

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

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>606,613</b>	<b>338,827</b>	<b>255,965</b>	<b>11,738</b>	<b>81</b>	<b>2</b>	<b>6,488,363</b>	<b>3,545,556</b>	<b>2,845,364</b>	<b>96,688</b>	<b>746</b>	<b>9</b>
<b>Age</b>												
5 and younger	22	0	17	0	5	0	221	0	185	0	36	0
6-14	73	0	65	0	8	0	788	0	724	0	64	0
15-20	667	0	607	0	60	0	7,135	0	6,542	0	593	0
21-44	76,968	0	72,267	4,695	6	0	839,493	0	801,071	38,387	35	0
45-64	107,199	0	100,462	6,735	1	1	1,157,923	0	1,101,526	56,382	12	3
65-74	173,354	106,839	66,208	306	0	1	1,884,057	1,128,832	753,324	1,895	0	6
75-84	147,380	133,373	14,005	2	0	0	1,581,966	1,424,154	157,788	24	0	0
85 and older	100,949	98,615	2,334	0	0	0	1,016,774	992,570	24,204	0	0	0
Unknown	1	0	0	0	1	6	0	0	0	0	6	0
<b>Gender</b>												
Female	384,147	239,885	138,399	5,822	39	2	4,130,167	2,529,300	1,551,416	49,070	372	9
Male	222,466	98,942	117,566	5,916	42	0	2,358,196	1,016,256	1,293,948	47,618	374	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	279,772	158,024	117,863	3,859	26	0	2,913,376	1,578,187	1,305,575	29,375	239	0
African American	84,852	40,644	40,897	3,297	13	1	904,174	428,267	447,918	27,857	129	3
Other/unknown	241,989	140,159	97,205	4,582	42	1	2,670,813	1,539,102	1,091,871	39,456	378	6
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	90,908	78,609	12,251	48	0	0	945,064	806,404	138,181	479	0	0
Part year	37,876	30,657	7,150	69	0	0	378,267	300,072	77,471	724	0	0
None	477,829	229,561	236,564	11,621	81	2	5,165,032	2,439,080	2,629,712	95,485	746	9
<b>Maintenance Assistance Status</b>												
Cash	324,026	157,420	164,339	2,225	42	0	3,677,916	1,779,151	1,881,136	17,210	419	0
Medically needy	269,053	176,343	90,619	2,075	16	0	2,698,910	1,725,851	953,814	19,099	146	0
Poverty-related	476	239	204	29	2	2	4,549	2,300	2,006	232	2	9
Other/unknown	13,058	4,825	803	7,409	21	0	106,988	38,254	8,408	60,147	179	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care Status</b>												
FFS all year	596,386	334,159	252,070	10,082	74	1	6,431,903	3,520,090	2,822,982	88,115	710	6
FFS part year, with Rx claims	8,774	3,779	3,584	1,404	6	1	50,157	21,912	20,952	7,256	34	3
FFS part year, no Rx claims	1,453	889	311	252	1	0	6,303	3,554	1,430	1,317	2	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 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	75.8 %	33.7	\$2,488	\$74	\$24,045	10.3 %	606,613
<b>Age</b>							
5 and younger	81.8	40.5	4,368	108	34,774	12.6	22
6-14	83.6	54.1	8,027	148	26,663	30.1	73
15-20	74.1	18.7	2,295	123	22,726	10.1	667
21-44	82.7	32.6	3,487	107	28,303	12.3	76,968
45-64	85.9	45.4	3,935	87	27,656	14.2	107,199
65-74	81.5	36.8	2,352	64	14,499	16.2	173,354
75-84	73.5	32.5	2,001	62	23,190	8.6	147,380
85 and older	53.6	18.5	1,130	61	34,612	3.3	100,949
Unknown	100.0	2.0	20	10	8,136	0.2	1
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	68.4	27.3	1,708	63	23,813	7.2	338,827
Disabled	86.0	42.5	3,534	83	25,150	14.1	255,965
Adults	66.2	23.0	2,190	95	6,759	32.4	11,738
Children	56.8	12.7	1,535	121	9,855	15.6	81
Unknown	50.0	2.0	82	41	1,273	6.4	2
<b>Gender</b>							
Female	76.1	34.7	2,347	68	23,449	10.0	384,147
Male	75.4	31.9	2,731	86	25,076	10.9	222,466
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	71.4	33.3	2,479	75	29,743	8.3	279,772
African American	79.4	34.0	2,649	78	21,870	12.1	84,852
Other/unknown	79.6	34.0	2,441	72	18,221	13.4	241,989
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	36.0	8.3	867	104	51,372	1.7	90,908
Part year	63.5	23.3	1,747	75	36,399	4.8	37,876
None	84.4	39.3	2,855	73	17,867	16.0	477,829
<b>Maintenance Assistance Status</b>							
Cash	87.3	41.5	2,941	71	17,241	17.1	324,026
Medically needy	62.9	25.0	1,958	78	33,147	5.9	269,053
Poverty related	66.4	23.0	2,097	91	9,938	21.1	476
Other/unknown	57.0	18.9	2,155	114	5,864	36.7	13,058

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 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	3.1	\$233	10.3 %	24.2 %	19.8 %	11.1 %	25.1 %	16.4 %	3.3 %	\$2,248	606,613	6,488,363
<b>Age</b>												
5 and younger	4.0	435	12.6	18.2	9.1	18.2	31.8	18.2	4.5	3,462	22	221
6-14	5.0	744	30.1	16.4	4.1	6.8	39.7	24.7	8.2	2,470	73	788
15-20	1.7	215	10.1	25.9	38.5	11.1	16.2	7.0	1.2	2,125	667	7,135
21-44	3.0	320	12.3	17.3	26.0	12.7	26.4	14.3	3.3	2,595	76,968	839,493
45-64	4.2	364	14.2	14.1	15.8	10.9	29.7	23.2	6.2	2,560	107,199	1,157,923
65-74	3.4	216	16.2	18.5	19.8	12.4	27.9	17.9	3.5	1,334	173,354	1,884,057
75-84	3.0	186	8.6	26.5	19.1	11.0	24.7	16.1	2.6	2,161	147,380	1,581,966
85 and older	1.8	112	3.3	46.4	20.3	8.0	15.4	8.8	1.1	3,436	100,949	1,016,774
Unknown	0.3	3	0.2	0.0	100.0	0.0	0.0	0.0	0.0	1,356	1	6
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	2.6	163	7.2	31.6	20.7	10.7	22.0	13.1	2.1	2,276	338,827	3,545,556
Disabled	3.8	318	14.1	14.0	18.7	11.7	29.7	21.1	4.9	2,263	255,965	2,845,364
Adults	2.8	266	32.4	33.8	21.0	10.0	19.1	11.1	5.0	821	11,738	96,688
Children	1.4	167	15.6	43.2	24.7	13.6	9.9	7.4	1.2	1,070	81	746
Unknown	0.4	18	6.4	50.0	50.0	0.0	0.0	0.0	0.0	283	2	9
<b>Gender</b>												
Female	3.2	218	10.0	23.9	18.8	11.1	25.7	17.1	3.4	2,181	384,147	4,130,167
Male	3.0	258	10.9	24.6	21.6	11.1	24.2	15.3	3.2	2,366	222,466	2,358,196
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	3.2	238	8.3	28.6	18.2	9.8	22.8	16.8	3.9	2,856	279,772	2,913,376
African American	3.2	249	12.1	20.6	21.0	11.7	26.9	16.8	3.0	2,052	84,852	904,174
Other/unknown	3.1	221	13.4	20.4	21.3	12.4	27.2	15.9	2.8	1,651	241,989	2,670,813
<b>use or nursing Facilities<sup>d</sup></b>												
Entire year	0.8	83	1.7	64.0	23.1	5.3	4.1	2.9	0.6	4,942	90,908	945,064
Part year	2.3	175	4.8	36.5	23.5	9.5	17.9	10.8	1.9	3,645	37,876	378,267
None	3.6	264	16.0	15.6	18.9	12.3	29.7	19.4	4.0	1,653	477,829	5,165,032
<b>Maintenance Assistance Status</b>												
Cash	3.7	259	17.1	12.7	19.6	12.7	30.8	20.2	4.0	1,519	324,026	3,677,916
Medically needy	2.5	195	5.9	37.1	20.1	9.2	18.8	12.2	2.5	3,304	269,053	2,698,910
Poverty related	2.4	219	21.1	33.6	23.9	9.2	18.1	12.8	2.3	1,040	476	4,549
Other/unknown	2.3	263	36.7	43.0	20.3	8.6	15.0	8.9	4.2	716	13,058	106,988

