

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 NEW MEXICO

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>35,350</b>	<b>16,043</b>	<b>18,849</b>	<b>454</b>	<b>4</b>	<b>0</b>	<b>372,957</b>	<b>165,596</b>	<b>203,782</b>	<b>3,534</b>	<b>45</b>	<b>0</b>
<b>Age</b>												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	9	0	7	0	2	0	85	0	61	0	24	0
15-20	63	0	59	2	2	0	474	0	437	16	21	0
21-44	5,804	0	5,482	322	0	0	60,282	0	57,644	2,638	0	0
45-64	6,658	1	6,543	114	0	0	70,523	7	69,728	788	0	0
65-74	9,350	4,726	4,610	14	0	0	100,846	49,384	51,386	76	0	0
75-84	7,981	6,339	1,640	2	0	0	85,536	66,685	18,835	16	0	0
85 and older	5,483	4,977	506	0	0	0	55,187	49,520	5,667	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	22,105	11,186	10,581	336	2	0	235,233	116,624	115,666	2,922	21	0
Male	13,243	4,857	8,266	118	2	0	137,701	48,972	88,093	612	24	0
Unknown	2	0	2	0	0	0	23	0	23	0	0	0
<b>Race</b>												
White	14,932	6,890	7,865	176	1	0	154,296	68,543	84,381	1,360	12	0
African American	684	209	466	9	0	0	7,072	2,148	4,848	76	0	0
Other/unknown	19,734	8,944	10,518	269	3	0	211,589	94,905	114,553	2,098	33	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,967	3,424	543	0	0	0	39,520	33,683	5,837	0	0	0
Part year	2,103	1,749	353	1	0	0	19,384	15,734	3,646	4	0	0
None	29,280	10,870	17,953	453	4	0	314,053	116,179	194,299	3,530	45	0
<b>Maintenance Assistance Status</b>												
Cash	25,442	9,054	16,214	174	0	0	278,964	100,201	177,885	878	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	989	191	780	15	3	0	8,090	1,814	6,126	117	33	0
Other/unknown	8,919	6,798	1,855	265	1	0	85,903	63,581	19,771	2,539	12	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	34,325	15,455	18,445	421	4	0	362,655	159,480	199,920	3,210	45	0
Full dual, part year	1,025	588	404	33	0	0	10,302	6,116	3,862	324	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	33,063	15,626	17,100	334	3	0	358,441	162,544	192,795	3,066	36	0
FFS part year, with Rx claims	1,652	292	1,275	84	1	0	11,204	2,282	8,573	340	9	0
FFS part year, no Rx claims	635	125	474	36	0	0	3,312	770	2,414	128	0	0

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	84.2 %	39.3	\$2,064	\$53	\$16,852	12.2 %	35,350
<b>Age</b>							
5 and younger	100.0	85.0	8,547	101	26,392	32.4	2
6-14	88.9	46.6	15,106	325	24,675	61.2	9
15-20	73.0	16.2	1,735	107	13,825	12.6	63
21-44	78.8	28.1	2,239	80	18,423	12.2	5,804
45-64	85.5	47.7	2,935	62	17,996	16.3	6,658
65-74	81.2	37.6	1,704	45	11,271	15.1	9,350
75-84	86.8	42.0	1,873	45	17,046	11.0	7,981
85 and older	90.0	40.4	1,692	42	23,053	7.3	5,483
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	83.5	37.4	1,648	44	16,660	9.9	16,043
Disabled	85.9	41.8	2,454	59	17,369	14.1	18,849
Adults	41.6	6.9	333	48	2,016	16.5	454
Children	100.0	55.8	24,891	447	34,471	72.2	4
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	87.4	43.8	2,183	50	17,031	12.8	22,105
Male	79.0	32.0	1,864	58	16,556	11.3	13,243
Unknown	100.0	61.5	2,234	36	6,487	34.4	2
<b>Race</b>							
White	86.1	45.0	2,425	54	18,647	13.0	14,932
African American	84.5	40.5	2,166	53	16,002	13.5	684
Other/unknown	82.8	35.0	1,787	51	15,524	11.5	19,734
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.7	66.4	3,053	46	36,122	8.5	3,967
Part year	93.5	47.0	2,228	47	24,520	9.1	2,103
None	81.9	35.1	1,918	55	13,691	14.0	29,280
<b>Maintenance Assistance Status</b>							
Cash	83.8	36.4	1,944	53	12,181	16.0	25,442
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	72.9	18.7	1,300	70	6,076	21.4	989
Other/unknown	86.7	50.1	2,489	50	31,372	7.9	8,919

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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 MEXICO, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						More than 10 Less	Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Benefit Months					
			Percentage of All Medicaid FFS <sup>c</sup>	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					5.6 %	19.6 %	26.7 %	11.0 %	21.4 %
<b>All</b>	<b>3.7</b>	<b>\$196</b>	<b>12.2 %</b>	<b>15.8 %</b>	<b>21.4 %</b>	<b>11.0 %</b>	<b>26.7 %</b>	<b>19.6 %</b>	<b>5.6 %</b>	<b>\$1,597</b>	<b>35,350</b>	<b>372,957</b>					
<b>Age</b>																	
5 and younger	7.1	712	32.4	0.0	0.0	0.0	50.0	50.0	0.0	2,199	2	24					
6-14	4.9	1,600	61.2	11.1	11.1	0.0	33.3	44.4	0.0	2,613	9	85					
15-20	2.2	231	12.6	27.0	33.3	9.5	17.5	11.1	1.6	1,838	63	474					
21-44	2.7	216	12.2	21.2	29.8	12.3	21.0	12.3	3.4	1,774	5,804	60,282					
45-64	4.5	277	16.3	14.5	17.8	10.2	25.8	23.2	8.5	1,699	6,658	70,523					
65-74	3.5	158	15.1	18.8	23.0	10.1	25.4	17.3	5.3	1,045	9,350	100,846					
75-84	3.9	175	11.0	13.2	19.5	11.2	28.7	21.7	5.9	1,591	7,981	85,536					
85 and older	4.0	168	7.3	10.0	16.6	11.8	33.1	24.1	4.3	2,290	5,483	55,187					
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
<b>Basis of Eligibility<sup>e</sup></b>																	
Aged	3.6	160	9.9	16.5	19.5	11.0	28.3	20.0	4.7	1,614	16,043	165,596					
Disabled	3.9	227	14.1	14.1	22.9	11.1	25.7	19.7	6.4	1,607	18,849	203,782					
Adults	0.9	43	16.5	58.4	21.1	5.9	8.6	3.7	2.2	259	454	3,534					
Children	5.0	2,213	72.2	0.0	25.0	0.0	25.0	50.0	0.0	3,064	4	45					
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
<b>Gender</b>																	
Female	4.1	205	12.8	12.6	19.2	10.9	28.5	22.2	6.6	1,600	22,105	235,233					
Male	3.1	179	11.3	21.0	25.0	11.1	23.7	15.3	3.9	1,592	13,243	137,701					
Unknown	5.3	194	34.4	0.0	0.0	0.0	50.0	50.0	0.0	564	2	23					
<b>Race</b>																	
White	4.4	235	13.0	13.9	16.7	10.3	27.9	23.6	7.5	1,805	14,932	154,296					
African American	3.9	210	13.5	15.5	18.9	13.5	25.4	21.1	5.7	1,548	684	7,072					
Other/unknown	3.3	167	11.5	17.2	25.0	11.4	25.8	16.6	4.1	1,448	19,734	211,589					
<b>use of nursing Facilities<sup>f</sup></b>																	
Entire year	6.7	306	8.5	3.3	6.8	8.1	31.3	36.0	14.5	3,626	3,967	39,520					
Part year	5.1	242	9.1	6.5	13.1	10.4	33.5	28.6	8.0	2,660	2,103	19,384					
None	3.3	179	14.0	18.1	23.9	11.4	25.5	16.8	4.2	1,276	29,280	314,053					
<b>Maintenance Assistance Status</b>																	
Cash	3.3	177	16.0	16.2	24.5	11.6	26.3	17.0	4.3	1,111	25,442	278,964					
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
Poverty related	2.3	159	21.4	27.1	29.2	12.0	19.4	10.0	2.2	743	989	8,090					
Other/unknown	5.2	258	7.9	13.3	11.5	9.0	28.5	28.2	9.5	3,257	8,919	85,903					

