

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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	643,940	349,717	281,238	12,846	107	32	6,831,567	3,611,531	3,109,722	109,133	910	271
Age												
5 and younger	16	0	13	0	3	0	149	0	130	0	19	0
6-14	63	0	55	0	8	0	707	0	624	0	83	0
15-20	703	0	617	0	86	0	7,402	0	6,646	0	756	0
21-44	79,154	0	73,758	5,388	6	2	858,484	0	812,576	45,860	31	17
45-64	120,829	0	113,598	7,220	1	10	1,297,580	0	1,235,683	61,812	12	73
65-74	183,398	110,819	72,323	236	0	20	1,979,937	1,158,474	819,835	1,447	0	181
75-84	156,314	138,000	18,312	2	0	0	1,661,542	1,454,066	207,462	14	0	0
85 and older	103,460	100,898	2,562	0	0	0	1,025,757	998,991	26,766	0	0	0
Unknown	3	0	0	0	3	0		0	0	0	9	0
Gender												
Female	406,096	245,008	154,271	6,727	58	32	4,322,960	2,545,827	1,717,578	58,812	472	271
Male	237,844	104,709	126,967	6,119	49	0	2,508,607	1,065,704	1,392,144	50,321	438	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	304,125	164,077	135,097	4,881	45	25	3,172,928	1,635,519	1,496,184	40,555	454	216
African American	96,794	44,975	47,883	3,908	24	4	1,012,305	460,848	518,328	32,919	174	36
Other/unknown	243,021	140,665	98,258	4,057	38	3	2,646,334	1,515,164	1,095,210	35,659	282	19
Use of Nursing Facilities^c												
Entire year	90,913	77,665	13,194	54	0	0	938,386	789,287	148,519	580	0	0
Part year	37,503	29,795	7,639	69	0	0	371,675	287,743	83,227	705	0	0
None	515,524	242,257	260,405	12,723	107	32	5,521,506	2,534,501	2,877,976	107,848	910	271
Maintenance Assistance Status												
Cash	343,422	162,319	178,624	2,438	41	0	3,872,407	1,805,027	2,045,166	21,873	341	0
Medically needy	285,556	183,494	99,369	2,663	30	0	2,827,227	1,771,891	1,030,764	24,330	242	0
Poverty-related	1,634	1,163	423	1	15	32	14,312	9,932	3,972	12	125	271
Other/unknown	13,328	2,741	2,822	7,744	21	0	117,621	24,681	29,820	62,918	202	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	615,103	335,740	270,631	8,628	72	32	6,658,707	3,537,947	3,039,209	80,594	686	271
FFS part year, with Rx claims	14,600	5,802	6,530	2,250	18	0	86,381	36,896	38,679	10,708	98	0
FFS part year, no Rx claims	9,227	6,994	1,885	341	7	0	31,555	22,998	7,103	1,430	24	0
MC all year, with FFS Rx claims	5,010	1,181	2,192	1,627	10	0	54,924	13,690	24,731	16,401	102	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

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	77.6 %	38.0	\$3,253	\$86	\$26,278	12.4 %	643,940
Age							
5 and younger	87.5	42.1	4,926	117	16,452	29.9	16
6-14	93.7	59.3	10,324	174	31,813	32.5	63
15-20	75.1	21.9	3,015	138	21,397	14.1	703
21-44	84.0	34.7	4,255	123	30,549	13.9	79,154
45-64	87.9	50.1	5,071	101	31,038	16.3	120,829
65-74	83.4	42.0	3,117	74	15,848	19.7	183,398
75-84	74.4	36.8	2,647	72	25,098	10.5	156,314
85 and older	55.2	21.1	1,514	72	37,756	4.0	103,460
Unknown	0.0	0.0	0	0	0	0.0	3
Basis of Eligibility^e							
Aged	69.9	30.9	2,260	73	26,062	8.7	349,717
Disabled	87.0	47.0	4,482	95	27,390	16.4	281,238