Table D4

Dual Eligible Beneficiaries

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 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	3.1	\$233	\$74	1.7	\$182	\$109	0.3	\$17	\$64	1.2	\$34	\$28
<b>Age</b>												
5 and younger	4.0	435	108	1.8	395	219	0.4	7	20	1.8	30	17
6-14	5.0	744	148	2.6	635	245	0.4	61	154	2.0	47	24
15-20	1.7	215	123	0.9	174	197	0.2	20	118	0.7	21	30
21-44	3.0	320	107	1.5	253	165	0.3	26	95	1.2	41	34
45-64	4.2	364	87	2.2	287	132	0.3	25	74	1.7	52	31
65-74	3.4	216	64	1.8	168	91	0.3	16	57	1.2	33	26
75-84	3.0	186	62	1.6	144	89	0.3	14	53	1.1	28	25
85 and older	1.8	112	61	0.9	87	94	0.2	7	48	0.7	17	23
Unknown	0.3	3	10	0.0	0	0	0.0	0	0	0.3	3	10
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	2.6	163	63	1.4	127	91	0.2	11	53	1.0	25	25
Disabled	3.8	318	83	2.0	248	125	0.3	24	73	1.5	45	30
Adults	2.8	266	95	1.5	217	142	0.2	16	75	1.0	33	32
Children	1.4	167	121	0.8	135	177	0.1	22	180	0.5	10	20
Unknown	0.4	18	41	0.2	17	76	0.0	0	0	0.2	1	6
<b>Gender</b>												
Female	3.2	218	68	1.7	169	99	0.3	16	59	1.2	33	27
Male	3.0	258	86	1.6	204	128	0.2	18	74	1.2	35	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.2	238	75	1.6	184	112	0.3	18	66	1.3	36	28
African American	3.2	249	78	1.6	198	120	0.2	15	61	1.3	35	28
Other/unknown	3.1	221	72	1.7	174	103	0.3	16	63	1.1	31	28
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.8	83	104	0.6	76	133	0.0	2	57	0.2	5	28
Part year	2.3	175	75	1.2	142	116	0.2	9	54	0.9	24	26
None	3.6	264	73	1.9	204	108	0.3	20	65	1.4	40	28
<b>Maintenance Assistance Status</b>												
Cash	3.7	259	71	1.9	201	104	0.3	20	63	1.4	38	28
Medically needy	2.5	195	78	1.3	154	119	0.2	13	66	1.0	28	29
Poverty related	2.4	219	91	1.2	158	132	0.2	11	54	1.0	51	52
Other/unknown	2.3	263	114	1.3	226	168	0.2	12	76	0.8	25	31

