STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
NEW YORK

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW YORK, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	4,939,778	(A)	659,132	(E)	4,280,646	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	4,379,334	(B)	645,243	(F)	3,734,091	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	3,753,278	(C)	643,940	(G)	3,109,338	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	99,582	(D)	90,913	(H)	8,669	(L)

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for New York in 2004 was $4,731,529,219, of which $9,136,835 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

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

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NEW YORK, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**3,753,278**	**384,912**	**703,856**	**1,000,189**	**1,663,566**	**755**	**32,872,712**	**3,940,200**	**7,702,274**	**7,687,568**	**13,537,357**	**5,313**
Age												
5 and younger	652,044	6	20,994	0	631,044	0	5,221,212	39	207,186	0	5,013,987	0
6-14	649,870	0	55,065	0	594,805	0	5,854,493	0	601,452	0	5,253,041	0
15-20	378,265	0	38,131	0	340,089	45	3,222,894	0	413,368	0	2,809,250	276
21-44	962,173	0	194,889	761,959	4,946	379	7,859,621	0	2,138,104	5,697,443	21,752	2,322
45-64	533,985	0	295,787	237,881	7	310	5,218,388	0	3,227,650	1,988,157	59	2,522
65-74	204,504	127,145	76,991	347	0	21	2,181,846	1,310,406	869,293	1,954	0	193
75-84	167,376	148,186	19,188	2	0	0	1,766,095	1,549,971	216,110	14	0	0
85 and older	112,178	109,371	2,807	0	0	0	1,108,257	1,079,153	29,104	0	0	0
Unknown	92,883	204	4	0	92,675	0	439,906	631	7	0	439,268	0
Gender												
Female	2,145,742	268,271	368,672	678,034	830,010	755	19,058,209	2,765,515	4,071,690	5,392,220	6,823,471	5,313
Male	1,553,211	116,610	335,182	322,155	779,264	0	13,502,905	1,174,524	3,630,579	2,295,348	6,402,454	0
Unknown	54,325	31	2	0	54,292	0	311,598	161	5	0	311,432	0
Race												
White	1,274,916	174,142	266,986	326,614	506,598	576	11,408,620	1,728,148	2,922,491	2,506,426	4,247,480	4,075
African American	872,423	50,969	150,025	293,625	377,730	74	7,354,465	515,149	1,618,923	2,227,126	2,992,765	502
Other/unknown	1,605,939	159,801	286,845	379,950	779,238	105	14,109,627	1,696,903	3,160,860	2,954,016	6,297,112	736
Use of Nursing Facilities[c]												
Entire year	99,582	79,293	20,072	184	33	0	1,034,086	806,057	225,899	1,799	331	0
Part year	46,591	30,712	14,830	954	95	0	465,681	296,620	159,128	8,992	941	0
None	3,607,105	274,907	668,954	999,051	1,663,438	755	31,372,945	2,837,523	7,317,247	7,676,777	13,536,085	5,313
Maintenance Assistance Status												
Cash	1,742,787	171,484	544,394	288,800	738,109	0	16,691,862	1,891,427	6,098,983	2,387,204	6,314,248	0
Medically needy	814,719	205,332	153,661	168,822	286,904	0	6,860,733	1,975,209	1,546,554	1,224,069	2,114,901	0
Poverty-related	540,515	1,169	424	829	537,338	755	4,204,510	9,976	3,984	5,549	4,179,688	5,313
Other/unknown	655,257	6,927	5,377	541,738	101,215	0	5,115,607	63,588	52,753	4,070,746	928,520	0
Dual Medicare Status[d]												
Full dual, all year	641,640	348,079	280,584	12,838	107	32	6,808,807	3,595,307	3,103,251	109,068	910	271
Full dual, part year	2,300	1,638	654	8	0	0	22,760	16,224	6,471	65	0	0
Non-dual, all year	3,109,338	35,195	422,618	987,343	1,663,459	723	26,041,145	328,669	4,592,552	7,578,435	13,536,447	5,042
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,835,037	366,529	606,231	345,487	516,045	745	17,272,607	3,826,925	6,756,729	2,633,182	4,050,510	5,261
FFS part year, with Rx claims	475,061	6,771	26,260	192,074	249,948	8	1,790,707	41,753	141,328	712,117	895,461	48
FFS part year, no Rx claims	318,914	7,576	5,161	104,710	201,465	2	1,055,495	24,932	21,006	344,058	665,495	4
MC all year, with FFS Rx claims	1,124,266	4,036	66,204	357,918	696,108	0	12,753,903	46,590	783,211	3,998,211	7,925,891	0