Adults	81.1	32.2	3,378	105	8,042	42.0	12,846
Children	69.2	18.4	2,723	148	7,268	37.5	107
Unknown	93.8	25.3	2,723	108	7,933	34.3	32
Gender							
Female	77.5	38.8	3,069	79	25,506	12.0	406,096
Male	77.8	36.5	3,566	98	27,598	12.9	237,844
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	73.0	36.8	3,221	88	33,432	9.6	304,125
African American	79.6	37.1	3,356	91	24,309	13.8	96,794
Other/unknown	82.5	39.8	3,251	82	18,111	18.0	243,021
Use of Nursing Facilities^f							
Entire year	39.8	10.0	1,192	119	55,573	2.1	90,913
Part year	66.3	27.0	2,338	87	38,419	6.1	37,503
None	85.1	43.7	3,682	84	20,229	18.2	515,524
Maintenance Assistance Status							
Cash	87.3	46.5	3,819	82	19,633	19.5	343,422
Medically needy	65.9	28.1	2,558	91	35,073	7.3	285,556
Poverty related	60.3	23.4	2,262	97	17,873	12.7	1,634
Other/unknown	80.6	33.0	3,645	111	10,093	36.1	13,328

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	3.6	\$307	12.4 %	22.4 %	18.1 %	10.5 %	25.2 %	19.0 %	4.9 %	\$2,477	643,940	6,831,567
Age												
5 and younger	4.5	529	29.9	12.5	12.5	12.5	31.3	25.0	6.3	1,767	16	149
6-14	5.3	920	32.5	6.3	7.9	3.2	39.7	39.7	3.2	2,835	63	707
15-20	2.1	286	14.1	24.9	34.7	10.2	18.2	9.0	3.0	2,032	703	7,402
21-44	3.2	392	13.9	16.0	25.0	12.7	26.3	15.7	4.2	2,817	79,154	858,484
45-64	4.7	472	16.3	12.1	14.0	10.4	29.3	25.9	8.3	2,890	120,829	1,297,580
65-74	3.9	289	19.7	16.6	17.2	11.4	28.4	21.0	5.3	1,468	183,398	1,979,937
75-84	3.5	249	10.5	25.6	17.4	10.1	24.1	18.7	4.1	2,361	156,314	1,661,542
85 and older	2.1	153	4.0	44.8	20.0	7.6	15.4	10.5	1.8	3,808	103,460	1,025,757
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	3	9
Basis of Eligibility^e												
Aged	3.0	219	8.7	30.1	19.1	10.1	22.3	15.3	3.2	2,524	349,717	3,611,531
Disabled	4.3	405	16.4	13.0	16.7	10.8	28.8	23.8	6.8	2,477	281,238	3,109,722
Adults	3.8	398	42.0	18.9	19.3	11.6	24.5	16.6	9.0	947	12,846	109,133
Children	2.2	320	37.5	30.8	29.0	10.3	17.8	7.5	4.7	855	107	910
Unknown	3.0	322	34.3	6.3	31.3	18.8	28.1	15.6	0.0	937	32	271
Gender												
Female	3.6	288	12.0	22.5	17.1	10.3	25.5	19.6	5.0	2,396	406,096	4,322,960
Male	3.5	338	12.9	22.2	19.8	10.8	24.6	17.9	4.7	2,617	237,844	2,508,607
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.5	309	9.6	27.0	17.7	9.2	22.2	18.5	5.4	3,204	304,125	3,172,928
African American	3.5	321	13.8	20.4	18.7	11.0	26.5	18.9	4.4	2,324	96,794	1,012,305
Other/unknown	3.7	299	18.0	17.5	18.3	11.8	28.3	19.6	4.5	1,663	243,021	2,646,334
use of nursing Facilities^f												
Entire year	1.0	116	2.1	60.2	25.2	5.8	4.3	3.3	1.1	5,384	90,913	938,386
Part year	2.7	236	6.1	33.7	22.9	8.9	18.4	13.0	3.0	3,877	37,503	371,675
None	4.1	344	18.2	14.9	16.5	11.4	29.3	22.2	5.7	1,889	515,524	5,521,506
Maintenance Assistance Status												
Cash	4.1	339	19.5	12.7	16.9	11.4	29.9	23.2	5.9	1,741	343,422	3,872,407
Medically needy	2.8	258	7.3	34.1	19.4	9.3	19.6	14.1	3.5	3,543	285,556	2,827,227
Poverty related	2.7	258	12.7	39.7	19.8	9.5	17.1	10.8	3.2	2,041	1,634	14,312