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 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\\_mddb.asp](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total			Total No. of Rx			Total Rx \$			Users			
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Dual Benes	No. of Bene Mos
Anti-infective Agents	0.3	0.2	0.0	0.1	\$48	\$44	\$2	\$141	\$210	\$94	\$20	\$128,627,006	915,126	234,874	38.7 %	2,698,178			
Biologics	0.1	0.1	0.0	0.0	93	2	19	753	25	3,706	2,230	5,621,297	7,463	5,145	0.8	60,757			
Antineoplastic Agents	0.5	0.3	0.0	0.2	168	142	8	312	432	288	97	27,879,900	89,268	14,892	2.5	166,256			
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	51	37	5	55	77	37	29	112,668,729	2,042,745	193,611	31.9	2,206,828			
Cardiovascular Agents	1.7	0.8	0.1	0.8	75	51	6	45	65	47	24	261,968,373	5,840,219	309,352	51.0	3,514,271			
Respiratory Agents	0.7	0.5	0.1	0.2	45	34	5	62	73	79	32	87,336,900	1,397,500	168,173	27.7	1,930,167			
Gastrointestinal Agents	0.6	0.4	0.0	0.2	60	51	3	96	133	103	28	138,142,339	1,436,458	200,408	33.0	2,292,252			
Genitourinary Agents	0.4	0.4	0.0	0.1	29	28	0	66	74	49	19	21,781,143	328,976	64,405	10.6	742,796			
CNS Drugs	1.1	0.7	0.1	0.4	123	99	8	110	144	130	42	327,792,065	2,982,129	235,546	38.8	2,663,463			
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.2	55	40	7	111	160	88	50	1,710,934	15,399	2,746	0.5	31,112			
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	56	51	0	138	147	67	79	16,790,639	122,096	26,264	4.3	299,884			
Analgesics and Anesthetics	0.6	0.3	0.0	0.3	40	30	3	71	115	85	24	106,915,700	1,503,689	236,082	38.9	2,698,965			
Neuromuscular Agents	0.8	0.4	0.1	0.4	62	47	6	74	119	66	25	81,954,014	1,111,013	115,773	19.1	1,320,229			
Nutritional Products	0.5	0.0	0.1	0.4	10	1	2	21	33	21	20	5,680,256	269,495	48,313	8.0	548,435			
Hematological Agents	0.6	0.2	0.1	0.3	83	76	3	137	310	32	18	86,430,812	632,894	91,452	15.1	1,035,749			
Topical Products	0.6	0.3	0.1	0.2	29	20	4	50	69	45	24	77,354,232	1,550,763	233,964	38.6	2,704,706			
Miscellaneous Products	0.8	0.4	0.2	0.2	223	167	35	294	410	232	101	17,519,752	59,671	6,915	1.1	78,695			
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	26	0	0	0	2,900,324	113,629	36,605	6.0	424,997			
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,509,074,415	20,418,533	n.a.	n.a.	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 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](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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	\$210,379,266	140,989	23.2 %	1,601,296	0.8	\$173	\$131
ULCER DRUGS	116,011,129	202,890	33.4	2,338,375	0.5	107	50
ANTIHYPERTENSIVE	89,449,758	145,711	24.0	1,683,463	0.6	89	53
ANTIVIRAL	89,213,000	35,695	5.9	407,600	0.6	391	219
ANTIDEPRESSANTS	79,182,875	159,068	26.2	1,821,878	0.6	76	43
ANTIDIABETIC	76,594,456	174,532	28.8	1,999,564	0.6	60	38
ANTIHYPERTENSIVE	70,652,161	237,944	39.2	2,737,906	0.6	45	26
ANTICONVULSANT	68,417,936	95,303	15.7	1,093,075	0.7	87	63
ANALGESICS - ANTI-INFLAMMATORY	64,006,773	213,014	35.1	2,476,031	0.3	80	26
HEMATOPOIETIC AGENTS	54,128,225	64,623	10.7	735,753	0.4	190	74
Total	918,035,579	1,469,769		16,894,941	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 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Mean Rx \$	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>9,291,831</b>	<b>\$918,035,579</b>	<b>140,989</b>	<b>\$131</b>	<b>23.2 %</b>	<b>1,601,296</b>	<b>0.8</b>	<b>\$131</b>	<b>33.4 %</b>	<b>202,890</b>	<b>0.5</b>	<b>\$50</b>
<b>Female</b>	5,879,085	530,367,805	79,641	113	20.7	902,489	0.7	113	36.0	138,445	0.5	49
<b>Disabled</b>	2,992,706	292,233,340	41,375	134	29.9	480,384	0.8	134	44.7	61,903	0.5	53
5 and younger	171	11,189	0	0	0.0	0	0.0	0	162.5	13	0.3	14
6-14	546	70,077	0	0	0.0	0	0.0	0	40.6	13	0.5	25
15-20	2,136	270,998	51	115	20.2	602	0.6	115	19.8	50	0.4	27
21-44	550,202	66,510,209	13,717	142	45.7	159,002	0.8	142	30.0	8,992	0.5	52
45-64	1,249,284	129,371,261	18,655	144	36.1	216,554	0.8	144	45.7	23,628	0.5	58
65-74	966,596	78,261,690	6,726	104	15.4	78,655	0.7	104	53.7	23,490	0.5	49
75-84	206,844	16,381,381	1,885	97	17.5	21,815	0.7	97	48.7	5,256	0.5	49
85 and older	16,927	1,356,535	341	81	17.8	3,756	0.7	81	24.0	461	0.5	51
<b>Other Eligibles</b>	2,886,378	238,134,456	38,266	88	15.6	422,105	0.7	88	31.1	76,542	0.4	46
5 and younger	3	240	0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	54	2,080	0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	112	11,959	1	144	3.8	12	0.8	144	7.7	2	0.5	41
21-44	24,280	3,533,627	553	95	22.7	5,802	0.5	95	22.7	553	0.4	43
45-64	38,306	3,754,902	406	101	12.5	4,138	0.6	101	29.0	944	0.4	44
65-74	969,203	77,769,066	6,740	100	10.2	76,754	0.6	100	39.6	26,074	0.4	44
75-84	1,268,118	102,266,935	14,373	90	15.3	160,714	0.7	90	35.8	33,532	0.4	46
85 and older	586,302	50,795,647	16,193	81	20.1	174,685	0.7	81	19.2	15,437	0.5	49
<b>Male</b>	3,412,746	387,667,774	61,348	155	27.6	698,807	0.8	155	29.0	64,445	0.5	51
<b>Disabled</b>	2,289,009	290,520,317	46,491	173	39.5	538,918	0.9	173	30.3	35,602	0.5	56
5 and younger	93	6,706	0	0	0.0	0	0.0	0	44.4	4	0.5	17
6-14	495	70,691	0	0	0.0	0	0.0	0	39.4	13	0.5	39
15-20	2,675	390,226	82	130	23.1	944	0.6	130	12.1	43	0.4	40
21-44	739,837	110,966,709	21,665	175	51.3	251,044	0.9	175	21.5	9,071	0.5	55
45-64	1,078,073	139,292,624	20,618	179	42.3	239,078	0.9	179	32.8	16,006	0.6	59
65-74	414,518	35,404,640	3,471	135	15.4	40,331	0.8	135	40.8	9,168	0.5	49
75-84	50,042	4,082,703	570	106	17.7	6,610	0.7	106	37.5	1,205	0.5	54
85 and older	3,276	306,018	85	83	20.6	911	0.7	83	22.3	92	0.5	62
<b>Other Eligibles</b>	1,123,737	97,147,457	14,857	98	14.2	159,889	0.7	98	27.5	28,843	0.4	45
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	173	16,684	4	146	11.8	48	0.8	146	5.9	2	0.7	33
21-44	19,753	3,279,042	445	112	19.6	4,561	0.6	112	18.7	424	0.4	39
45-64	36,471	4,509,152	416	108	12.0	4,139	0.6	108	21.2	736	0.4	47
65-74	490,430	40,951,240	4,297	120	10.4	47,687	0.7	120	29.9	12,338	0.4	44
75-84	452,509	37,158,440	6,087	91	15.3	66,201	0.7	91	30.0	11,928	0.4	46
85 and older	124,401	11,232,899	3,608	79	19.9	37,253	0.6	79	18.9	3,415	0.5	47
<b>Unknown</b>	1	9	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 York, 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIVIRAL					ANTIDEPRESSANTS				
	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 \$
<b>All</b>	145,711	24.0 %	1,683,463	0.6	\$53	35,695	5.9 %	407,600	0.6	\$219	159,068	26.2 %	1,821,878	0.6	\$44
<b>Female</b>	97,188	25.3	1,126,363	0.6	53	12,689	3.3	146,575	0.4	163	105,487	27.5	1,211,673	0.6	42
<b>Disabled</b>	42,072	30.4	490,189	0.6	54	9,028	6.5	104,456	0.5	196	63,264	45.7	731,164	0.6	48
5 and younger	1	12.5	12	0.1	0	2	25.0	24	0.3	57	1	12.5	11	0.3	28
6-14	2	6.3	24	0.6	26	13	40.6	149	0.8	220	5	15.6	60	0.8	62
15-20	5	2.0	56	0.4	73	21	8.3	241	0.4	123	63	25.0	740	0.5	45
21-44	2,824	9.4	32,805	0.6	48	3,375	11.3	39,011	0.5	204	16,407	54.7	188,036	0.6	54
45-64	16,002	31.0	184,569	0.6	55	4,272	8.3	49,234	0.6	221	28,464	55.1	327,285	0.6	51
65-74	19,251	44.0	226,115	0.6	54	1,171	2.7	13,731	0.3	115	15,214	34.8	178,721	0.5	36
75-84	3,795	35.2	44,404	0.6	56	161	1.5	1,910	0.2	25	2,857	26.5	33,475	0.5	34
85 and older	192	10.0	2,204	0.6	55	13	0.7	156	0.1	12	253	13.2	2,836	0.6	40
<b>Other Eligibles</b>	55,116	22.4	636,174	0.6	52	3,661	1.5	42,119	0.3	80	42,223	17.2	480,509	0.5	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.3	20
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	1.0	83
15-20	0	0.0	0	0.0	0	2	7.7	24	0.4	39	2	7.7	24	0.3	27
21-44	148	6.1	1,562	0.5	42	501	20.6	5,521	0.5	224	1,110	45.6	11,142	0.5	42
45-64	624	19.2	6,655	0.5	44	251	7.7	2,744	0.6	237	1,260	38.7	13,062	0.5	42
65-74	22,500	34.2	258,960	0.6	51	1,180	1.8	13,642	0.2	70	13,512	20.5	155,751	0.5	34
