	11	0	0	38
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.7	8	12	0	2	225,315
Male	0.5	6	13	0	2	129,515
Unknown	0.2	5	28	0	0	24
Race						
White	0.7	9	13	0	2	149,874
African American	0.6	9	14	0	2	6,900
Other/unknown	0.5	6	12	0	2	198,080
Use of Nursing Facilities^d						
Entire year	1.5	14	9	0	2	41,335
Part year	1.1	10	10	0	2	17,893
None	0.5	7	14	0	2	295,626
Maintenance Assistance Status						
Cash	0.5	6	14	0	2	269,875
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	3	13	0	1	5,659
Other/unknown	1.2	12	10	0	2	79,320

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 NEW MEXICO, 2002

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	30,752	\$88	\$2,719,439	100.0 %	216,551	\$13	100.0 %
Anorexia or weight loss/gain	5	274	1,371	0.1	15	91	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	1	12	12	0.0	1	12	0.0
Cough and cold medications	4,851	70	338,649	12.5	12,701	27	5.9
Vitamins and minerals	4,983	103	515,143	18.9	30,990	17	14.3
Non-prescription drugs	13,646	82	1,116,936	41.1	126,725	9	58.5
Barbiturates	322	72	23,188	0.9	3,450	7	1.6
Benzodiazepines	6,310	107	673,204	24.8	40,662	17	18.8
Other Part D Excl Rx Drugs	634	80	50,936	1.9	2,007	25	0.9

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 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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 MEXICO, 2002

Total Number of Dual Eligible Beneficiaries 33,812
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$63,101,893
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,866

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,978	17.7 %	\$0	0.0 %
1-500	7,874	23.3	1,547,692	2.5
501-1,000	4,056	12.0	2,988,345	4.7
1,001-1,500	2,984	8.8	3,690,538	5.8
1,501-2,000	2,434	7.2	4,232,994	6.7
2,001-2,500	1,880	5.6	4,217,055	6.7
2,501-3,000	1,529	4.5	4,191,818	6.6
3,001-3,500	1,304	3.9	4,232,612	6.7
3,501-4,000	1,013	3.0	3,792,113	6.0
4,001-4,500	813	2.4	3,447,965	5.5
4,501-5,000	718	2.1	3,409,192	5.4
5,001-5,500	549	1.6	2,878,736	4.6
5,501-6,000	444	1.3	2,548,731	4.0
6,001-6,500	364	1.1	2,273,684	3.6
6,501-7,000	297	0.9	2,007,944	3.2
7,001-7,500	244	0.7	1,768,171	2.8
7,501-8,000	205	0.6	1,586,912	2.5
8,001-8,500	159	0.5	1,308,440	2.1
8,501-9,000	129	0.4	1,131,935	1.8
9,001-9,500	109	0.3	1,008,031	1.6
9,501-10,000	107	0.3	1,043,756	1.7
10,001+	622	1.8	9,795,229	15.5

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. 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 2002.

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 MEXICO, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 7,566
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$13,214,945
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,747

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,114	14.7 %	0	0.0 %
1-500	1,649	21.8	338,411	2.6
501-1,000	949	12.5	702,271	5.3
1,001-1,500	779	10.3	965,158	7.3
1,501-2,000	631	8.3	1,099,685	8.3
2,001-2,500	493	6.5	1,105,008	8.4
2,501-3,000	401	5.3	1,102,432	8.3
3,001-3,500	339	4.5	1,102,114	8.3
3,501-4,000	250	3.3	932,877	7.1
4,001-4,500	209	2.8	883,308	6.7
4,501-5,000	199	2.6	943,352	7.1
5,001-5,500	114	1.5	598,403	4.5
5,501-6,000	93	1.2	533,431	4.0
6,001-6,500	78	1.0	486,996	3.7
6,501-7,000	59	0.8	398,969	3.0
7,001-7,500	42	0.6	305,179	2.3
7,501-8,000	29	0.4	223,939	1.7
8,001-8,500	29	0.4	238,168	1.8
8,501-9,000	25	0.3	218,789	1.7
9,001-9,500	10	0.1	92,869	0.7
9,501-10,000	11	0.1	107,135	0.8
10,001+	63	0.8	836,451	6.3

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. 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 2002.