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. 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.
  - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.7</b>	<b>\$196</b>	<b>\$53</b>	<b>1.5</b>	<b>\$154</b>	<b>\$99</b>	<b>0.2</b>	<b>\$7</b>	<b>\$33</b>	<b>2.0</b>	<b>\$35</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	7.1	712	101	3.0	609	200	0.2	9	53	3.8	93	25
6-14	4.9	1,600	325	2.9	1,520	532	0.3	43	140	1.8	36	21
15-20	2.2	231	107	1.0	208	213	0.1	4	34	1.1	19	18
21-44	2.7	216	80	1.1	176	153	0.2	9	63	1.4	30	22
45-64	4.5	277	62	1.9	221	116	0.2	10	43	2.4	47	20
65-74	3.5	158	45	1.4	122	84	0.2	5	27	1.9	31	17
75-84	3.9	175	45	1.6	135	83	0.2	5	24	2.0	34	17
85 and older	4.0	168	42	1.6	129	82	0.2	5	22	2.2	34	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.6	160	44	1.5	125	83	0.2	5	23	1.9	30	16
Disabled	3.9	227	59	1.6	179	112	0.2	8	41	2.0	39	19
Adults	0.9	43	48	0.3	32	107	0.0	1	28	0.6	10	18
Children	5.0	2,213	447	2.7	2,142	803	0.0	0	0	2.3	71	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.1	205	50	1.7	161	94	0.2	7	30	2.2	38	17
Male	3.1	179	58	1.3	142	113	0.2	7	40	1.6	30	19
Unknown	5.3	194	36	2.1	144	67	0.3	5	13	2.9	46	16
<b>Race</b>												
White	4.4	235	54	1.8	184	101	0.2	8	37	2.3	42	18
African American	3.9	210	53	1.5	163	105	0.2	8	48	2.2	39	18
Other/unknown	3.3	167	51	1.3	132	98	0.2	5	29	1.7	30	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.7	306	46	2.8	248	87	0.4	9	21	3.4	49	15
Part year	5.1	242	47	2.1	192	91	0.3	7	24	2.7	43	16
None	3.3	179	55	1.4	140	103	0.2	6	38	1.8	33	19
<b>Maintenance Assistance Status</b>												
Cash	3.3	177	53	1.4	138	101	0.2	6	37	1.8	33	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.3	159	70	1.0	132	136	0.1	5	50	1.2	22	18
Other/unknown	5.2	258	50	2.2	206	94	0.3	8	26	2.7	44	16

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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, 0.7 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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 MEXICO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$21	\$18	\$0	\$4	\$69	\$129	\$67	\$22	63,375	\$4,349,511	18,221	51.5 %	202,676
Biologics	0.1	0.1	0.0	0.0	7	2	4	2	76	20	4,550	75	815	62,250	739	2.1	8,421
Antineoplastic Agents	0.5	0.2	0.0	0.3	91	72	2	17	179	406	157	54	5,516	986,743	1,012	2.9	10,862
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	39	31	3	5	37	67	15	13	177,365	6,526,316	15,268	43.2	168,297
Cardiovascular Agents	1.6	0.5	0.1	1.0	48	35	1	12	31	63	19	13	321,439	9,849,265	18,745	53.0	204,480
Respiratory Agents	0.7	0.4	0.0	0.3	33	28	1	4	51	73	63	16	97,312	4,961,783	13,362	37.8	149,011
Gastrointestinal Agents	0.7	0.3	0.0	0.4	56	41	0	15	79	131	71	38	107,951	8,511,461	13,751	38.9	150,898
Genitourinary Agents	0.5	0.3	0.0	0.1	28	25	0	3	59	76	50	19	25,521	1,499,720	4,710	13.3	52,659
CNS Drugs	1.2	0.6	0.0	0.6	88	76	3	10	73	125	97	17	210,040	15,338,386	16,063	45.4	173,753
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.2	39	27	3	8	74	112	75	35	1,584	117,059	268	0.8	3,032
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	89	87	0	2	145	150	0	49	10,040	1,454,230	1,542	4.4	16,335
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	36	28	1	7	50	119	48	15	145,758	7,313,447	18,301	51.8	202,070
Neuromuscular Agents	0.9	0.3	0.1	0.5	55	39	4	11	61	113	43	25	87,320	5,356,923	8,950	25.3	98,279
Nutritional Products	0.6	0.0	0.0	0.5	8	0	0	7	14	22	18	14	37,535	532,711	6,100	17.3	65,506
Hematological Agents	0.7	0.2	0.1	0.4	59	51	3	5	79	213	21	13	40,367	3,200,750	5,035	14.2	54,349
Topical Products	0.4	0.2	0.0	0.2	15	10	1	4	39	63	45	19	53,004	2,047,854	12,347	34.9	139,032
Miscellaneous Products	0.4	0.2	0.0	0.1	73	53	12	9	205	278	243	72	3,735	765,016	949	2.7	10,445
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	41	0	0	0	1,955	79,752	730	2.1	8,205
<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.	n.a.	1,390,632	72,953,177	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - 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, 0.7 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 MEXICO, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,862,101	6,852	19.4 %	74,293	0.8	\$159
ULCER DRUGS	7,297,161	13,836	39.1	152,859	0.5	89
ANTIDEPRESSANTS	5,395,615	14,237	40.3	154,892	0.6	56
ANTICONVULSANT	4,168,829	6,843	19.4	74,858	0.8	73
ANTIDIABETIC	3,974,043	11,881	33.6	132,231	0.7	46
ANALGESICS - ANTI-INFLAMMATORY	3,748,029	12,995	36.8	147,242	0.4	66
ANTIHYPERTENSIVE	3,581,369	6,577	18.6	74,261	0.6	79
ANALGESICS - Narcotic	2,925,790	19,158	54.2	212,554	0.4	38
ANTIASTHMATIC	2,683,526	10,685	30.2	118,331	0.4	56
ANTIHYPERTENSIVE	2,672,593	13,750	38.9	152,103	0.7	27
Total	45,299,056	116,814		1,293,624	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
<b>All</b>	<b>705,617</b>	<b>\$45,299,056</b>	<b>6,852</b>	<b>19.4 %</b>	<b>74,293</b>	<b>0.8</b>	<b>\$119</b>	<b>13,836</b>	<b>39.1 %</b>	<b>152,859</b>	<b>0.5</b>	<b>\$48</b>				
<b>Female</b>																
<b>Disabled</b>	472,296	29,484,157	3,987	18.0	43,150	0.7	102	9,627	43.6	106,963	0.5	48				
5 and younger	265,055	17,892,203	2,134	20.2	24,091	0.7	120	5,251	49.6	59,778	0.5	49				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	35	3,562	0	0.0	0	0.0	0	5	125.0	60	0.3	32				
21-44	169	9,832	1	3.1	9	0.4	80	8	25.0	77	0.3	24				
45-64	42,651	3,704,768	768	32.6	8,584	0.6	126	797	33.8	8,968	0.4	42				
65-74	107,392	7,742,976	886	24.2	10,035	0.7	129	1,956	53.5	22,080	0.5	54				
75-84	78,460	4,432,157	287	9.8	3,260	0.8	98	1,605	54.6	18,436	0.5	46				
85 and older	28,528	1,603,196	142	11.9	1,632	0.7	93	676	56.8	7,835	0.5	50				
<b>Other Eligibles</b>	7,820	395,712	50	12.4	571	0.6	61	204	50.6	2,322	0.6	48				
5 and younger	207,241	11,591,954	1,853	16.1	19,059	0.7	80	4,376	38.0	47,185	0.6	47				
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	0.0	0	0	0.0	0	0.0	0				
21-44	28	1,381	0	0.0	0	0.0	0	2	50.0	24	0.9	53				
45-64	599	39,133	15	5.9	82	0.4	52	17	6.6	103	0.3	25				
65-74	298	16,817	0	0.0	0	0.0	0	7	9.9	59	0.5	65				
75-84	50,053	2,741,489	272	9.6	2,883	0.8	99	972	34.2	10,762	0.5	43				
85 and older	90,398	5,095,957	734	16.6	7,610	0.7	84	1,819	41.1	19,874	0.6	47				
<b>85 and older</b>	65,865	3,697,177	832	21.2	8,484	0.6	70	1,559	39.7	16,363	0.6	50				
<b>Male</b>																
<b>Disabled</b>	233,259	15,811,867	2,864	21.6	31,132	0.8	143	4,207	31.8	45,872	0.5	47				
5 and younger	159,696	11,853,189	2,079	25.2	23,283	0.9	161	2,676	32.4	30,009	0.6	49				
6-14	35	2,209	0	0.0	0	0.0	0	2	100.0	24	0.9	86				
15-20	4	525	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	213	17,345	7	25.9	40	0.6	75	6	22.2	56	0.2	22				
45-64	49,372	4,856,840	1,172	37.5	13,025	0.8	174	769	24.6	8,593	0.5	48				
65-74	66,201	4,662,508	674	23.4	7,665	1.0	158	1,055	36.6	11,776	0.6	52				
75-84	34,985	1,847,365	167	10.0	1,876	1.0	118	625	37.4	7,021	0.5	44				
85 and older	7,368	382,035	40	8.9	452	0.8	102	174	38.8	2,022	0.6	49				
<b>Other Eligibles</b>	1,518	84,362	19	18.4	225	0.6	56	45	43.7	517	0.5	48				
5 and younger	73,563	3,958,678	785	15.8	7,849	0.7	88	1,531	30.8	15,863	0.5	43				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	17	782	0	0.0	0	0.0	0	1	50.0	12	0.2	21				
21-44	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
45-64	361	22,647	3	4.5	24	0.8	330	15	22.7	112	0.2	21				
65-74	338	23,612	1	2.3	3	1.0	259	15	34.1	106	0.5	42				
75-84	22,592	1,203,626	192	10.1	2,016	0.8	96	473	24.9	5,035	0.5	39				
85 and older	34,460	1,892,285	351	18.3	3,568	0.7	89	666	34.8	7,014	0.6	45				
<b>85 and older</b>	15,795	815,726	238	22.6	2,238	0.6	77	361	34.3	3,584	0.6	46				
<b>Unknown</b>	62	3,032	1	50.0	11	0.8	12	2	100.0	24	0.5	11				