75-84	25,066	26.8	291,353	0.6	54	1,253	1.3	14,710	0.2	31	17,864	19.1	205,663	0.5	33
85 and older	6,778	8.4	77,644	0.6	53	474	0.6	5,478	0.1	11	8,473	10.5	94,843	0.5	35
<b>Male</b>	48,523	21.8	557,100	0.6	53	23,006	10.3	261,025	0.6	250	53,581	24.1	610,205	0.6	46
<b>Disabled</b>	26,865	22.9	309,696	0.6	55	19,976	17.0	227,412	0.6	261	39,652	33.7	453,767	0.6	50
5 and younger	1	11.1	12	0.2	5	2	22.2	24	0.4	120	0	0.0	0	0.0	0
6-14	5	15.2	59	0.6	36	14	42.4	163	0.5	209	1	3.0	12	0.1	6
15-20	2	0.6	24	0.6	37	23	6.5	267	0.6	247	56	15.8	653	0.6	51
21-44	5,074	12.0	58,809	0.6	47	8,817	20.9	99,365	0.6	253	15,996	37.8	183,070	0.6	53
45-64	12,864	26.4	146,519	0.7	56	10,037	20.6	114,983	0.7	275	17,828	36.5	202,765	0.7	53
65-74	8,079	35.9	94,477	0.6	57	1,001	4.5	11,641	0.5	209	5,178	23.0	60,414	0.5	37
75-84	814	25.3	9,506	0.6	58	80	2.5	945	0.4	122	560	17.4	6,488	0.5	35
85 and older	26	6.3	290	0.6	43	2	0.5	24	0.3	38	33	8.0	365	0.4	32
<b>Other Eligibles</b>	21,658	20.6	247,404	0.6	52	3,030	2.9	33,613	0.5	178	13,929	13.3	156,438	0.5	33
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	10	29.4	100	0.7	63
21-44	202	8.9	2,014	0.5	42	581	25.6	6,191	0.6	247	753	33.2	7,433	0.5	37
45-64	645	18.5	6,613	0.5	47	600	17.2	6,313	0.7	280	885	25.4	8,992	0.5	39
65-74	10,869	26.3	123,981	0.6	51	1,177	2.8	13,394	0.5	167	5,386	13.0	61,560	0.5	33
75-84	8,520	21.5	98,606	0.6	54	562	1.4	6,496	0.3	63	5,301	13.4	60,692	0.5	32
85 and older	1,422	7.9	16,190	0.6	52	110	0.6	1,219	0.2	31	1,594	8.8	17,661	0.5	33
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for New York, 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				ANTICONVULSANT						
	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 \$
<b>All</b>	<b>174,532</b>	<b>28.8 %</b>	<b>1,999,564</b>	<b>0.6</b>	<b>\$38</b>	<b>237,944</b>	<b>39.2 %</b>	<b>2,737,906</b>	<b>0.6</b>	<b>\$26</b>	<b>95,303</b>	<b>15.7 %</b>	<b>1,093,075</b>	<b>0.7</b>	<b>\$63</b>
<b>Female</b>	116,886	30.4	1,345,463	0.6	38	157,903	41.1	1,823,083	0.6	26	54,474	14.2	625,097	0.7	57
<b>Disabled</b>	53,014	38.3	614,298	0.7	42	59,723	43.2	694,372	0.6	27	35,468	25.6	410,350	0.7	69
5 and younger	0	0.0	0	0.0	0	5	62.5	59	0.5	17	3	37.5	34	0.2	16
6-14	6	18.8	72	0.1	5	11	34.4	132	0.5	17	3	9.4	36	0.9	23
15-20	17	6.7	200	0.6	27	34	13.5	375	0.4	19	69	27.4	810	0.6	57
21-44	4,119	13.7	47,441	0.6	42	3,767	12.6	43,236	0.6	23	11,790	39.3	135,792	0.8	84
45-64	20,156	39.0	230,876	0.7	44	20,088	38.9	230,553	0.6	27	16,182	31.3	186,859	0.8	73
65-74	23,800	54.4	278,524	0.7	41	28,713	65.7	337,164	0.6	27	6,126	14.0	71,843	0.5	37
75-84	4,675	43.3	54,432	0.6	37	6,586	61.0	77,060	0.6	27	1,179	10.9	13,716	0.6	32
85 and older	241	12.5	2,753	0.6	32	519	27.0	5,793	0.6	26	116	6.0	1,260	0.7	37
<b>Other Eligibles</b>	63,872	26.0	731,165	0.6	34	98,180	40.0	1,128,711	0.6	26	19,006	7.7	214,747	0.5	33
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	3	60.0	36	0.5	28	0	0.0	0	0.0	0
15-20	1	3.8	12	0.1	4	4	15.4	48	0.4	28	5	19.2	45	0.6	43
21-44	275	11.3	2,922	0.5	34	259	10.6	2,694	0.5	19	566	23.3	5,837	0.6	63
45-64	935	28.7	9,723	0.6	38	973	29.9	10,106	0.5	23	520	16.0	5,438	0.5	47
65-74	25,923	39.4	296,592	0.6	37	33,380	50.7	383,405	0.6	26	5,919	9.0	67,893	0.5	37
75-84	28,214	30.1	325,725	0.6	34	44,651	47.7	518,327	0.6	26	7,971	8.5	91,197	0.5	30
85 and older	8,524	10.6	96,191	0.6	29	18,910	23.5	214,095	0.6	25	4,025	5.0	44,337	0.6	28
<b>Male</b>	57,646	25.9	654,101	0.6	39	80,041	36.0	914,823	0.6	25	40,829	18.4	467,978	0.8	71
<b>Disabled</b>	30,831	26.2	351,293	0.7	43	38,105	32.4	436,545	0.6	26	31,812	27.1	367,629	0.8	80
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22.2	24	0.5	10
6-14	0	0.0	0	0.0	0	17	51.5	198	0.4	23	2	6.1	24	1.2	41
15-20	6	1.7	63	0.2	9	42	11.8	488	0.5	21	83	23.4	965	0.7	80
21-44	4,803	11.4	54,511	0.7	44	6,220	14.7	70,722	0.6	24	14,062	33.3	162,910	0.8	89
45-64	15,094	30.9	170,229	0.7	43	16,878	34.6	190,837	0.6	27	14,269	29.3	164,376	0.8	80
65-74	9,855	43.8	114,219	0.7	42	13,216	58.8	154,216	0.6	27	3,023	13.4	35,075	0.6	43
75-84	1,020	31.7	11,677	0.7	40	1,626	50.5	18,881	0.6	28	344	10.7	3,957	0.7	33
85 and older	53	12.8	594	0.5	25	106	25.7	1,203	0.5	23	27	6.5	298	0.7	34
<b>Other Eligibles</b>	26,815	25.6	302,808	0.6	36	41,936	40.0	478,278	0.6	24	9,017	8.6	100,349	0.6	38
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	1	2.9	12	0.6	15	5	14.7	57	0.6	40
21-44	225	9.9	2,208	0.6	45	298	13.1	2,976	0.5	21	375	16.5	3,780	0.6	56
45-64	978	28.1	10,233	0.6	36	1,007	28.9	10,201	0.5	23	450	12.9	4,560	0.6	51
65-74	13,557	32.8	153,224	0.6	36	18,809	45.5	214,039	0.5	24	3,577	8.7	40,593	0.6	42
75-84	9,993	25.2	114,014	0.6	36	17,494	44.1	202,174	0.6	25	3,530	8.9	39,776	0.6	33
85 and older	2,062	11.4	23,129	0.6	30	4,327	23.9	48,876	0.5	24	1,080	6.0	11,583	0.6	28
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for New York, 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				HEMATOPOIETIC AGENTS							
	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 Benes	No. of Bene Mos
<b>All</b>	<b>213,014</b>	<b>35.1 %</b>	<b>2,476,031</b>	<b>0.3</b>	<b>\$26</b>	<b>64,623</b>	<b>10.7 %</b>	<b>735,753</b>	<b>0.4</b>	<b>\$74</b>	<b>606,613</b>	<b>6,488,363</b>
<b>Female</b>	149,547	38.9	1,742,957	0.3	28	42,308	11.0	483,376	0.4	68	384,146	4,130,161
<b>Disabled</b>	71,170	51.4	832,509	0.3	28	18,560	13.4	215,132	0.4	59	138,399	1,551,416
5 and younger	3	37.5	35	0.1	1	15	187.5	173	0.4	34	8	92
6-14	2	6.3	23	1.1	49	29	90.6	342	0.5	72	32	353
15-20	55	21.8	649	0.2	6	43	17.1	449	0.3	128	252	2,731
21-44	12,192	40.6	141,662	0.3	16	3,855	12.9	44,891	0.4	51	29,997	333,660
45-64	26,643	51.6	308,842	0.4	31	7,284	14.1	83,959	0.4	62	51,681	571,762
65-74	26,558	60.7	313,934	0.3	29	5,580	12.8	65,089	0.4	58	43,720	500,594
75-84	5,366	49.7	63,356	0.4	30	1,586	14.7	18,364	0.4	62	10,788	122,234
85 and older	351	18.3	4,008	0.4	31	168	8.7	1,865	0.4	77	1,921	19,990
<b>Other Eligibles</b>	78,376	31.9	910,442	0.3	29	23,748	9.7	268,244	0.4	75	245,747	2,578,745
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	28
6-14	0	0.0	0	0.0	0	2	40.0	24	1.0	3	5	50
15-20	5	19.2	55	0.2	5	8	30.8	88	0.2	48	26	264
21-44	892	36.6	9,438	0.2	17	311	12.8	3,314	0.3	86	2,434	20,627
45-64	1,385	42.5	14,690	0.3	25	299	9.2	3,273	0.4	58	3,258	27,703
65-74	29,626	45.0	343,581	0.3	27	6,378	9.7	72,750	0.3	72	65,844	702,907
75-84	33,718	36.0	395,676	0.3	30	10,210	10.9	116,411	0.4	67	93,675	1,009,946
85 and older	12,750	15.8	147,002	0.4	31	6,540	8.1	72,384	0.4	93	80,501	817,220
<b>Male</b>	63,467	28.5	733,074	0.3	21	22,315	10.0	252,377	0.4	84	222,466	2,358,196
<b>Disabled</b>	36,136	30.7	418,481	0.3	19	11,830	10.1	135,036	0.4	87	117,566	1,293,948
5 and younger	1	11.1	12	0.1	1	9	100.0	94	0.5	29	9	93
6-14	3	9.1	36	0.3	7	26	78.8	303	0.6	75	33	371
15-20	45	12.7	525	0.1	3	45	12.7	522	0.5	111	355	3,811
21-44	10,571	25.0	122,242	0.2	12	2,670	6.3	30,547	0.4	121	42,270	467,411
45-64	15,420	31.6	177,163	0.3	21	5,746	11.8	65,467	0.5	89	48,781	529,764
65-74	8,996	40.0	105,642	0.3	24	2,882	12.8	33,018	0.4	56	22,488	252,730
75-84	1,034	32.1	12,105	0.3	25	403	12.5	4,540	0.4	68	3,217	35,554
85 and older	66	16.0	756	0.4	31	49	11.9	545	0.4	116	413	4,214
<b>Other Eligibles</b>	27,331	26.1	314,593	0.3	22	10,485	10.0	117,341	0.4	80	104,900	1,064,248
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	14
15-20	3	8.8	27	0.2	4	1	2.9	12	0.6	1	34	329
21-44	558	24.6	5,674	0.3	16	114	5.0	1,168	0.4	205	2,267	17,795
45-64	997	28.7	10,402	0.3	21	264	7.6	2,763	0.4	80	3,479	28,694
65-74	12,628	30.6	145,310	0.3	21	3,900	9.4	44,106	0.4	70	41,302	427,826
75-84	10,610	26.7	124,030	0.3	24	4,443	11.2	50,112	0.4	74	39,700	414,232
85 and older	2,535	14.0	29,150	0.3	25	1,763	9.7	19,180	0.4	112	18,114	175,350
<b>Unknown</b>	1	100.0	6	0.2	2	0	0.0	0	0.0	0	1	6