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

NEW YORK, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**69.8 %**	**14.4**	**$1,258**	**$87**	**$8,457**	**14.9 %**	**3,753,278**
Age							
5 and younger	69.0	3.7	208	57	2,026	10.3	652,044
6-14	69.2	4.5	362	81	2,076	17.4	649,870
15-20	61.8	4.4	356	82	3,147	11.3	378,265
21-44	71.4	12.2	1,255	103	8,318	15.1	962,173
45-64	83.8	35.5	3,396	96	16,209	21.0	533,985
65-74	81.8	40.0	2,969	74	15,401	19.3	204,504
75-84	72.9	35.5	2,552	72	24,229	10.5	167,376
85 and older	52.3	19.9	1,428	72	35,551	4.0	112,178
Unknown	4.2	0.1	9	74	323	2.8	92,883
Basis of Eligibility[e]							
Aged	68.2	29.6	2,159	73	24,625	8.8	384,912
Disabled	83.3	38.2	3,860	101	23,725	16.3	703,856
Adults	71.4	10.1	829	82	3,359	24.7	1,000,189
Children	63.5	3.4	207	61	1,323	15.6	1,663,566
Unknown	63.3	9.8	1,623	165	5,972	27.2	755
Gender							
Female	72.6	15.8	1,259	80	8,186	15.4	2,145,742
Male	68.1	13.0	1,301	100	9,109	14.3	1,553,211
Unknown	6.8	0.2	15	75	544	2.8	54,325
Race							
White	70.6	16.6	1,420	85	11,723	12.1	1,274,916
African American	68.7	12.1	1,144	95	7,157	16.0	872,423
Other/unknown	69.7	13.9	1,192	86	6,571	18.1	1,605,939
Use of Nursing Facilities[f]							
Entire year	41.1	11.1	1,412	127	58,798	2.4	99,582
Part year	69.2	29.2	2,980	102	47,847	6.2	46,591
None	70.6	14.3	1,232	86	6,559	18.8	3,607,105
Maintenance Assistance Status							
Cash	76.7	19.6	1,725	88	9,280	18.6	1,742,787
Medically needy	63.4	14.1	1,217	86	15,012	8.1	814,719
Poverty related	65.4	3.4	199	58	1,083	18.3	540,515
Other/unknown	63.1	10.1	942	93	4,201	22.4	655,257