Other/unknown	3.7	413	36.1	19.4	19.1	11.5	24.9	16.8	8.3	1,144	13,328	117,621

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
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	3.6	\$307	\$86	1.8	\$241	\$132	0.2	\$17	\$79	1.5	\$48	\$32
Age												
5 and younger	4.5	529	117	2.0	442	217	0.2	11	49	2.2	76	35
6-14	5.3	920	174	2.4	820	335	0.3	26	82	2.5	74	30
15-20	2.1	286	138	1.0	233	245	0.2	20	115	1.0	33	35
21-44	3.2	392	123	1.5	308	199	0.2	29	119	1.4	54	39
45-64	4.7	472	101	2.3	369	162	0.3	30	99	2.1	72	35
65-74	3.9	289	74	2.0	227	111	0.2	14	65	1.6	47	30
75-84	3.5	249	72	1.8	197	107	0.2	11	58	1.4	40	29
85 and older	2.1	153	72	1.1	122	113	0.1	6	52	0.9	25	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.0	219	73	1.6	174	110	0.2	10	59	1.2	35	29
Disabled	4.3	405	95	2.1	317	150	0.3	26	93	1.8	62	34
Adults	3.8	398	105	1.9	315	165	0.2	27	109	1.6	55	34
Children	2.2	320	148	1.0	267	270	0.2	21	108	1.0	32	33
Unknown	3.0	322	108	1.2	251	211	0.1	6	66	1.7	64	38
Gender												
Female	3.6	288	79	1.9	225	121	0.2	16	71	1.5	47	30
Male	3.5	338	98	1.8	269	150	0.2	20	93	1.4	49	34
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.5	309	88	1.8	239	137	0.2	19	84	1.5	50	33
African American	3.5	321	91	1.7	255	147	0.2	17	82	1.6	48	31
Other/unknown	3.7	299	82	2.0	238	121	0.2	15	72	1.5	45	31
Use of Nursing Facilities^e												
Entire year	1.0	116	119	0.7	104	156	0.0	3	69	0.3	8	33
Part year	2.7	236	87	1.4	189	139	0.1	10	69	1.2	36	30
None	4.1	344	84	2.1	268	130	0.3	20	80	1.7	55	32
Maintenance Assistance Status												
Cash	4.1	339	82	2.1	266	125	0.2	19	76	1.7	53	31
Medically needy	2.8	258	91	1.4	203	144	0.2	15	84	1.2	40	33
Poverty related	2.7	258	97	1.3	197	148	0.2	13	79	1.1	48	41
Other/unknown	3.7	413	111	2.0	333	170	0.2	27	110	1.5	53	35

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 0.6 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.medispain.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.1	\$61	\$53	\$3	\$5	\$171	\$268	\$168	\$38	1,071,540	\$182,761,069	261,273	40.6 %	2,986,387
Biologicals	0.2	0.1	0.0	0.1	168	2	10	156	1060	27	1,490	2,068	6,205	6,577,802	3,358	0.5	39,109
Antineoplastic Agents	0.5	0.2	0.0	0.3	185	143	8	33	346	696	531	106	96,756	33,442,969	16,298	2.5	180,794
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.4	61	45	4	13	64	106	37	30	2,450,548	156,934,217	225,606	35.0	2,559,360
Cardiovascular Agents	1.8	0.9	0.1	0.8	91	68	3	20	51	77	45	24	7,162,886	362,710,342	351,019	54.5	3,967,551
Respiratory Agents	0.7	0.5	0.0	0.2	53	47	0	6	72	94	59	25	1,380,876	99,390,716	164,191	25.5	1,872,742
Gastrointestinal Agents	0.7	0.4	0.0	0.3	71	57	2	12	105	144	67	48	1,815,623	191,038,503	236,023	36.7	2,685,048
Genitourinary Agents	0.5	0.4	0.0	0.1	39	36	1	2	77	85	60	29	449,604	34,461,034	77,352	12.0	888,583
CNS Drugs	1.2	0.7	0.1	0.4	144	117	8	19	123	173	121	44	3,441,611	423,342,270	260,955	40.5	2,938,589
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	77	70	1	6	151	178	122	58	33,114	5,004,732	5,769	0.9	65,003