Table D7D

Dual Eligible Beneficiaries

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 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](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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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
	\$83	0.8	90,908	945,064
<b>All</b>				
<b>Age</b>				
0-64	234	1.7	6,011	67,824
65-74	141	1.5	11,800	128,414
75-84	85	0.9	29,236	305,534
85 and older	43	0.4	43,861	443,292
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	74	0.7	66,004	689,833
Male	110	1.0	24,904	255,231
Unknown	0	0.0	0	0
<b>Race</b>				
White	70	0.7	62,243	627,950
African American	111	1	7,124	76,644
Other/unknown	110	1.1	21,541	240,470
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	65	0.7	78,609	806,404
Disabled	188	1.7	12,251	138,181
Adults	405	3.0	48	479
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 York, 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 37,876 beneficiaries who were in nursing facilities for part of their enrollment and their 378,267 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	0.5	0.4	0.0	0.1	\$77	\$75	\$1	\$2	\$155	\$189	\$86	\$17	22,605	\$3,502,683	3,845	4.2 %	45,417
Biologics	0.1	0.1	0.0	0.0	68	1	53	14	699	15	8,102	604	134	93,632	117	0.1	1,380
Antineoplastic Agents	0.7	0.5	0.0	0.1	308	295	3	11	450	550	178	81	2,720	1,224,159	340	0.4	3,969
Endocrine/Metabolic Drugs	1.0	0.6	0.1	0.3	62	46	6	10	60	83	38	31	39,146	2,355,978	3,231	3.6	38,092
Cardiovascular Agents	2.0	0.9	0.2	0.9	87	58	8	21	44	63	47	23	130,285	5,713,361	5,602	6.2	65,873
Respiratory Agents	0.6	0.4	0.1	0.2	39	30	4	5	61	70	77	30	19,730	1,206,544	2,646	2.9	31,251
Gastrointestinal Agents	0.7	0.4	0.0	0.2	58	49	3	6	86	125	83	24	28,846	2,480,132	3,619	4.0	42,726
Genitourinary Agents	0.6	0.5	0.0	0.1	39	37	0	2	66	74	64	21	11,542	765,990	1,678	1.8	19,816
CNS Drugs	1.0	0.9	0.0	0.1	140	135	1	4	135	143	112	49	313,435	42,226,107	27,150	29.9	300,801
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.1	29	23	2	4	91	150	65	29	236	21,477	62	0.1	734
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	89	88	0	1	168	170	0	59	7,782	1,307,440	1,249	1.4	14,691
Analgesics and Anesthetics	0.5	0.3	0.0	0.2	39	33	2	4	70	97	63	21	23,781	1,669,786	3,658	4.0	43,357
Neuromuscular Agents	0.9	0.6	0.0	0.3	57	45	2	9	62	82	53	29	75,783	4,697,514	7,388	8.1	82,999
Nutritional Products	0.5	0.0	0.1	0.4	10	0	2	8	18	24	22	18	5,909	108,300	971	1.1	11,254
Hematological Agents	0.7	0.5	0.0	0.2	207	203	1	3	302	421	29	16	29,909	9,035,593	3,988	4.4	43,576
Topical Products	0.8	0.4	0.1	0.2	41	31	5	5	53	73	41	23	42,418	2,253,691	4,634	5.1	54,983
Miscellaneous Products	0.5	0.2	0.1	0.1	110	58	41	12	216	258	284	82	446	96,553	78	0.1	874
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	24	0	0	0	4,068	97,286	1,002	1.1	11,806
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.	758,775	78,856,226	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 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 37,876 beneficiaries who were in nursing facilities for part of their enrollment and their 378,267 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](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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). 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.