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

c. 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

NEW YORK, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**1.6**	**$144**	**14.9 %**	**30.2 %**	**43.1 %**	**7.5 %**	**10.9 %**	**6.3 %**	**2.0 %**	**$966**	**3,753,278**	**32,872,712**
Age												
5 and younger	0.5	26	10.3	31.0	59.5	5.0	3.3	0.9	0.4	253	652,044	5,221,212
6-14	0.5	40	17.4	30.8	59.7	5.0	3.5	0.8	0.3	230	649,870	5,854,493
15-20	0.5	42	11.3	38.2	52.0	4.9	3.7	1.0	0.3	369	378,265	3,222,894
21-44	1.5	154	15.1	28.6	44.4	9.3	11.1	4.9	1.8	1,018	962,173	7,859,621
45-64	3.6	348	21.0	16.2	23.9	11.5	24.8	17.4	6.2	1,659	533,985	5,218,388
65-74	3.8	278	19.3	18.2	17.8	11.5	27.7	19.9	5.0	1,444	204,504	2,181,846
75-84	3.4	242	10.5	27.1	17.3	10.0	23.6	17.9	4.0	2,296	167,376	1,766,095
85 and older	2.0	145	4.0	47.7	19.0	7.2	14.6	9.9	1.7	3,599	112,178	1,108,257
Unknown	0.0	2	2.8	95.8	3.7	0.3	0.1	0.0	0.0	68	92,883	439,906
Basis of Eligibility[e]												
Aged	2.9	211	8.8	31.8	19.0	10.0	21.7	14.5	3.0	2,406	384,912	3,940,200
Disabled	3.5	353	16.3	16.7	23.8	11.0	24.8	18.2	5.5	2,168	703,856	7,702,274
Adults	1.3	108	24.7	28.6	45.3	9.5	10.5	4.1	2.0	437	1,000,189	7,687,568
Children	0.4	25	15.6	36.5	55.4	4.3	2.8	0.7	0.3	163	1,663,566	13,537,357
Unknown	1.4	231	27.2	36.7	37.1	11.3	11.0	3.8	0.1	849	755	5,313
Gender												
Female	1.8	142	15.4	27.4	43.7	7.9	11.8	7.0	2.2	922	2,145,742	19,058,209
Male	1.5	150	14.3	31.9	43.5	7.3	10.1	5.5	1.8	1,048	1,553,211	13,502,905
Unknown	0.0	3	2.8	93.2	6.1	0.5	0.2	0.0	0.0	95	54,325	311,598
Race												
White	1.9	159	12.1	29.4	41.0	7.7	11.8	7.5	2.6	1,310	1,274,916	11,408,620
African American	1.4	136	16.0	31.3	44.8	7.2	9.8	5.2	1.7	849	872,423	7,354,465
Other/unknown	1.6	136	18.1	30.3	43.8	7.5	10.8	5.9	1.7	748	1,605,939	14,109,627
Use of Nursing Facilities[f]												
Entire year	1.1	136	2.4	58.9	24.9	6.1	5.0	3.7	1.3	5,662	99,582	1,034,086
Part year	2.9	298	6.2	30.8	22.7	9.4	19.4	14.1	3.7	4,787	46,591	465,681
None	1.6	142	18.8	29.4	43.8	7.5	11.0	6.3	2.0	754	3,607,105	31,372,945
Maintenance Assistance Status												
Cash	2.0	180	18.6	23.3	43.9	8.1	13.5	8.7	2.5	969	1,742,787	16,691,862
Medically needy	1.7	145	8.1	36.6	36.6	7.5	11.0	6.4	1.9	1,783	814,719	6,860,733
Poverty related	0.4	26	18.3	34.6	56.6	4.6	3.0	0.9	0.4	139	540,515	4,204,510
Other/unknown	1.3	121	22.4	36.9	37.9	8.4	10.4	4.3	2.1	538	655,257	5,115,607

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

c. 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NEW YORK, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.6**	**$144**	**$87**	**0.8**	**$113**	**$141**	**0.1**	**$8**	**$82**	**0.7**	**$22**	**$30**
Age												
5 and younger	0.5	26	57	0.2	20	130	0.0	1	42	0.3	5	17
6-14	0.5	40	81	0.2	33	133	0.0	2	67	0.2	6	25
15-20	0.5	42	82	0.2	32	139	0.0	2	76	0.3	8	30
21-44	1.5	154	103	0.7	121	175	0.1	10	99	0.7	22	32
45-64	3.6	348	96	1.8	274	152	0.2	21	95	1.6	52	33
65-74	3.8	278	74	2.0	219	110	0.2	14	64	1.5	45	30
75-84	3.4	242	72	1.8	191	107	0.2	11	58	1.4	39	29
85 and older	2.0	145	72	1.0	115	113	0.1	5	52	0.9	24	27
Unknown	0.0	2	74	0.0	2	225	0.0	0	37	0.0	0	16
Basis of Eligibility[d]												
Aged	2.9	211	73	1.5	168	109	0.2	9	59	1.2	34	29
Disabled	3.5	353	101	1.7	279	161	0.2	22	98	1.5	51	34
Adults	1.3	108	82	0.6	84	138	0.1	6	78	0.6	17	28
Children	0.4	25	61	0.2	19	114	0.0	1	50	0.2	5	22
Unknown	1.4	231	165	0.6	184	325	0.1	3	44	0.8	43	57
Gender												
Female	1.8	142	80	0.9	110	128	0.1	8	74	0.8	24	29
Male	1.5	150	100	0.7	121	161	0.1	8	97	0.7	21	32
Unknown	0.0	3	75	0.0	2	231	0.0	0	37	0.0	0	15
Race												
White	1.9	159	85	0.9	122	136	0.1	10	85	0.8	26	31
African American	1.4	136	95	0.7	109	162	0.1	7	86	0.7	19	29
Other/unknown	1.6	136	86	0.8	108	136	0.1	7	78	0.7	20	29
Use of Nursing Facilities[e]												
Entire year	1.1	136	127	0.7	123	167	0.0	3	77	0.3	10	34
Part year	2.9	298	102	1.5	245	165	0.2	14	83	1.2	38	31
None	1.6	142	86	0.8	111	139	0.1	8	82	0.7	22	30
Maintenance Assistance Status												
Cash	2.0	180	88	1.0	142	141	0.1	10	84	0.9	27	31
Medically needy	1.7	145	86	0.8	113	139	0.1	8	78	0.7	23	31
Poverty related	0.4	26	58	0.2	19	109	0.0	1	50	0.2	5	22
Other/unknown	1.3	121	93	0.6	97	151	0.1	7	88	0.6	17	29