Miscellaneous Psychological/																	
Neurological Agents	0.5	0.5	0.0	0.0	107	104	0	3	202	207	104	110	196,541	39,638,336	32,557	5.1	371,108
Analgesics and Anesthetics	0.6	0.3	0.0	0.3	51	41	2	8	86	139	269	28	1,786,992	154,155,983	265,481	41.2	3,015,874
Neuromuscular Agents	0.8	0.3	0.2	0.4	75	43	20	12	91	152	111	33	1,272,583	115,556,921	135,947	21.1	1,542,665
Nutritional Products	0.5	0.0	0.0	0.4	11	0	1	9	22	15	20	22	280,937	6,101,759	50,215	7.8	568,878
Hematological Agents	0.7	0.3	0.1	0.3	103	93	4	5	155	321	54	18	863,921	133,516,814	114,638	17.8	1,293,632
Topical Products	0.6	0.3	0.0	0.3	40	28	3	9	64	93	64	32	1,919,152	122,415,769	263,793	41.0	3,034,277
Miscellaneous Products	0.7	0.4	0.1	0.2	241	190	25	26	330	476	267	109	69,412	22,910,384	8,408	1.3	95,112
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	29	0	0	0	151,842	4,459,957	37,776	5.9	435,237
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.	24,450,143	2,094,419,577	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$285,824,126	160,295	24.9 %	1,810,486	0.8	\$206	\$158
ULCER DRUGS	156,468,895	234,891	36.5	2,680,835	0.5	114	58
ANTIHYPERTENSIVE	146,135,231	216,645	33.6	2,479,781	0.6	98	59
ANTIVIRAL	133,601,720	43,206	6.7	490,824	0.6	451	272
ANTIDIABETIC	103,802,917	207,015	32.1	2,348,636	0.6	68	44
ANTICONVULSANT	98,203,506	113,939	17.7	1,295,194	0.7	108	76
ANTIDEPRESSANTS	94,622,201	183,321	28.5	2,073,823	0.6	76	46
ANTIHYPERTENSIVE	91,604,882	285,533	44.3	3,254,525	0.6	47	28
ANALGESICS - ANTI-INFLAMMATORY	87,827,274	242,215	37.6	2,779,530	0.3	96	32
HEMATOPOIETIC AGENTS	77,573,276	82,810	12.9	937,223	0.4	200	83
Total	1,275,664,028	1,769,870		20,150,857	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.medispn.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	11,452,807	\$1,275,664,028	160,295	24.9 %	1,810,486	0.8	\$158	234,891	36.5 %	2,680,835	0.5	\$58
Female	7,210,232	733,722,052	89,463	22.0	1,008,032	0.7	136	158,733	39.1	1,818,126	0.5	58
Disabled	3,772,635	414,839,739	48,622	31.5	560,022	0.8	162	73,991	48.0	852,587	0.5	62
5 and younger	57	8,181	0	0.0	0	0.0	0	3	75.0	36	0.8	65
6-14	614	92,062	1	3.0	12	0.8	73	25	75.8	295	0.4	18
15-20	2,634	366,304	72	27.0	762	0.6	141	67	25.1	755	0.4	39
21-44	624,488	85,884,661	15,469	49.1	176,849	0.8	166	10,307	32.7	116,761	0.5	59
45-64	1,587,570	188,147,494	22,963	39.2	264,212	0.8	176	28,521	48.7	323,319	0.6	67
65-74	1,225,195	111,038,968	7,365	15.4	86,348	0.7	129	27,200	57.0	318,740	0.5	58
75-84	309,034	27,091,440	2,318	16.6	27,035	0.7	119	7,297	52.2	86,218	0.5	57
85 and older	23,043	2,210,629	434	20.4	4,804	0.7	104	571	26.8	6,463	0.6	64
Other Eligibles	3,437,597	318,882,313	40,841	16.2	448,010	0.7	104	84,742	33.7	965,539	0.5	55
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	10,315	0	0.0	0	0.0	0	1	33.3	8	0.3	6
15-20	260	24,569	9	19.1	100	0.6	90	5	10.6	49	0.3	60
21-44	40,648	5,865,200	927	30.6	8,929	0.6	134	927	30.6	8,987	0.4	52
45-64	70,745	7,900,072	734	20.4	7,197	0.7	121	1,606	44.6	15,326	0.5	60