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
<b>All</b>	<b>14,237</b>	<b>40.3 %</b>	<b>154,892</b>	<b>0.6</b>	<b>\$35</b>	<b>6,843</b>	<b>19.4 %</b>	<b>74,858</b>	<b>0.8</b>	<b>\$56</b>	<b>11,881</b>	<b>33.6 %</b>	<b>132,231</b>	<b>0.7</b>	<b>\$30</b>
<b>Female</b>	10,025	45.4	109,511	0.6	35	4,115	18.6	44,993	0.7	52	8,313	37.6	93,029	0.7	30
<b>Disabled</b>	5,808	54.9	65,011	0.6	35	2,767	26.2	30,937	0.7	60	4,497	42.5	50,874	0.6	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	1	25.0	12	0.8	62	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	28.1	85	0.3	24	8	25.0	69	0.5	54	1	3.1	10	0.1	1
21-44	1,405	59.6	15,367	0.6	38	918	38.9	10,133	0.8	72	281	11.9	3,113	0.7	39
45-64	2,659	72.7	29,732	0.6	39	1,214	33.2	13,586	0.7	64	1,699	46.5	18,942	0.6	35
65-74	1,230	41.9	13,994	0.6	29	463	15.8	5,245	0.7	38	1,830	62.3	20,907	0.7	33
75-84	384	32.2	4,462	0.5	27	127	10.7	1,486	0.8	35	562	47.2	6,476	0.6	30
85 and older	120	29.8	1,359	0.6	28	37	9.2	418	1.0	25	124	30.8	1,426	0.7	23
<b>Other Eligibles</b>	4,217	36.6	44,500	0.6	34	1,348	11.7	14,056	0.7	34	3,816	33.1	42,155	0.7	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	44	17.2	252	0.5	40	25	9.8	127	0.6	60	9	3.5	41	0.5	21
45-64	16	22.5	120	0.6	41	6	8.5	55	0.5	44	7	9.9	41	0.3	10
65-74	913	32.1	10,090	0.5	28	318	11.2	3,472	0.6	34	1,253	44.1	14,115	0.6	27
75-84	1,605	36.3	17,078	0.6	34	597	13.5	6,272	0.7	36	1,805	40.8	20,211	0.7	27
85 and older	1,638	41.7	16,948	0.7	36	402	10.2	4,130	0.7	31	742	18.9	7,747	0.7	23
<b>Male</b>	4,211	31.8	45,369	0.6	35	2,727	20.6	29,854	0.8	61	3,568	26.9	39,202	0.7	30
<b>Disabled</b>	2,892	35.0	32,054	0.6	36	2,145	25.9	23,901	0.9	67	2,231	27.0	24,810	0.7	32
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	33.3	2	0.5	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	22.2	51	0.5	30	8	29.6	58	1.0	137	0	0.0	0	0.0	0
21-44	1,223	39.2	13,463	0.6	39	1,040	33.3	11,474	0.8	73	360	11.5	3,925	0.7	36
45-64	1,171	40.6	13,027	0.7	37	835	28.9	9,392	0.9	70	952	33.0	10,483	0.6	32
65-74	382	22.8	4,268	0.6	25	206	12.3	2,317	0.8	38	770	46.0	8,696	0.7	29
75-84	84	18.7	969	0.6	28	41	9.1	484	1.1	25	131	29.2	1,497	0.7	31
85 and older	25	24.3	274	0.6	27	15	14.6	176	0.5	26	18	17.5	209	0.6	21
<b>Other Eligibles</b>	1,319	26.5	13,315	0.7	34	582	11.7	5,953	0.8	37	1,337	26.9	14,392	0.7	28
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	0.2	13	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	14	21.2	69	0.6	46	6	9.1	41	0.6	53	5	7.6	26	0.8	19
45-64	15	34.1	85	0.6	44	2	4.5	7	0.3	24	11	25.0	83	0.4	32
65-74	337	17.8	3,498	0.6	32	199	10.5	2,071	0.7	38	486	25.6	5,267	0.7	26
75-84	594	31.0	6,161	0.7	35	266	13.9	2,758	0.8	40	628	32.8	6,858	0.7	30
85 and older	358	34.0	3,490	0.7	36	109	10.4	1,076	0.8	29	207	19.7	2,158	0.7	23
<b>Unknown</b>	1	50.0	12	0.6	11	1	50.0	11	0.7	122	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>12,995</b>	<b>36.8 %</b>	<b>147,242</b>	<b>\$26</b>	<b>0.4</b>	<b>6,577</b>	<b>18.6 %</b>	<b>74,261</b>	<b>\$48</b>	<b>0.6</b>	<b>19,158</b>	<b>54.2 %</b>	<b>212,554</b>	<b>0.4</b>	<b>\$14</b>
<b>Female</b>	9,055	41.0	102,752	28	0.4	4,336	19.6	49,276	49	0.6	13,194	59.7	147,006	0.4	13
<b>Disabled</b>	5,210	49.2	59,683	27	0.4	2,366	22.4	27,006	49	0.6	7,793	73.7	88,568	0.4	14
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	2	50.0	24	35	0.3	0	0.0	0	0.0	0
15-20	9	28.1	81	5	0.2	0	0.0	0	0	0.0	11	34.4	99	0.5	3
21-44	904	38.3	10,180	21	0.3	163	6.9	1,837	41	0.5	1,539	65.3	17,180	0.4	19
45-64	1,898	51.9	21,527	32	0.4	918	25.1	10,311	49	0.6	3,023	82.7	34,153	0.4	18
65-74	1,627	55.4	18,884	25	0.4	974	33.2	11,178	51	0.6	2,133	72.6	24,600	0.4	9
75-84	621	52.1	7,307	26	0.4	269	22.6	3,196	49	0.6	827	69.4	9,565	0.3	7
85 and older	151	37.5	1,704	30	0.4	40	9.9	460	58	0.7	260	64.5	2,971	0.3	7
<b>Other Eligibles</b>	3,845	33.4	43,069	30	0.4	1,970	17.1	22,270	48	0.6	5,401	46.9	58,438	0.3	12
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	25.0	9	7	0.1	1	25.0	9	0.1	1
21-44	35	13.7	257	24	0.3	6	2.3	43	11	0.2	52	20.3	399	0.4	11
45-64	8	11.3	65	18	0.6	3	4.2	22	39	0.6	13	18.3	110	0.6	18
65-74	1,032	36.3	11,836	23	0.4	717	25.2	8,129	47	0.6	1,285	45.2	14,513	0.3	10
75-84	1,608	36.3	18,174	30	0.4	960	21.7	10,955	49	0.6	2,240	50.6	24,577	0.3	12
85 and older	1,162	29.6	12,737	36	0.5	283	7.2	3,112	46	0.6	1,810	46.1	18,830	0.4	15
<b>Male</b>	3,939	29.7	44,479	19	0.4	2,240	16.9	24,974	48	0.6	5,963	45.0	65,537	0.4	15
<b>Disabled</b>	2,676	32.4	30,602	18	0.3	1,465	17.7	16,458	48	0.6	4,089	49.5	45,803	0.4	17
5 and younger	1	50.0	12	1	0.1	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	1	3.7	7	1	0.1	0	0.0	0	0	0.0	7	25.9	58	0.1	1
21-44	802	25.7	9,065	13	0.3	266	8.5	2,972	41	0.6	1,346	43.1	14,779	0.4	17
45-64	994	34.4	11,365	20	0.4	626	21.7	6,967	50	0.6	1,641	56.9	18,393	0.4	22
65-74	670	40.0	7,703	20	0.4	473	28.3	5,335	49	0.6	860	51.4	9,812	0.4	10
75-84	174	38.8	2,070	15	0.3	96	21.4	1,136	45	0.6	191	42.5	2,238	0.3	5
85 and older	34	33.0	380	31	0.4	4	3.9	48	52	0.7	44	42.7	523	0.3	6
<b>Other Eligibles</b>	1,263	25.4	13,877	23	0.4	775	15.6	8,516	48	0.6	1,874	37.7	19,734	0.3	9
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	13	19.7	85	7	0.2	6	9.1	37	33	0.4	31	47.0	225	0.9	20
45-64	9	20.5	50	38	0.5	7	15.9	60	37	0.5	17	38.6	109	0.8	57
65-74	456	24.0	5,142	17	0.3	301	15.9	3,295	48	0.6	588	31.0	6,459	0.3	8
75-84	509	26.6	5,699	25	0.4	395	20.6	4,415	49	0.6	786	41.1	8,446	0.3	9
85 and older	276	26.2	2,901	30	0.5	66	6.3	709	42	0.6	452	42.9	4,495	0.3	9
<b>Unknown</b>	1	50.0	11	4	0.4	1	50.0	11	72	0.7	1	50.0	11	0.3	2