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	\$39,576,676	27,795	30.6 %	307,106	0.9	\$146	\$129
HEMATOPOIETIC AGENTS	8,150,158	3,096	3.4	33,108	0.6	417	246
ANTICONVULSANT	4,321,132	7,041	7.7	79,007	0.9	64	55
ANTIVIRAL	3,016,516	878	1.0	10,024	1.3	234	301
ULCER DRUGS	2,174,309	3,664	4.0	43,344	0.5	103	50
ANTIHYPERTENSIVE	1,839,775	2,754	3.0	32,733	0.6	88	56
ANTIDEPRESSANTS	1,753,100	3,956	4.4	46,813	0.5	70	37
ANTIHYPERTENSIVE	1,631,175	5,019	5.5	59,589	0.6	45	27
ANTIDIABETIC	1,491,754	3,093	3.4	36,600	0.7	60	41
DERMATOLOGICAL	1,319,747	8,744	9.6	104,377	0.2	55	13
Total	65,274,342	66,040		752,701	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 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 37,876 beneficiaries who were in nursing facilities for part of their enrollment and their 378,267 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	
			No. of Users	Residents	NF										No. of Users
<b>All</b>	<b>522,565</b>	<b>\$65,274,342</b>	<b>27,795</b>	<b>30.6 %</b>	<b>307,106</b>	<b>0.9</b>	<b>\$129</b>	<b>3,096</b>	<b>3.4 %</b>	<b>33,108</b>	<b>0.6</b>	<b>\$246</b>			
<b>Female</b>	346,058	41,750,419	19,348	29.3	214,515	0.9	122	2,106	3.2	22,697	0.6	247			
<b>Disabled</b>	82,337	9,803,912	2,637	39.3	30,672	1.0	178	386	5.7	4,379	0.5	154			
64 or younger	36,601	4,802,322	1,161	43.0	13,501	1.1	212	130	4.8	1,462	0.6	139			
65-74	32,377	3,499,685	909	41.1	10,698	1.0	167	160	7.2	1,855	0.5	127			
75-84	10,962	1,213,746	393	35.5	4,519	0.9	142	78	7.0	881	0.6	192			
85 and older	2,397	288,159	174	24.9	1,954	0.8	93	18	2.6	181	0.7	374			
<b>Other Eligibles</b>	263,721	31,946,507	16,711	28.2	183,843	0.8	112	1,720	2.9	18,318	0.6	269			
64 or younger	155	13,493	7	33.3	55	0.9	122	0	0.0	0	0.0	0			
65-74	41,007	4,947,751	1,532	34.9	17,424	0.9	155	242	5.5	2,634	0.5	247			
75-84	116,467	13,385,172	5,982	31.3	66,869	0.9	123	666	3.5	7,356	0.5	226			
85 and older	106,092	13,600,091	9,190	25.7	99,495	0.8	98	812	2.3	8,328	0.6	315			
<b>Male</b>	176,527	23,523,923	8,447	33.9	92,591	0.9	145	990	4.0	10,411	0.6	244			
<b>Disabled</b>	71,425	10,927,690	2,391	43.2	27,713	1.1	210	270	4.9	3,041	0.7	223			
64 or younger	47,171	7,899,279	1,480	45.4	17,124	1.2	234	161	4.9	1,819	0.7	240			
65-74	19,509	2,519,858	695	40.6	8,109	1.0	185	82	4.8	911	0.7	213			
75-84	3,925	402,268	164	39.3	1,918	0.9	136	18	4.3	214	0.5	92			
85 and older	820	106,285	52	36.6	562	0.9	110	9	6.3	97	0.9	277			
<b>Other Eligibles</b>	105,102	12,596,233	6,056	31.3	64,878	0.8	117	720	3.7	7,370	0.6	253			
64 or younger	993	147,503	11	42.3	115	0.7	123	5	19.2	55	0.8	324			
65-74	26,645	3,451,246	1,302	37.3	14,421	0.9	148	148	4.2	1,541	0.6	243			
75-84	51,883	5,790,245	2,732	31.8	29,605	0.8	117	324	3.8	3,363	0.6	209			
85 and older	25,581	3,207,239	2,011	27.7	20,737	0.8	97	243	3.3	2,411	0.7	319			
<b>Unknown</b>	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 York, 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 37,876 beneficiaries who were in nursing facilities for part of their enrollment and their 378,267 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	ANTICONVULSANT						ANTIVIRAL						ULCER DRUGS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>7,041</b>	<b>7.7 %</b>	<b>0.9</b>	<b>79,007</b>	<b>0.9</b>	<b>\$55</b>	<b>878</b>	<b>1.0 %</b>	<b>10,024</b>	<b>1.3</b>	<b>\$301</b>	<b>3,664</b>	<b>4.0 %</b>	<b>43,344</b>	<b>0.5</b>	<b>\$50</b>		
<b>Female</b>	4,353	6.6	0.8	48,909	0.8	49	206	0.3	2,262	1.2	205	2,595	3.9	30,689	0.5	49		
<b>Disabled</b>	1,188	17.7	1.0	13,819	1.0	71	116	1.7	1,214	2.0	331	710	10.6	8,445	0.5	55		
64 or younger	665	24.6	1.1	7,717	1.1	87	98	3.6	1,014	2.2	375	177	6.6	2,085	0.6	60		
65-74	387	17.5	0.8	4,555	0.8	56	17	0.8	188	1.0	111	413	18.7	4,928	0.5	53		
75-84	106	9.6	1.0	1,201	1.0	43	1	0.1	12	0.1	1	109	9.8	1,308	0.5	56		
85 and older	30	4.3	0.8	346	0.8	32	0	0.0	0	0.0	0	11	1.6	124	0.6	53		
<b>Other Eligibles</b>	3,165	5.3	0.8	35,090	0.8	40	90	0.2	1,048	0.2	58	1,885	3.2	22,244	0.5	47		
64 or younger	4	19.0	0.7	35	0.7	49	0	0.0	0	0.0	0	2	9.5	24	0.6	25		
65-74	564	12.8	0.8	6,468	0.8	52	30	0.7	338	0.4	107	401	9.1	4,767	0.5	50		
75-84	1,416	7.4	0.8	15,987	0.8	41	43	0.2	506	0.2	45	1,111	5.8	13,164	0.4	44		
85 and older	1,181	3.3	0.7	12,600	0.7	33	17	0.0	204	0.1	11	371	1.0	4,289	0.5	55		
<b>Male</b>	2,688	10.8	0.9	30,098	0.9	64	672	2.7	7,762	1.3	329	1,069	4.3	12,655	0.5	52		
<b>Disabled</b>	1,068	19.3	1.1	12,346	1.1	88	566	10.2	6,611	1.3	335	355	6.4	4,185	0.6	60		
64 or younger	719	22.0	1.1	8,345	1.1	97	536	16.4	6,263	1.3	336	165	5.1	1,931	0.6	65		
65-74	287	16.8	1.0	3,308	1.0	73	29	1.7	336	1.7	328	151	8.8	1,810	0.5	54		
75-84	56	13.4	1.0	621	1.0	46	1	0.2	12	0.1	12	36	8.6	408	0.6	64		
85 and older	6	4.2	0.9	72	0.9	57	0	0.0	0	0.0	0	3	2.1	36	0.7	95		
<b>Other Eligibles</b>	1,620	8.4	0.8	17,752	0.8	47	106	0.5	1,151	1.6	293	714	3.7	8,470	0.5	48		
64 or younger	5	19.2	0.8	56	0.8	110	23	88.5	276	2.4	339	1	3.8	12	1.6	200		
65-74	470	13.5	0.9	5,297	0.9	58	45	1.3	464	1.7	367	170	4.9	1,990	0.5	50		
75-84	757	8.8	0.8	8,377	0.8	44	34	0.4	363	0.9	201	419	4.9	5,009	0.5	48		
85 and older	388	5.3	0.8	4,022	0.8	37	4	0.1	48	0.1	9	124	1.7	1,459	0.5	44		
<b>Unknown</b>	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 York, 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 37,876 beneficiaries who were in nursing facilities for part of their enrollment and their 378,267 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTIDEPRESSANTS						ANTIHYPERTENSIVE						
	ANTIHYPERTENSIVE			ANTIDEPRESSANTS			ANTIHYPERTENSIVE			ANTIDEPRESSANTS			ANTIHYPERTENSIVE			ANTIDEPRESSANTS			
	No. of Users	No. of Bene among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene among Users	Mean No. of Rx	
<b>All</b>	<b>2,754</b>	<b>32,733</b>	<b>0.6</b>	<b>3.0 %</b>	<b>3,956</b>	<b>4.4 %</b>	<b>46,813</b>	<b>0.5</b>	<b>\$56</b>	<b>3,956</b>	<b>4.4 %</b>	<b>46,813</b>	<b>0.5</b>	<b>\$37</b>	<b>5,019</b>	<b>5.5 %</b>	<b>59,589</b>	<b>0.6</b>	<b>\$27</b>
<b>Female</b>	1,985	23,588	0.6	3.0	2,809	4.3	33,248	0.5	56	2,809	4.3	33,248	0.5	37	3,511	5.3	41,673	0.6	27
<b>Disabled</b>	591	7,047	0.7	8.8	799	11.9	9,508	0.6	60	799	11.9	9,508	0.6	45	870	13.0	10,362	0.6	29
64 or younger	167	1,980	0.7	6.2	263	9.7	3,110	0.8	66	263	9.7	3,110	0.8	60	180	6.7	2,133	0.7	31