65-74	1,154,397	103,894,576	7,006	10.4	79,412	0.7	122	28,864	42.7	327,139	0.5	53
75-84	1,478,265	133,700,041	15,065	15.7	168,265	0.7	103	36,093	37.7	418,464	0.5	55
85 and older	693,259	67,487,540	17,100	20.9	184,107	0.7	95	17,246	21.1	195,566	0.5	56
Male	4,242,575	541,941,976	70,832	29.8	802,454	0.8	185	76,158	32.0	862,709	0.5	59
Disabled	2,811,742	401,904,934	53,772	42.4	620,272	0.9	205	42,164	33.2	480,744	0.6	64
5 and younger	90	7,093	0	0.0	0	0.0	0	3	33.3	28	0.8	53
6-14	363	54,927	0	0.0	0	0.0	0	10	45.5	120	0.7	41
15-20	3,189	509,051	103	29.4	1,124	0.7	147	63	18.0	718	0.5	46
21-44	800,608	136,037,220	23,447	55.5	269,596	0.8	202	9,865	23.4	112,373	0.5	61
45-64	1,382,581	205,822,124	25,385	46.2	293,205	0.9	217	19,556	35.6	220,164	0.6	67
65-74	539,227	51,886,293	4,059	16.5	47,478	0.8	167	10,743	43.7	124,896	0.5	60
75-84	81,885	7,197,751	702	16.2	8,048	0.7	127	1,814	41.8	21,194	0.5	59
85 and older	3,799	390,475	76	17.5	821	0.7	100	110	25.3	1,251	0.6	64
Other Eligibles	1,430,833	140,037,042	17,060	15.4	182,182	0.7	117	33,994	30.7	381,965	0.5	54
5 and younger	16	1,058	0	0.0	0	0.0	0	1	50.0	12	0.3	25
6-14	67	2,073	0	0.0	0	0.0	0	3	60.0	36	0.7	20
15-20	382	109,936	15	38.5	139	0.5	128	4	10.3	41	0.5	24
21-44	29,644	5,141,660	804	34.0	7,551	0.6	156	563	23.8	5,255	0.5	58
45-64	61,715	8,466,767	635	17.5	6,022	0.6	136	1,212	33.4	11,419	0.5	61
65-74	616,468	58,515,896	4,844	11.1	54,127	0.7	144	14,374	33.1	161,234	0.5	52
75-84	564,051	51,633,510	6,665	15.8	72,007	0.7	106	13,839	32.7	159,018	0.5	55
85 and older	158,490	16,166,142	4,097	21.4	42,336	0.6	89	3,998	20.9	44,950	0.5	56
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.medispn.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIVIRAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	216,645	33.6 %	2,479,781	0.6	\$59	43,206	6.7 %	490,824	0.6	\$272	207,015	32.1 %	2,348,636	0.6	\$44
Female	141,929	34.9	1,631,482	0.6	59	16,322	4.0	187,177	0.5	198	136,324	33.6	1,556,069	0.6	43
Disabled	63,670	41.3	736,597	0.6	59	11,311	7.3	130,187	0.5	240	64,069	41.5	736,871	0.7	48
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.3	58	0	0.0	0	0.0	0
6-14	3	9.1	36	0.5	22	12	36.4	139	0.6	252	2	6.1	24	0.6	31
15-20	13	4.9	146	0.5	30	20	7.5	232	0.6	310	15	5.6	162	0.5	31
21-44	4,167	13.2	47,797	0.6	52	3,756	11.9	42,754	0.5	240	4,882	15.5	55,317	0.6	50
45-64	24,228	41.3	275,126	0.6	60	5,641	9.6	64,960	0.6	275	24,335	41.5	274,026	0.7	51
65-74	28,062	58.8	328,615	0.6	60	1,574	3.3	18,435	0.4	155	27,986	58.6	326,829	0.7	47
75-84	6,841	49.0	80,841	0.6	61	293	2.1	3,496	0.2	50	6,500	46.5	76,542	0.6	42
85 and older	356	16.7	4,036	0.6	65	14	0.7	159	0.1	10	349	16.4	3,971	0.6	32
Other Eligibles	78,259	31.1	894,885	0.6	58	5,011	2.0	56,990	0.3	102	72,255	28.7	819,198	0.6	39
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	1	33.3	8	0.9	1,037	2	66.7	16	0.5	49
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	10.6	36	0.4	32
21-44	286	9.4	2,765	0.5	47	558	18.4	6,006	0.6	262	391	12.9	3,745	0.6	48