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Benefit Month	Mean Rx \$ per Benefit Month
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month								
<b>All</b>	<b>10,685</b>	<b>30.2 %</b>	<b>118,331</b>	<b>0.4</b>	<b>\$23</b>	<b>13,750</b>	<b>38.9 %</b>	<b>152,103</b>	<b>0.7</b>	<b>\$18</b>	<b>35,350</b>	<b>372,957</b>				
<b>Female</b>																
<b>Disabled</b>																
5 and younger	7,300	33.0	81,376	0.4	23	9,348	42.3	103,779	0.7	19	22,105	235,233				
6-14	4,284	40.5	48,687	0.4	24	4,223	39.9	47,854	0.6	19	10,581	115,666				
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
21-44	4	12.5	18	0.3	38	4	12.5	48	0.1	3	32	257				
45-64	682	28.9	7,595	0.3	20	293	12.4	3,268	0.5	14	2,358	24,921				
65-74	1,681	46.0	19,003	0.4	25	1,392	38.1	15,420	0.6	20	3,656	39,252				
75-84	1,329	45.3	15,224	0.4	24	1,610	54.8	18,476	0.7	19	2,937	32,962				
85 and older	470	39.5	5,514	0.4	22	715	60.0	8,204	0.7	20	1,191	13,681				
<b>Other Eligibles</b>	118	29.3	1,333	0.4	21	208	51.6	2,426	0.7	17	403	4,545				
5 and younger	3,016	26.2	32,689	0.4	21	5,125	44.5	55,925	0.7	18	11,524	119,567				
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	0	0.0	0	0.0	0	0	0				
21-44	1	25.0	4	0.3	3	0	0.0	0	0.0	0	4	37				
45-64	17	6.6	139	0.2	14	7	2.7	38	0.7	26	256	2,296				
65-74	4	5.6	23	0.3	17	8	11.3	46	0.7	19	71	569				
75-84	697	24.5	7,671	0.4	21	1,271	44.7	14,253	0.6	18	2,842	30,098				
85 and older	1,312	29.6	14,510	0.4	23	2,211	49.9	24,477	0.7	19	4,427	47,138				
<b>Male</b>																
<b>Disabled</b>																
5 and younger	3,382	25.5	36,919	0.4	23	4,401	33.2	48,312	0.6	15	13,243	137,701				
6-14	1,991	24.1	22,315	0.4	24	2,496	30.2	27,994	0.6	16	8,266	88,093				
15-20	0	0.0	0	0.0	0	1	50.0	12	1.0	11	2	24				
21-44	3	100.0	6	0.5	75	0	0.0	0	0.0	0	3	13				
45-64	3	11.1	36	0.6	11	10	37.0	94	0.7	34	27	180				
65-74	515	16.5	5,746	0.4	19	447	14.3	4,956	0.6	15	3,123	32,711				
75-84	735	25.5	8,224	0.4	25	952	33.0	10,551	0.7	17	2,886	30,465				
85 and older	575	34.4	6,472	0.5	29	837	50.0	9,461	0.6	17	1,673	18,424				
<b>Other Eligibles</b>	125	27.8	1,449	0.3	18	208	46.3	2,452	0.6	13	449	5,154				
5 and younger	35	34.0	382	0.4	19	41	39.8	468	0.6	13	103	1,122				
6-14	1,391	27.9	14,604	0.4	22	1,905	38.3	20,318	0.7	14	4,977	49,608				
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
21-44	2	100.0	24	0.5	15	1	50.0	12	0.2	2	2	24				
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
65-74	0	0.0	0	0.0	0	3	4.5	17	0.6	10	66	342				
75-84	1	2.3	10	0.3	16	15	34.1	104	0.5	13	44	226				
85 and older	387	20.4	4,105	0.4	22	643	33.9	7,013	0.6	14	1,898	19,362				
<b>Unknown</b>	638	33.3	6,723	0.4	22	871	45.5	9,429	0.7	15	1,914	19,563				
5 and younger	363	34.5	3,742	0.4	20	372	35.3	3,743	0.7	13	1,053	10,091				
6-14	3	150.0	36	0.3	8	1	50.0	12	0.1	3	2	23				