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 MEXICO, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 5,464
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$8,610,571
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,576

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	616	11.3 %	0	0.0 %
1-500	1,361	24.9	295,654	3.4
501-1,000	805	14.7	592,849	6.9
1,001-1,500	594	10.9	735,336	8.5
1,501-2,000	472	8.6	819,712	9.5
2,001-2,500	353	6.5	791,925	9.2
2,501-3,000	279	5.1	763,046	8.9
3,001-3,500	264	4.8	854,509	9.9
3,501-4,000	175	3.2	655,285	7.6
4,001-4,500	124	2.3	523,982	6.1
4,501-5,000	117	2.1	554,467	6.4
5,001-5,500	73	1.3	383,897	4.5
5,501-6,000	65	1.2	373,104	4.3
6,001-6,500	48	0.9	300,877	3.5
6,501-7,000	33	0.6	223,650	2.6
7,001-7,500	19	0.3	137,445	1.6
7,501-8,000	25	0.5	193,395	2.2
8,001-8,500	10	0.2	82,072	1.0
8,501-9,000	6	0.1	52,782	0.6
9,001-9,500	4	0.1	36,976	0.4
9,501-10,000	5	0.1	48,949	0.6
10,001+	16	0.3	190,659	2.2

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. 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 2002.

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 MEXICO, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	34,609	15,745	18,447	412	5	373,781	163,268	206,654	3,820	39	0
Age											
5 and younger	3	0	3	0	0	34	0	34	0	0	0
6-14	10	0	8	0	2	111	0	87	0	24	0
15-20	83	0	80	1	2	911	0	886	12	13	0
21-44	5,761	2	5,465	294	0	63,760	14	60,858	2,888	0	0
45-64	6,407	1	6,309	97	0	70,400	12	69,612	776	0	0
65-74	9,292	4,763	4,509	19	1	101,881	50,055	51,682	142	2	0
75-84	7,584	6,026	1,557	1	0	81,718	63,932	17,784	2	0	0
85 and older	5,469	4,953	516	0	0	54,966	49,255	5,711	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	21,625	10,995	10,355	274	1	234,901	115,343	116,896	2,650	12	0
Male	12,982	4,750	8,090	138	4	138,856	47,925	89,734	1,170	27	0
Unknown	2	0	2	0	0	24	0	24	0	0	0
Race											
White	14,920	6,858	7,920	140	2	157,497	68,392	87,853	1,249	3	0
African American	698	214	468	16	0	7,424	2,214	5,067	143	0	0
Other/unknown	18,991	8,673	10,059	256	3	208,860	92,662	113,734	2,428	36	0
Use of Nursing Facilities^c											
Entire year	4,181	3,680	501	0	0	41,335	35,864	5,471	0	0	0
Part year	1,925	1,566	359	0	0	17,952	14,289	3,663	0	0	0
None	28,503	10,499	17,587	412	5	314,494	113,115	197,520	3,820	39	0
Maintenance Assistance Status											
Cash	25,537	9,126	16,204	207	0	286,413	101,580	182,959	1,874	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	733	154	552	22	5	7,260	1,524	5,500	197	39	0
Other/unknown	8,339	6,465	1,691	183	0	80,108	60,164	18,195	1,749	0	0
Dual Status^d											
Full dual, all year	33,745	15,242	18,116	382	5	364,531	157,940	203,041	3,511	39	0
Full dual, part year	864	503	331	30	0	9,250	5,328	3,613	309	0	0
Managed Care Status											
FFS all year	31,599	15,289	16,079	227	4	341,931	159,036	180,784	2,073	38	0
FFS part year, with Rx claims	1,462	234	1,172	56	0	15,865	2,242	13,077	546	0	0
FFS part year, no Rx claims	751	173	531	47	0	7,523	1,450	5,633	440	0	0
MC all year, with Rx claims	3	1	2	0	0	30	6	24	0	0	0
MC all year, no Rx claims	794	48	663	82	1	8,432	534	7,136	761	1	0

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 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 2002. 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 MEXICO, 2002

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Bene Mo(s) in Cell F of Table 1	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos
All	34,609	373,781	33,812	354,854	0	18,927
FFS all year	31,599	341,931	31,599	341,931	0	0
FFS part year, with Rx claims	1,462	15,865	1,462	9,206	0	6,659
FFS part year, with no Rx claims	751	7,523	751	3,717	0	3,806
MC all year, with Rx claims	3	30	0	0	0	30
MC all year, with no Rx claims	794	8,432	0	0	0	8,432

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. 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.