45-64	1,255	34.9	11,856	0.6	63	428	11.9	4,493	0.6	315	1,428	39.7	13,162	0.7	53
65-74	31,354	46.4	354,628	0.6	57	1,777	2.6	20,241	0.3	99	29,612	43.8	333,234	0.6	42
75-84	34,695	36.2	403,443	0.6	59	1,609	1.7	18,811	0.2	38	30,991	32.4	357,421	0.6	39
85 and older	10,669	13.0	122,193	0.6	59	638	0.8	7,431	0.1	14	9,826	12.0	111,584	0.6	33
Male	74,716	31.4	848,299	0.6	60	26,884	11.3	303,647	0.7	318	70,691	29.7	792,567	0.7	46
Disabled	41,388	32.6	473,346	0.6	60	22,782	17.9	258,461	0.7	334	37,848	29.8	427,809	0.7	50
5 and younger	0	0.0	0	0.0	0	1	11.1	12	0.2	1	0	0.0	0	0.0	0
6-14	1	4.5	12	1.3	178	11	50.0	132	0.6	273	0	0.0	0	0.0	0
15-20	9	2.6	99	0.6	52	39	11.1	445	0.5	235	23	6.6	257	0.4	29
21-44	7,367	17.4	84,528	0.6	53	8,713	20.6	98,129	0.7	320	5,521	13.1	61,986	0.7	49
45-64	19,964	36.3	224,977	0.7	61	12,498	22.7	141,992	0.8	354	18,825	34.2	209,236	0.7	51
65-74	12,226	49.7	142,311	0.6	63	1,411	5.7	16,456	0.6	266	11,780	47.9	136,466	0.7	49
75-84	1,766	40.7	20,780	0.6	61	107	2.5	1,271	0.4	134	1,650	38.0	19,298	0.7	44
85 and older	55	12.7	639	0.6	59	2	0.5	24	0.1	20	49	11.3	566	0.5	32
Other Eligibles	33,328	30.1	374,953	0.6	59	4,102	3.7	45,186	0.5	226	32,843	29.6	364,758	0.6	41
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	23	2	100.0	8	0.5	6
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	2	5.1	10	0.6	53	10	25.6	110	0.9	685	2	5.1	10	0.7	49
21-44	352	14.9	3,314	0.5	52	616	26.1	6,070	0.7	326	330	14.0	2,897	0.7	56
45-64	1,330	36.6	12,268	0.6	63	758	20.9	7,932	0.8	387	1,434	39.5	13,002	0.7	52
65-74	16,115	37.1	180,093	0.6	58	1,709	3.9	19,377	0.5	221	16,507	38.0	183,134	0.6	42
75-84	13,060	30.9	151,077	0.6	60	800	1.9	9,289	0.3	80	12,056	28.5	137,634	0.6	41
85 and older	2,469	12.9	28,191	0.6	59	208	1.1	2,396	0.2	29	2,512	13.1	28,073	0.6	35
Unknown	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 York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.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); 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	113,939	17.7 %	1,295,194	0.7	\$76	183,321	28.5 %	2,073,823	0.6	\$46	285,533	44.3 %	3,254,525	0.6	\$28
Female	66,967	16.5	762,003	0.7	69	122,142	30.1	1,384,776	0.6	45	187,581	46.2	2,148,336	0.6	29
Disabled	43,037	27.9	493,715	0.7	85	75,667	49.0	862,774	0.6	49	74,692	48.4	861,577	0.6	29
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	24	0.2	4
5 and younger	10	30.3	120	0.6	46	5	15.2	60	0.8	66	19	57.6	213	0.5	16
6-14	53	19.9	556	0.8	85	92	34.5	1,014	0.5	35	40	15.0	467	0.5	19
15-20	12,792	40.6	145,536	0.8	107	18,646	59.1	209,707	0.6	53	4,390	13.9	49,546	0.6	24
21-44	20,270	34.6	231,084	0.8	91	34,950	59.6	394,363	0.7	53	25,034	42.7	281,632	0.6	29
45-64	7,911	16.6	92,929	0.5	46	17,873	37.4	209,537	0.6	39	34,774	72.8	406,656	0.6	30
65-74	1,850	13.2	21,818	0.5	41	3,789	27.1	44,627	0.5	36	9,730	69.6	115,088	0.6	29
75-84	151	7.1	1,672	0.6	37	312	14.7	3,466	0.6	37	703	33.0	7,951	0.6	27