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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 MEXICO, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				6.7	3,967
<b>All</b>	<b>\$306</b>				<b>39,520</b>
<b>Age</b>					
0-64	612	9.4	262		2,718
65-74	371	8.3	550		5,712
75-84	313	7.0	1,289		12,864
85 and older	236	5.5	1,866		18,226
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	290	6.5	2,732		27,363
Male	344	7.0	1,235		12,157
Unknown	0	0.0	0		0
<b>Race</b>					
White	298	6.6	2,470		24,034
African American	277	5.6	44		462
Other/unknown	322	6.7	1,453		15,024
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	280	6.3	3,424		33,683
Disabled	459	8.7	543		5,837
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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 2,103 beneficiaries who were in nursing facilities for part of their enrollment and their 19,384 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 = Centers for Medicare & 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 MEXICO, 2003**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$13	\$0	\$3	\$49	\$83	\$16	\$447,804	2,675	67.4 %	28,135
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	24	21	0	6,990	265	6.7	2,941
Antineoplastic Agents	0.6	0.2	0.0	0.4	105	69	5	32	178	427	300	188,897	181	4.6	1,798
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	37	28	2	6	28	56	10	812,988	2,136	53.8	22,188
Cardiovascular Agents	2.0	0.5	0.1	1.4	41	25	1	16	20	51	12	1,116,150	2,658	67.0	26,963
Respiratory Agents	0.7	0.4	0.0	0.3	31	25	2	4	46	69	51	522,429	1,607	40.5	17,012
Gastrointestinal Agents	1.1	0.5	0.0	0.6	62	50	0	12	59	110	52	1,276,263	2,002	50.5	20,725
Genitourinary Agents	0.8	0.6	0.0	0.2	46	42	0	4	59	72	60	402,490	829	20.9	8,769
CNS Drugs	1.8	1.1	0.0	0.6	115	106	2	8	65	94	42	3,361,836	2,833	71.4	29,108
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	39	36	2	2	78	116	52	15,008	33	0.8	380
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	109	109	0	0	132	133	0	610,991	553	13.9	5,595
Analgesics and Anesthetics	0.9	0.5	0.0	0.4	48	42	1	4	51	86	29	1,040,043	2,119	53.4	21,707
Neuromuscular Agents	1.4	0.5	0.2	0.7	62	37	5	20	44	67	28	870,628	1,331	33.6	14,015
Nutritional Products	0.8	0.0	0.0	0.7	11	0	0	10	14	15	15	138,088	1,250	31.5	12,761
Hematological Agents	1.1	0.3	0.3	0.5	90	80	5	5	82	311	15	939,240	1,021	25.7	10,486
Topical Products	0.5	0.2	0.0	0.2	15	10	1	4	33	54	43	324,126	1,953	49.2	21,112
Miscellaneous Products	0.3	0.1	0.0	0.1	13	7	0	6	46	51	0	23,298	178	4.5	1,846
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	13,160	154	3.9	1,673
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>12,110,429</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 2,103 beneficiaries who were in nursing facilities for part of their enrollment and their 19,384 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 2003. 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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In New Mexico, 0.7 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 = Centers for Medicare & 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 MEXICO, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Total Medicaid Rx \$	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,095,397	1,762	44.4 %	18,463	\$108	1.1	\$108	\$113
ANTIDEPRESSANTS	1,136,763	2,482	62.6	25,891	49	0.9	49	44
ULCER DRUGS	1,122,599	1,776	44.8	18,357	72	0.8	72	61
MISC. HEMATOLOGICAL	653,761	329	8.3	3,387	242	0.8	242	193
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	613,527	569	14.3	5,769	130	0.8	130	106
ANTICONVULSANT	558,003	1,051	26.5	11,077	43	1.2	43	50
ANALGESICS - ANTI-INFLAMMATORY	544,046	1,074	27.1	11,399	70	0.7	70	48
ANALGESICS - Narcotic	413,222	1,918	48.3	19,400	39	0.5	39	21
ANTIDIABETIC	398,112	1,248	31.5	13,104	32	0.9	32	30
MISC. ENDOCRINE	337,295	719	18.1	7,733	64	0.7	64	44
<b>Total</b>	<b>7,872,725</b>	<b>12,928</b>		<b>134,580</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 2,103 beneficiaries who were in nursing facilities for part of their enrollment and their 19,384 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
<b>All</b>	<b>114,329</b>	<b>\$7,872,725</b>	<b>1,762</b>	<b>44.4 %</b>	<b>18,463</b>	<b>1.1</b>	<b>\$114</b>	<b>2,482</b>	<b>62.6 %</b>	<b>25,891</b>	<b>0.9</b>	<b>\$44</b>	
<b>Female</b>	74,848	5,053,232	1,149	42.1	12,047	0.9	106	1,749	64.0	18,204	0.8	44	
<b>Disabled</b>	11,571	735,740	158	59.4	1,802	1.6	165	160	60.2	1,747	1.2	50	
64 or younger	3,997	311,401	62	62.0	704	1.3	178	69	69.0	729	1.1	54	
65-74	4,522	245,070	49	57.0	573	2.1	181	57	66.3	621	1.3	47	
75-84	1,926	120,961	32	62.7	358	1.4	137	20	39.2	231	0.9	42	
85 and older	1,126	58,308	15	51.7	167	1.3	114	14	48.3	166	1.4	50	
<b>Other Eligibles</b>	63,277	4,317,492	991	40.2	10,245	0.8	96	1,589	64.4	16,457	0.8	43	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	8,282	542,547	127	59.9	1,387	1.1	133	162	76.4	1,744	0.8	41	
75-84	24,149	1,627,703	372	46.6	3,853	0.9	102	547	68.5	5,590	0.8	45	
85 and older	30,846	2,147,242	492	33.8	5,005	0.7	82	880	60.4	9,123	0.8	42	
<b>Male</b>	39,481	2,819,493	613	49.6	6,416	1.3	127	733	59.4	7,687	1.0	45	
<b>Disabled</b>	14,692	1,213,956	179	64.6	2,032	2.0	166	173	62.5	1,882	1.4	46	
64 or younger	9,482	942,151	113	69.8	1,275	2.2	169	116	71.6	1,256	1.3	47	
65-74	3,950	197,067	47	61.0	540	1.9	172	39	50.6	426	1.7	46	
75-84	1,059	58,887	14	56.0	157	1.3	130	11	44.0	131	1.1	51	
85 and older	201	15,851	5	38.5	60	0.9	141	7	53.8	69	0.7	40	
<b>Other Eligibles</b>	24,789	1,605,537	434	45.3	4,384	0.9	109	560	58.5	5,805	0.9	44	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	5,804	393,990	107	61.1	1,121	1.0	126	109	62.3	1,148	1.0	51	
75-84	11,813	762,736	199	48.0	2,080	0.9	111	268	64.6	2,882	0.9	42	
85 and older	7,172	448,811	128	34.8	1,183	0.8	89	183	49.7	1,775	0.8	44	
<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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 2,103 beneficiaries who were in nursing facilities for part of their enrollment and their 19,384 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC. HEMATOLOGICAL					MISC. PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,776</b>	<b>44.8 %</b>	<b>18,357</b>	<b>0.8</b>	<b>\$61</b>	<b>329</b>	<b>8.3 %</b>	<b>3,387</b>	<b>0.8</b>	<b>\$193</b>	<b>569</b>	<b>14.3 %</b>	<b>5,769</b>	<b>0.8</b>	<b>\$106</b>
<b>Female</b>	1,236	45.2	12,833	0.8	61	219	8.0	2,296	0.8	68	412	15.1	4,180	0.8	103
<b>Disabled</b>	131	49.2	1,458	0.9	62	14	5.3	127	0.8	81	22	8.3	234	0.9	120
64 or younger	48	48.0	507	0.8	62	6	6.0	50	0.8	91	9	9.0	90	0.7	136
65-74	46	53.5	526	0.9	57	5	5.8	51	0.7	85	3	3.5	26	1.0	134
75-84	21	41.2	244	0.8	71	3	5.9	26	0.7	54	5	9.8	60	0.7	93
85 and older	16	55.2	181	1.1	63	0	0.0	0	0.0	0	5	17.2	58	1.5	115
<b>Other Eligibles</b>	1,105	44.8	11,375	0.8	61	205	8.3	2,169	0.8	67	390	15.8	3,946	0.8	102
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	95	44.8	997	0.9	68	27	12.7	285	0.7	65	38	17.9	415	0.8	86
75-84	397	49.7	4,067	0.8	58	68	8.5	725	0.8	74	139	17.4	1,357	0.8	107
85 and older	613	42.1	6,311	0.8	62	110	7.6	1,159	0.8	63	213	14.6	2,174	0.8	102
<b>Male</b>	540	43.7	5,524	0.9	61	110	8.9	1,091	0.9	457	157	12.7	1,589	0.9	116
<b>Disabled</b>	131	47.3	1,448	1.2	79	8	2.9	88	1.2	4,846	11	4.0	103	1.2	365
64 or younger	82	50.6	903	1.3	82	4	2.5	48	1.4	8,837	7	4.3	74	0.8	483
65-74	27	35.1	292	1.2	64	3	3.9	29	1.1	75	3	3.9	27	2.2	59
75-84	18	72.0	212	1.1	94	1	4.0	11	1.0	14	1	4.0	2	1.0	135
85 and older	4	30.8	41	0.6	42	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	409	42.7	4,076	0.8	55	102	10.6	1,003	0.8	72	146	15.2	1,486	0.9	98
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	79	45.1	774	0.8	49	20	11.4	194	0.8	80	22	12.6	248	0.9	101
75-84	189	45.5	1,906	0.8	57	47	11.3	475	0.8	72	68	16.4	664	0.8	90
85 and older	141	38.3	1,396	0.8	56	35	9.5	334	0.9	66	56	15.2	574	0.9	107
<b>Unknown</b>	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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 2,103 beneficiaries who were in nursing facilities for part of their enrollment and their 19,384 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - ANTI-INFLAMMATORY					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,051</b>	<b>26.5 %</b>	<b>11,077</b>	<b>1.2</b>	<b>\$50</b>	<b>1,074</b>	<b>27.1 %</b>	<b>11,399</b>	<b>0.7</b>	<b>\$48</b>	<b>1,918</b>	<b>48.3 %</b>	<b>19,400</b>	<b>0.5</b>	<b>\$21</b>
<b>Female</b>	670	24.5	6,980	1.0	46	794	29.1	8,440	0.7	50	1,365	50.0	13,884	0.5	23
<b>Disabled</b>	142	53.4	1,541	1.5	62	58	21.8	649	0.7	43	122	45.9	1,326	0.5	19
64 or younger	70	70.0	723	1.3	73	23	23.0	249	0.8	47	51	51.0	537	0.5	21
65-74	47	54.7	524	1.5	49	20	23.3	232	0.5	42	42	48.8	447	0.6	16
75-84	15	29.4	174	2.2	68	13	25.5	150	0.9	33	20	39.2	234	0.6	20
85 and older	10	34.5	120	2.0	40	2	6.9	18	0.9	57	9	31.0	108	0.4	22
<b>Other Eligibles</b>	528	21.4	5,439	0.9	42	736	29.8	7,791	0.7	51	1,243	50.4	12,558	0.5	23
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	86	40.6	981	0.9	49	59	27.8	670	0.7	46	118	55.7	1,298	0.6	19
75-84	233	29.2	2,334	0.9	46	248	31.1	2,572	0.7	58	458	57.4	4,552	0.6	24
85 and older	209	14.4	2,124	0.8	34	429	29.5	4,549	0.6	47	667	45.8	6,708	0.5	23
<b>Male</b>	381	30.9	4,097	1.4	58	280	22.7	2,959	0.7	41	553	44.8	5,516	0.6	18
<b>Disabled</b>	138	49.8	1,536	2.1	74	57	20.6	628	0.8	34	121	43.7	1,258	0.7	25
64 or younger	97	59.9	1,067	2.1	82	31	19.1	356	0.6	29	75	46.3	745	0.6	16
65-74	36	46.8	409	1.6	52	21	27.3	228	1.1	42	38	49.4	428	0.9	44
75-84	2	8.0	24	9.5	131	3	12.0	35	0.4	25	8	32.0	85	0.3	2
85 and older	3	23.1	36	1.0	35	2	15.4	9	0.9	56	0	0.0	0	0.0	0
<b>Other Eligibles</b>	243	25.4	2,561	1.1	48	223	23.3	2,331	0.7	44	432	45.1	4,258	0.5	16
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	67	38.3	707	1.2	55	47	26.9	522	0.8	42	77	44.0	764	0.5	22
75-84	120	28.9	1,289	1.0	51	81	19.5	836	0.7	49	206	49.6	2,149	0.6	16
85 and older	56	15.2	565	1.1	31	95	25.8	973	0.7	40	149	40.5	1,345	0.5	14
<b>Unknown</b>	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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 2,103 beneficiaries who were in nursing facilities for part of their enrollment and their 19,384 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANTIDIABETIC				MISC. ENDOCRINE				Benefit Months Among All-Year			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>1,248</b>	<b>31.5 %</b>	<b>13,104</b>	<b>0.9</b>	<b>\$30</b>	<b>719</b>	<b>18.1 %</b>	<b>7,733</b>	<b>0.7</b>	<b>\$44</b>	<b>3,967</b>	<b>39,520</b>
<b>Female</b>	847	31.0	8,976	0.9	29	622	22.8	6,690	0.7	44	2,732	27,363
<b>Disabled</b>	111	41.7	1,193	1.0	42	48	18.0	547	0.7	47	266	2,892
64 or younger	30	30.0	308	0.9	46	15	15.0	152	0.8	55	100	1,039
65-74	51	59.3	562	1.2	45	11	12.8	131	0.9	53	86	950
75-84	19	37.3	202	1.0	42	15	29.4	180	0.7	44	51	579
85 and older	11	37.9	121	0.6	19	7	24.1	84	0.4	29	29	324
<b>Other Eligibles</b>	736	29.8	7,783	0.9	27	574	23.3	6,143	0.7	44	2,466	24,471
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	117	55.2	1,263	1.0	30	43	20.3	472	0.7	48	212	2,184
75-84	341	42.7	3,666	0.9	28	177	22.2	1,857	0.7	43	798	7,925
85 and older	278	19.1	2,854	0.8	24	354	24.3	3,814	0.7	43	1,456	14,362
<b>Male</b>	401	32.5	4,128	1.0	34	97	7.9	1,043	0.7	42	1,235	12,157
<b>Disabled</b>	99	35.7	1,012	1.2	35	24	8.7	245	0.7	43	277	2,945
64 or younger	57	35.2	554	1.1	39	9	5.6	86	0.6	37	162	1,679
65-74	33	42.9	358	1.3	31	6	7.8	52	0.7	46	77	848
75-84	8	32.0	88	1.5	38	7	28.0	83	0.8	48	25	281
85 and older	1	7.7	12	0.6	8	2	15.4	24	0.7	45	13	137
<b>Other Eligibles</b>	302	31.5	3,116	1.0	33	73	7.6	798	0.7	41	958	9,212
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	79	45.1	808	1.1	40	15	8.6	164	0.7	44	175	1,730
75-84	148	35.7	1,596	0.9	34	29	7.0	325	0.6	39	415	4,079
85 and older	75	20.4	712	0.9	22	29	7.9	309	0.7	42	368	3,403
<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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 2,103 beneficiaries who were in nursing facilities for part of their enrollment and their 19,384 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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 MEXICO, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
<b>All</b>	<b>21,312</b>	<b>60.3 %</b>	<b>7.3</b>	<b>259,255</b>	<b>\$82</b>	<b>\$2,902,007</b>	<b>\$11</b>	<b>4.0 %</b>	<b>35,350</b>	
<b>Age</b>										
5 and younger	2	100.0	22.0	44	986	1,972	45	11.5	2	
6-14	7	77.8	12.4	112	148	1,334	12	1.0	9	
15-20	28	44.4	2.0	128	79	4,979	39	4.6	63	
21-44	2,810	48.4	5.0	28,899	70	403,734	14	3.1	5,804	
45-64	4,141	62.2	8.5	56,369	106	705,149	13	3.6	6,658	
65-74	5,271	56.4	6.5	60,376	68	633,710	10	4.0	9,350	
75-84	5,155	64.6	7.8	62,637	80	636,484	10	4.3	7,981	
85 and older	3,898	71.1	9.2	50,690	94	514,645	10	5.5	5,483	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	9,831	61.3	7.4	117,997	72	1,152,871	10	4.4	16,043	
Disabled	11,396	60.5	7.5	140,850	93	1,743,708	12	3.8	18,849	
Adults	82	18.1	0.8	371	11	4,943	13	3.3	454	
Children	3	75.0	9.3	37	121	485	13	0.5	4	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Gender</b>										
Female	14,429	65.3	8.1	178,660	91	2,006,766	11	4.2	22,105	
Male	6,881	52.0	6.1	80,577	68	895,151	11	3.6	13,243	
Unknown	2	100.0	9.0	18	45	90	5	2.0	2	
<b>Race</b>										
White	9,351	62.6	8.0	119,838	92	1,379,535	12	3.8	14,932	
African American	391	57.2	6.6	4,547	87	59,398	13	4.0	684	
Other/unknown	11,570	58.6	6.8	134,870	74	1,463,074	11	4.1	19,734	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	3,361	84.7	16.6	65,862	134	532,181	8	4.4	3,967	
Part year	1,685	80.1	10.2	21,443	99	207,848	10	4.4	2,103	
None	16,266	55.6	5.9	171,950	74	2,161,978	13	3.8	29,280	
<b>Maintenance Assistance Status</b>										
Cash	14,511	57.0	5.9	150,678	72	1,838,280	12	3.7	25,442	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	405	41.0	2.7	2,647	28	27,279	10	2.1	989	
Other/unknown	6,396	71.7	11.9	105,930	116	1,036,448	10	4.7	8,919	