65-74	328	3,915	0.6	14.8	421	19.1	5,045	0.5	56	421	19.1	5,045	0.5	39	537	24.3	6,422	0.6	28
75-84	88	1,056	0.7	7.9	101	9.1	1,202	0.5	67	101	9.1	1,202	0.5	32	141	12.7	1,671	0.6	29
85 and older	8	96	0.6	1.1	14	2.0	151	0.8	49	14	2.0	151	0.8	34	12	1.7	136	0.7	29
<b>Other Eligibles</b>	1,394	16,541	0.6	2.4	2,010	3.4	23,740	0.5	54	2,010	3.4	23,740	0.5	34	2,641	4.5	31,311	0.6	27
64 or younger	4	48	0.8	19.0	1	4.8	12	1.1	53	1	4.8	12	1.1	95	3	14.3	36	0.4	21
65-74	350	4,164	0.6	8.0	480	10.9	5,706	0.6	57	480	10.9	5,706	0.6	39	553	12.6	6,593	0.6	28
75-84	845	10,025	0.6	4.4	1,188	6.2	14,053	0.4	53	1,188	6.2	14,053	0.4	31	1,590	8.3	18,919	0.6	27
85 and older	195	2,304	0.6	0.5	341	1.0	3,969	0.5	54	341	1.0	3,969	0.5	36	495	1.4	5,763	0.6	24
<b>Male</b>	769	9,145	0.7	3.1	1,147	4.6	13,565	0.6	57	1,147	4.6	13,565	0.6	39	1,508	6.1	17,916	0.6	28
<b>Disabled</b>	245	2,914	0.7	4.4	397	7.2	4,711	0.7	59	397	7.2	4,711	0.7	52	417	7.5	4,967	0.7	31
64 or younger	116	1,381	0.7	3.6	217	6.7	2,564	0.7	58	217	6.7	2,564	0.7	54	186	5.7	2,200	0.7	30
65-74	107	1,280	0.7	6.3	153	8.9	1,827	0.7	58	153	8.9	1,827	0.7	52	178	10.4	2,133	0.6	32
75-84	19	217	0.8	4.6	24	5.8	284	0.6	64	24	5.8	284	0.6	37	48	11.5	574	0.7	31
85 and older	3	36	1.0	2.1	3	2.1	36	0.9	81	3	2.1	36	0.9	56	5	3.5	60	0.7	23
<b>Other Eligibles</b>	524	6,231	0.6	2.7	750	3.9	8,854	0.5	56	750	3.9	8,854	0.5	32	1,091	5.6	12,949	0.6	27
64 or younger	5	50	0.9	19.2	3	11.5	36	1.4	84	3	11.5	36	1.4	80	1	3.8	12	0.6	47
65-74	133	1,584	0.6	3.8	190	5.4	2,208	0.5	55	190	5.4	2,208	0.5	33	248	7.1	2,930	0.6	25
75-84	328	3,922	0.6	3.8	457	5.3	5,427	0.5	55	457	5.3	5,427	0.5	31	663	7.7	7,906	0.6	28
85 and older	58	675	0.6	0.8	100	1.4	1,183	0.5	61	100	1.4	1,183	0.5	33	179	2.5	2,101	0.6	26
<b>Unknown</b>	0	0	0.0	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 York, 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 37,876 beneficiaries who were in nursing facilities for part of their enrollment and their 378,267 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL					Bene Mos among All-Year NF Residents	
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	Residents	No. of Users	Residents		No. of Users	Residents	No. of Users	Residents			
<b>All</b>	<b>3,093</b>	<b>3.4 %</b>	<b>36,600</b>	<b>0.7</b>	<b>\$41</b>	<b>8,744</b>	<b>9.6 %</b>	<b>104,377</b>	<b>0.2</b>	<b>\$13</b>	<b>90,908</b>	<b>945,064</b>
<b>Female</b>	2,173	3.3	25,754	0.7	40	6,094	9.2	72,809	0.2	13	66,004	689,833
<b>Disabled</b>	725	10.8	8,636	0.8	46	1,655	24.6	19,767	0.2	13	6,718	75,891
64 or younger	225	8.3	2,673	0.8	50	427	15.8	5,069	0.2	9	2,701	30,697
65-74	365	16.5	4,361	0.7	43	976	44.2	11,686	0.2	13	2,209	25,518
75-84	124	11.2	1,488	0.8	49	234	21.1	2,807	0.3	17	1,108	12,343
85 and older	11	1.6	114	0.7	38	18	2.6	205	0.4	15	700	7,333
<b>Other Eligibles</b>	1,448	2.4	17,118	0.7	36	4,439	7.5	53,042	0.2	13	59,286	613,942
64 or younger	0	0.0	0	0.0	0	1	4.8	12	0.1	5	21	192
65-74	394	9.0	4,666	0.7	42	943	21.5	11,256	0.2	14	4,393	46,802
75-84	843	4.4	9,972	0.7	37	2,714	14.2	32,504	0.2	13	19,121	201,925
85 and older	211	0.6	2,480	0.6	25	781	2.2	9,270	0.2	10	35,751	365,023
<b>Male</b>	920	3.7	10,846	0.7	44	2,650	10.6	31,568	0.2	12	24,904	255,231
<b>Disabled</b>	312	5.6	3,690	0.7	46	827	14.9	9,820	0.2	13	5,533	62,290
64 or younger	141	4.3	1,670	0.7	43	426	13.1	5,033	0.3	11	3,263	36,655
65-74	140	8.2	1,670	0.7	49	333	19.5	3,981	0.2	14	1,711	19,559
75-84	27	6.5	302	0.7	48	64	15.3	758	0.3	14	417	4,606
85 and older	4	2.8	48	0.7	44	4	2.8	48	0.3	31	142	1,470
<b>Other Eligibles</b>	608	3.1	7,156	0.7	42	1,823	9.4	21,748	0.2	12	19,371	192,941
64 or younger	1	3.8	7	3.9	712	3	11.5	36	0.4	22	26	280
65-74	163	4.7	1,938	0.7	43	404	11.6	4,822	0.2	11	3,487	36,535
75-84	374	4.4	4,435	0.6	43	1,099	12.8	13,132	0.2	12	8,590	86,660
85 and older	70	1.0	776	0.7	32	317	4.4	3,758	0.2	13	7,268	69,466
<b>Unknown</b>	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 York, 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 37,876 beneficiaries who were in nursing facilities for part of their enrollment and their 378,267 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](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<sup>a,b</sup>  
 NEW YORK, 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	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Dual Rx	Total No. of Benes
			5.1	3,111,117						
<b>All</b>	<b>302,047</b>	<b>49.8 %</b>	<b>5.1</b>	<b>3,111,117</b>	<b>\$57</b>	<b>\$34,749,099</b>	<b>\$11</b>	<b>2.3 %</b>	<b>606,613</b>	
<b>Age</b>										
5 and younger	17	77.3	11.8	259	350	7,703	30	8.0	22	
6-14	49	67.1	12.4	902	208	15,174	17	2.6	73	
15-20	250	37.5	2.7	1,799	40	26,363	15	1.7	667	
21-44	35,570	46.2	4.4	335,656	93	7,121,584	21	2.7	76,968	
45-64	62,934	58.7	6.8	729,773	104	11,125,183	15	2.6	107,199	
65-74	100,902	58.2	5.6	974,071	49	8,481,522	9	2.1	173,354	
75-84	72,802	49.4	5.1	749,759	39	5,773,472	8	2.0	147,380	
85 and older	29,523	29.2	3.2	318,898	22	2,198,098	7	1.9	100,949	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	148,980	44.0	4.3	1,459,098	33	11,176,805	8	1.9	338,827	
Disabled	148,467	58.0	6.3	1,620,168	89	22,863,830	14	2.5	255,965	
Adults	4,576	39.0	2.7	31,706	60	706,366	22	2.7	11,738	
Children	23	28.4	1.7	139	26	2,088	15	1.7	81	
Unknown	1	50.0	3.0	6	5	10	2	6.1	2	
<b>Gender</b>										
Female	198,054	51.6	5.4	2,091,976	58	22,306,173	11	2.5	384,147	
Male	103,993	46.7	4.6	1,019,141	56	12,442,926	12	2.0	222,466	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	119,430	42.7	4.8	1,342,838	61	17,151,380	13	2.5	279,772	
African American	46,062	54.3	5.2	442,812	53	4,472,799	10	2.0	84,852	
Other/unknown	136,555	56.4	5.5	1,325,467	54	13,124,920	10	2.2	241,989	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	5,503	6.1	0.8	74,385	7	666,653	9	0.8	90,908	
Part year	14,703	38.8	3.8	142,700	31	1,165,926	8	1.8	37,876	
None	281,841	59.0	6.1	2,894,032	69	32,916,520	11	2.4	477,829	
<b>Maintenance Assistance Status</b>										
Cash	207,226	64.0	6.7	2,173,918	67	21,649,666	10	2.3	324,026	
Medically needy	90,141	33.5	3.4	904,874	46	12,419,979	14	2.4	269,053	
Poverty related	184	38.7	3.0	1,439	269	128,155	89	12.8	476	
Other/unknown	4,496	34.4	2.4	30,886	42	551,299	18	2.0	13,058	