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 0.6 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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

NEW YORK, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.1	$47	$41	$2	$4	$151	$269	$131	$29	4,908,000	$741,353,173	1,544,625	41.2 %	15,623,355
Biologicals	0.3	0.3	0.0	0.1	402	278	6	118	1195	1,027	528	2,151	45,456	54,320,276	13,849	0.4	135,033
Antineoplastic Agents	0.5	0.2	0.0	0.3	185	138	9	37	340	727	410	112	185,687	63,062,657	31,730	0.8	340,748
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	43	31	3	9	64	110	39	30	5,208,839	334,914,485	755,356	20.1	7,783,909
Cardiovascular Agents	1.5	0.8	0.1	0.7	77	58	3	17	50	76	44	23	11,672,826	585,236,745	704,862	18.8	7,602,027
Respiratory Agents	0.6	0.3	0.0	0.2	38	33	0	5	68	95	60	23	4,804,614	324,898,622	831,918	22.2	8,625,129
Gastrointestinal Agents	0.6	0.3	0.0	0.2	59	48	2	9	106	145	70	47	3,408,390	362,471,257	575,844	15.3	6,167,638
Genitourinary Agents	0.3	0.2	0.0	0.1	23	19	2	2	67	80	46	28	831,028	56,068,563	242,005	6.4	2,483,746
CNS Drugs	1.1	0.6	0.1	0.4	127	105	7	16	121	173	114	41	7,704,724	932,986,516	686,943	18.3	7,330,782
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	61	55	0	5	107	118	108	54	426,298	45,497,341	71,317	1.9	751,402
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	94	87	1	6	227	243	104	131	273,570	62,179,882	60,326	1.6	660,652
Analgesics and Anesthetics	0.4	0.2	0.0	0.3	30	23	1	6	71	142	325	22	4,760,584	337,319,686	1,101,501	29.3	11,329,081
Neuromuscular Agents	0.7	0.3	0.1	0.3	64	38	17	9	90	149	115	31	2,763,723	249,861,176	361,786	9.6	3,891,238
Nutritional Products	0.3	0.0	0.0	0.3	6	1	1	5	20	24	24	20	653,019	13,282,069	213,919	5.7	2,080,557
Hematological Agents	0.6	0.2	0.1	0.3	108	99	4	5	178	401	52	18	1,321,514	234,613,150	200,658	5.3	2,166,381
Topical Products	0.4	0.2	0.0	0.2	22	14	2	6	58	92	61	31	4,647,088	271,413,855	1,179,437	31.4	12,191,803
Miscellaneous Products	0.6	0.3	0.1	0.2	184	137	26	21	301	468	351	85	143,033	43,020,822	22,655	0.6	234,248
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	34	0	0	0	293,860	9,892,109	92,905	2.5	1,019,042
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	54,052,253	4,722,392,384	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.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 York, 0.6 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.medispan.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 2004.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

NEW YORK, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$604,504,292	374,480	10.0 %	4,114,972	0.7	$216	$147
ANTIVIRAL	555,822,417	181,236	4.8	1,964,028	0.6	463	283
ULCER DRUGS	295,712,101	556,642	14.8	5,999,986	0.4	113	49
ANTIASTHMATIC	250,257,784	993,850	26.5	10,383,997	0.3	70	24
ANTIDEPRESSANTS	237,685,446	546,299	14.6	5,815,608	0.5	76	41
ANTIHYPERLIPIDEMIC	234,916,973	379,734	10.1	4,213,496	0.6	97	56
ANTICONVULSANT	217,035,938	275,840	7.3	3,021,237	0.7	110	72
ANTIDIABETIC	194,276,717	405,072	10.8	4,407,301	0.6	69	44
DERMATOLOGICAL	190,619,195	1,539,437	41.0	16,280,455	0.2	59	12
ANALGESICS - ANTI-INFLAMMATORY	180,158,860	1,033,015	27.5	10,793,771	0.2	68	17
Total	2,960,989,723	6,285,605		66,994,851	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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.