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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 MEXICO, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.7	\$8	\$11	\$0	\$1	372,957
<b>Age</b>						
5 and younger	1.8	82	45	0	0	24
6-14	1.3	16	12	0	0	85
15-20	0.3	11	39	0	7	474
21-44	0.5	7	14	0	2	60,282
45-64	0.8	10	13	0	2	70,523
65-74	0.6	6	10	0	1	100,846
75-84	0.7	7	10	0	1	85,536
85 and older	0.9	9	10	0	1	55,187
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.7	7	10	0	1	165,596
Disabled	0.7	9	12	0	2	203,782
Adults	0.1	1	13	0	0	3,534
Children	0.8	11	13	0	0	45
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.8	9	11	0	1	235,233
Male	0.6	7	11	0	1	137,701
Unknown	0.8	4	5	0	0	23
<b>Race</b>						
White	0.8	9	12	0	2	154,296
African American	0.6	8	13	0	1	7,072
Other/unknown	0.6	7	11	0	1	211,589
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.7	13	8	0	2	39,520
Part year	1.1	11	10	0	1	19,384
None	0.5	7	13	0	1	314,053
<b>Maintenance Assistance Status</b>						
Cash	0.5	7	12	0	1	278,964
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	3	10	0	1	8,090
Other/unknown	1.2	12	10	0	1	85,903