Table D11

Dual Eligible Beneficiaries

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 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<sup>a,b</sup>  
 NEW YORK, 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
All	0.5	\$5	\$11	\$0	\$2	6,488,363
<b>Age</b>						
5 and younger	1.2	35	30	0	0	221
6-14	1.1	19	17	0	0	788
15-20	0.3	4	15	0	1	7,135
21-44	0.4	8	21	0	3	839,493
45-64	0.6	10	15	0	3	1,157,923
65-74	0.5	5	9	0	1	1,884,057
75-84	0.5	4	8	0	1	1,581,966
85 and older	0.3	2	7	0	0	1,016,774
Unknown	0.0	0	0	0	0	6
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	3	8	0	1	3,545,556
Disabled	0.6	8	14	0	3	2,845,364
Adults	0.3	7	22	0	2	96,688
Children	0.2	3	15	0	0	746
Unknown	0.7	1	2	0	0	9
<b>Gender</b>						
Female	0.5	5	11	0	1	4,130,167
Male	0.4	5	12	0	2	2,358,196
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.5	6	13	0	2	2,913,376
African American	0.5	5	10	0	1	904,174
Other/unknown	0.5	5	10	0	1	2,670,813
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.1	1	9	0	0	945,064
Part year	0.4	3	8	0	1	378,267
None	0.6	6	11	0	2	5,165,032
<b>Maintenance Assistance Status</b>						
Cash	0.6	6	10	0	2	3,677,916
Medically needy	0.3	5	14	0	1	2,698,910
Poverty related	0.3	28	89	0	0	4,549
Other/unknown	0.3	5	18	0	2	106,988

Table D12

Dual Eligible Beneficiaries

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 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<sup>a,b,c</sup>  
 NEW YORK, 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
<b>All</b>	<b>408,596</b>	<b>\$85</b>	<b>\$34,749,099</b>	<b>100.0 %</b>	<b>3,111,117</b>	<b>\$11</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	15	359	5,379	0.0	57	94	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	34,270	130	4,467,048	12.9	80,937	55	2.6
Vitamins and minerals	47,032	118	5,542,922	16.0	261,836	21	8.4
Non-prescription drugs	261,795	30	7,793,833	22.4	2,397,491	3	77.1
Barbiturates	4,308	70	299,579	0.9	42,842	7	1.4
Benzodiazepines	50,212	195	9,793,270	28.2	284,214	34	9.1
Other Part D Excl Rx Drugs	10,964	625	6,847,068	19.7	43,740	157	1.4

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 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 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 NEW YORK, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 100,949  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$114,111,683  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,130

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	46,859	46.4 %	0	0.0 %
1-500	12,228	12.1	2,804,435	2.5
501-1,000	8,478	8.4	6,302,347	5.5
1,001-1,500	7,031	7.0	8,683,979	7.6
1,501-2,000	5,646	5.6	9,879,664	8.7
2,001-2,500	4,572	4.5	10,245,501	9.0
2,501-3,000	3,311	3.3	9,075,269	8.0
3,001-3,500	2,819	2.8	9,137,494	8.0
3,501-4,000	2,214	2.2	8,280,224	7.3
4,001-4,500	1,747	1.7	7,414,045	6.5
4,501-5,000	1,354	1.3	6,423,161	5.6
5,001-5,500	965	1.0	5,058,805	4.4
5,501-6,000	796	0.8	4,564,421	4.0
6,001-6,500	571	0.6	3,570,464	3.1
6,501-7,000	474	0.5	3,197,594	2.8
7,001-7,500	334	0.3	2,415,418	2.1
7,501-8,000	281	0.3	2,176,997	1.9
8,001-8,500	239	0.2	1,971,401	1.7
8,501-9,000	170	0.2	1,486,434	1.3
9,001-9,500	146	0.1	1,347,186	1.2
9,501-10,000	108	0.1	1,048,802	0.9
10,001+	606	0.6	9,028,042	7.9

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. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>616,942</b>	<b>343,749</b>	<b>260,315</b>	<b>12,788</b>	<b>88</b>	<b>6,664,748</b>	<b>3,629,553</b>	<b>2,917,559</b>	<b>116,764</b>	<b>860</b>	<b>12</b>
<b>Age</b>											
5 and younger	22	0	17	0	5	221	0	185	0	36	0
6-14	74	0	66	0	8	801	0	737	0	64	0
15-20	697	0	630	0	67	7,677	0	6,972	0	705	0
21-44	78,526	0	73,378	5,142	6	867,631	0	820,495	47,099	37	0
45-64	109,199	0	101,874	7,323	1	1,193,075	0	1,125,478	67,579	12	6
65-74	176,924	108,800	67,802	321	0	1,945,633	1,165,153	778,412	2,062	0	6
75-84	149,324	135,127	14,195	2	0	1,613,377	1,452,549	160,804	24	0	0
85 and older	102,175	99,822	2,353	0	0	1,036,327	1,011,851	24,476	0	0	0
Unknown	1	0	0	0	1	6	0	0	0	6	0
<b>Gender</b>											
Female	391,376	243,618	141,297	6,414	45	4,251,534	2,591,648	1,598,945	60,476	453	12
Male	225,566	100,131	119,018	6,374	43	2,413,214	1,037,905	1,318,614	56,288	407	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	282,965	159,512	119,166	4,258	29	2,972,491	1,605,360	1,329,673	37,172	286	0
African American	87,705	41,774	42,279	3,637	14	949,509	446,216	469,258	33,882	147	6
Other/unknown	246,272	142,463	98,870	4,893	45	2,742,748	1,577,977	1,118,628	45,710	427	6
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	90,916	78,614	12,253	49	0	945,195	806,481	138,218	496	0	0
Part year	37,900	30,672	7,158	70	0	380,971	302,158	78,048	765	0	0
None	488,126	234,463	240,904	12,669	88	5,338,582	2,520,914	2,701,293	115,503	860	12
<b>Maintenance Assistance Status</b>											
Cash	330,703	160,345	167,808	2,503	47	3,788,146	1,828,395	1,937,130	22,129	492	0
Medically needy	271,738	178,062	91,467	2,192	17	2,745,860	1,754,504	969,545	21,636	175	0
Poverty related	489	244	208	32	3	4,828	2,395	2,076	331	14	12
Other/unknown	14,012	5,098	832	8,061	21	125,914	44,259	8,808	72,668	179	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	614,336	341,827	259,672	12,747	88	6,636,308	3,608,366	2,910,733	116,337	860	12
Full dual, part year	2,606	1,922	643	41	0	28,440	21,187	6,826	427	0	0
<b>Managed Care Status</b>											
FFS all year	596,386	334,159	252,070	10,082	74	6,431,903	3,520,090	2,822,982	88,115	710	6
FFS part year, with Rx claims	8,774	3,779	3,584	1,404	6	100,087	43,516	41,244	15,259	62	6
FFS part year, no Rx claims	1,453	889	311	252	1	14,326	8,732	3,110	2,480	4	0
MC all year, with Rx claims	5,812	1,669	3,188	949	6	67,025	19,755	37,047	10,151	72	0
MC all year, no Rx claims	4,517	3,253	1,162	101	1	51,407	37,460	13,176	759	12	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 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>616,942</b>	<b>6,664,748</b>	<b>606,613</b>	<b>6,488,363</b>	<b>0</b>	<b>176,385</b>
FFS all year	596,386	6,431,903	596,386	6,431,903	0	0
FFS part year, with Rx claims	8,774	100,087	8,774	50,157	0	49,930
FFS part year, with no Rx claims	1,453	14,326	1,453	6,303	0	8,023
MC all year, with Rx claims	5,812	67,025	0	0	0	67,025
MC all year, with no Rx claims	4,517	51,407	0	0	0	51,407

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. 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.