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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 MEXICO, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
<b>All</b>	<b>34,849</b>	<b>\$83</b>	<b>\$2,902,007</b>	<b>100.0 %</b>	<b>259,255</b>	<b>\$11</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	8	377	3,014	0.1	33	91	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	5,257	61	322,504	11.1	13,352	24	5.2
Vitamins and minerals	5,535	89	493,120	17.0	33,622	15	13.0
Non-prescription drugs	15,668	93	1,458,124	50.2	158,478	9	61.1
Barbiturates	349	73	25,337	0.9	3,800	7	1.5
Benzodiazepines	7,247	67	484,093	16.7	47,416	10	18.3
Other Part D Excl Rx Drugs	785	148	115,815	4.0	2,554	45	1.0

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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<sup>a, b</sup>  
 NEW MEXICO, 2003

Total Number of Dual Eligible Beneficiaries 35,350  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$72,953,177  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,064

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,577	15.8 %	\$0	0.0 %
1-500	8,373	23.7	1,611,622	2.2
501-1,000	4,030	11.4	2,966,089	4.1
1,001-1,500	2,992	8.5	3,726,431	5.1
1,501-2,000	2,415	6.8	4,198,502	5.8
2,001-2,500	2,059	5.8	4,611,087	6.3
2,501-3,000	1,719	4.9	4,712,649	6.5
3,001-3,500	1,384	3.9	4,489,196	6.2
3,501-4,000	1,108	3.1	4,150,034	5.7
4,001-4,500	912	2.6	3,869,350	5.3
4,501-5,000	775	2.2	3,673,580	5.0
5,001-5,500	656	1.9	3,440,306	4.7
5,501-6,000	525	1.5	3,015,346	4.1
6,001-6,500	422	1.2	2,630,222	3.6
6,501-7,000	361	1.0	2,438,903	3.3
7,001-7,500	295	0.8	2,135,330	2.9
7,501-8,000	242	0.7	1,875,254	2.6
8,001-8,500	195	0.6	1,609,770	2.2
8,501-9,000	155	0.4	1,354,592	1.9
9,001-9,500	140	0.4	1,291,530	1.8
9,501-10,000	120	0.3	1,168,219	1.6
10,001+	895	2.5	13,985,165	19.2

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1A

MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
NEW MEXICO, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 12,093  
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$32,552,964  
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,692

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,961	16.2 %	0	0.0 %
1-500	2,851	23.6	538,353	1.7
501-1,000	1,201	9.9	875,239	2.7
1,001-1,500	870	7.2	1,079,563	3.3
1,501-2,000	641	5.3	1,115,882	3.4
2,001-2,500	570	4.7	1,279,698	3.9
2,501-3,000	500	4.1	1,370,745	4.2
3,001-3,500	420	3.5	1,364,117	4.2
3,501-4,000	384	3.2	1,442,793	4.4
4,001-4,500	354	2.9	1,502,939	4.6
4,501-5,000	270	2.2	1,277,361	3.9
5,001-5,500	251	2.1	1,314,517	4.0
5,501-6,000	198	1.6	1,138,951	3.5
6,001-6,500	184	1.5	1,148,911	3.5
6,501-7,000	152	1.3	1,027,940	3.2
7,001-7,500	143	1.2	1,032,495	3.2
7,501-8,000	135	1.1	1,046,999	3.2
8,001-8,500	98	0.8	807,812	2.5
8,501-9,000	87	0.7	760,137	2.3
9,001-9,500	80	0.7	738,113	2.3
9,501-10,000	69	0.6	671,430	2.1
10,001+	674	5.6	11,018,969	33.8

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.



SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 NEW MEXICO, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 9,350  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$15,929,465  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,704

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,760	18.8%	0	0.0%
1-500	2,325	24.9	421,991	2.6
501-1,000	1,013	10.8	746,181	4.7
1,001-1,500	790	8.4	984,058	6.2
1,501-2,000	626	6.7	1,089,308	6.8
2,001-2,500	544	5.8	1,216,053	7.6
2,501-3,000	466	5.0	1,280,780	8.0
3,001-3,500	327	3.5	1,058,513	6.6
3,501-4,000	278	3.0	1,040,718	6.5
4,001-4,500	203	2.2	860,733	5.4
4,501-5,000	192	2.1	915,335	5.7
5,001-5,500	147	1.6	774,332	4.9
5,501-6,000	135	1.4	776,291	4.9
6,001-6,500	98	1.0	609,809	3.8
6,501-7,000	84	0.9	567,400	3.6
7,001-7,500	61	0.7	442,475	2.8
7,501-8,000	48	0.5	371,048	2.3
8,001-8,500	46	0.5	379,435	2.4
8,501-9,000	37	0.4	323,465	2.0
9,001-9,500	23	0.2	212,171	1.3
9,501-10,000	28	0.3	273,123	1.7
10,001+	119	1.3	1,586,246	10.0

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.  
 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<sup>a, b</sup>  
 NEW MEXICO, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 7,981  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$14,944,399  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,873

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,050	13.2 %	0	0.0 %
1-500	1,757	22.0	346,476	2.3
501-1,000	1,010	12.7	749,168	5.0
1,001-1,500	740	9.3	928,282	6.2
1,501-2,000	665	8.3	1,152,202	7.7
2,001-2,500	537	6.7	1,199,152	8.0
2,501-3,000	407	5.1	1,111,840	7.4
3,001-3,500	376	4.7	1,222,387	8.2
3,501-4,000	271	3.4	1,012,915	6.8
4,001-4,500	226	2.8	959,167	6.4
4,501-5,000	185	2.3	873,509	5.8
5,001-5,500	174	2.2	909,747	6.1
5,501-6,000	142	1.8	812,398	5.4
6,001-6,500	91	1.1	567,045	3.8
6,501-7,000	74	0.9	499,031	3.3
7,001-7,500	59	0.7	426,825	2.9
7,501-8,000	40	0.5	309,858	2.1
8,001-8,500	36	0.5	297,817	2.0
8,501-9,000	20	0.3	174,078	1.2
9,001-9,500	27	0.3	248,356	1.7
9,501-10,000	18	0.2	174,803	1.2
10,001+	76	1.0	969,343	6.5

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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<sup>a, b</sup>  
 NEW MEXICO, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 5,483  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$9,276,013  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,692

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 10.0 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	549	10.0 %	0	0.0 %
1-500	1,318	24.0	282,933	3.1
501-1,000	785	14.3	580,250	6.3
1,001-1,500	582	10.6	721,799	7.8
1,501-2,000	474	8.6	825,249	8.9
2,001-2,500	401	7.3	901,040	9.7
2,501-3,000	341	6.2	935,580	10.1
3,001-3,500	260	4.7	840,984	9.1
3,501-4,000	175	3.2	653,608	7.0
4,001-4,500	127	2.3	537,905	5.8
4,501-5,000	128	2.3	607,375	6.5
5,001-5,500	84	1.5	441,710	4.8
5,501-6,000	49	0.9	281,953	3.0
6,001-6,500	49	0.9	304,457	3.3
6,501-7,000	50	0.9	337,827	3.6
7,001-7,500	31	0.6	226,201	2.4
7,501-8,000	19	0.3	147,349	1.6
8,001-8,500	13	0.2	108,131	1.2
8,501-9,000	11	0.2	96,912	1.0
9,001-9,500	9	0.2	83,705	0.9
9,501-10,000	5	0.1	48,863	0.5
10,001+	23	0.4	312,182	3.4

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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 MEXICO, 2003

Beneficiary Characteristics	Number of Beneficiaries				Number of Benefit Months							
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>36,627</b>	<b>16,348</b>	<b>19,736</b>	<b>539</b>	<b>4</b>	<b>0</b>	<b>396,694</b>	<b>170,145</b>	<b>221,539</b>	<b>4,962</b>	<b>48</b>	<b>0</b>
<b>Age</b>												
5 and younger	4	0	4	0	0	0	40	0	40	0	0	0
6-14	10	0	8	0	2	0	97	0	73	0	24	0
15-20	76	0	72	2	2	0	877	0	829	24	24	0
21-44	6,202	0	5,821	381	0	0	68,510	0	64,865	3,645	0	0
45-64	6,888	1	6,750	137	0	0	75,762	7	74,581	1,174	0	0
65-74	9,762	4,846	4,899	17	0	0	107,663	51,372	56,188	103	0	0
75-84	8,175	6,497	1,676	2	0	0	88,107	68,796	19,295	16	0	0
85 and older	5,510	5,004	506	0	0	0	55,638	49,970	5,668	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	22,830	11,372	11,076	380	2	0	248,540	119,409	125,392	3,715	24	0
Male	13,795	4,976	8,658	159	2	0	148,131	50,736	96,124	1,247	24	0
Unknown	2	0	2	0	0	0	23	0	23	0	0	0
<b>Race</b>												
White	15,399	6,940	8,245	213	1	0	163,267	69,395	91,868	1,992	12	0
African American	719	209	496	14	0	0	7,763	2,172	5,453	138	0	0
Other/unknown	20,509	9,199	10,995	312	3	0	225,664	98,578	124,218	2,832	36	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,967	3,424	543	0	0	0	39,520	33,683	5,837	0	0	0
Part year	2,103	1,749	353	1	0	0	19,450	15,752	3,694	4	0	0
None	30,557	11,175	18,840	538	4	0	337,724	120,710	212,008	4,958	48	0
<b>Maintenance Assistance Status</b>												
Cash	26,635	9,355	17,028	252	0	0	299,528	104,404	193,061	2,063	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	1,036	191	827	15	3	0	10,184	1,895	8,103	150	36	0
Other/unknown	8,956	6,802	1,881	272	1	0	86,982	63,846	20,375	2,749	12	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	35,601	15,760	19,331	506	4	0	385,753	163,948	217,139	4,618	48	0
Full dual, part year	1,026	588	405	33	0	0	10,941	6,197	4,400	344	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	33,063	15,626	17,100	334	3	0	358,441	162,544	192,795	3,066	36	0
FFS part year, with Rx claims	1,652	292	1,275	84	1	0	17,953	2,868	14,226	847	12	0
FFS part year, no Rx claims	635	125	474	36	0	0	6,211	1,147	4,731	333	0	0
MC all year, with Rx claims	5	0	5	0	0	0	60	0	60	0	0	0
MC all year, no Rx claims	1,272	305	882	85	0	0	14,029	3,586	9,727	716	0	0



Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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 MEXICO, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Number of Beneficiaries	Number of Months	Number of Beneficiaries	Number of Months	Number of Beneficiaries	Number of Months
<b>All</b>	<b>36,627</b>	<b>396,694</b>	<b>372,957</b>	<b>35,350</b>	<b>372,957</b>	<b>0</b>	<b>23,737</b>
Fee-for-service (FFS) all year	33,063	358,441	358,441	33,063	358,441	0	0
FFS part year, with Rx claims	1,652	17,953	11,204	1,652	11,204	0	6,749
FFS part year, with no Rx claims	635	6,211	3,312	635	3,312	0	2,899
Managed care (MC) all year, with Rx claims	5	60	0	0	0	0	60
MC all year, with no Rx claims	1,272	14,029	0	0	0	0	14,029

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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