85 and older	23,930	9.5	268,288	0.5	41	46,475	18.5	522,002	0.5	38	112,889	44.8	1,286,759	0.6	28
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	7	14.9	75	0.7	70	9	19.1	98	0.6	48	2	4.3	24	0.6	52
15-20	908	29.9	8,646	0.7	87	1,797	59.2	17,269	0.6	48	435	14.3	4,200	0.5	23
21-44	946	26.3	9,142	0.6	71	2,105	58.5	19,976	0.6	51	1,581	43.9	14,713	0.7	31
45-64	7,477	11.1	85,038	0.5	44	14,396	21.3	163,176	0.5	36	38,758	57.3	436,769	0.6	29
65-74	9,844	10.3	112,893	0.5	36	18,834	19.7	217,024	0.5	37	50,449	52.7	584,719	0.6	29
75-84	4,748	5.8	52,494	0.6	34	9,334	11.4	104,459	0.5	38	21,664	26.5	246,334	0.6	27
85 and older															
Male	46,972	19.7	533,191	0.8	85	61,179	25.7	689,047	0.6	48	97,952	41.2	1,106,189	0.6	27
Disabled	35,658	28.1	409,007	0.8	97	45,085	35.5	512,037	0.6	52	47,431	37.4	538,225	0.6	28
	3	33.3	36	0.8	79	0	0.0	0	0.0	0	1	11.1	12	0.1	1
5 and younger	2	9.1	24	1.0	13	0	0.0	0	0.0	0	7	31.8	84	0.7	17
6-14	64	18.3	719	0.8	113	73	20.9	827	0.5	42	48	13.7	533	0.6	25
15-20	14,189	33.6	162,857	0.8	110	16,824	39.8	190,588	0.6	53	7,183	17.0	80,905	0.6	25
21-44	17,108	31.1	195,490	0.8	97	21,347	38.8	240,814	0.7	54	21,311	38.8	237,206	0.6	28
45-64	3,717	15.1	43,298	0.6	55	6,010	24.4	70,189	0.6	40	15,982	65.0	185,597	0.6	29
65-74	548	12.6	6,285	0.6	42	784	18.1	9,097	0.6	38	2,772	63.9	32,462	0.6	28
75-84	27	6.2	298	0.7	43	47	10.8	522	0.6	41	127	29.3	1,426	0.6	27
85 and older															
Other Eligibles	11,314	10.2	124,184	0.6	47	16,094	14.5	177,010	0.5	37	50,521	45.6	567,964	0.6	27
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	4	0.5	11
5 and younger	3	60.0	36	0.3	11	1	20.0	12	0.3	12	4	80.0	48	0.5	16
6-14	6	15.4	45	1.1	54	7	17.9	64	1.1	84	6	15.4	59	0.7	66
15-20	598	25.3	5,532	0.6	75	1,028	43.5	9,262	0.6	52	428	18.1	3,842	0.6	27
21-44	704	19.4	6,689	0.6	75	1,387	38.2	12,859	0.6	45	1,613	44.4	14,805	0.6	29
45-64	4,362	10.0	49,075	0.6	52	5,778	13.3	65,034	0.5	37	22,715	52.3	253,337	0.6	26
65-74	4,259	10.1	48,012	0.6	41	5,989	14.2	68,649	0.5	35	20,442	48.4	235,977	0.6	27
75-84	1,382	7.2	14,795	0.6	33	1,904	10.0	21,130	0.5	36	5,312	27.8	59,892	0.6	25
85 and older															
Unknown	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 York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.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); 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					HEMATOPOIETIC AGENTS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	242,215	37.6 %	2,779,530	0.3	\$32	82,810	12.9 %	937,223	0.4	\$83	643,940	6,831,567
Female	168,151	41.4	1,936,250	0.3	34	54,364	13.4	618,022	0.4	79	406,094	4,322,957
Disabled	83,324	54.0	962,335	0.3	35	23,690	15.4	273,327	0.4	69	154,271	1,717,578
	0	0.0	0	0.0	0	5	125.0	60	0.4	84	4	45
5 and younger	3	9.1	36	0.2	4	26	78.8	312	0.5	117	33	371
6-14	76	28.5	832	0.2	7	58	21.7	628	0.4	81	267	2,820
15-20	13,442	42.6	153,151	0.3	21	4,259	13.5	48,648	0.4	63	31,527	347,805
21-44	31,576	53.9	358,921	0.4	40	9,118	15.6	103,954	0.4	73	58,602	640,956
45-64	30,532	64.0	358,238	0.3	36	7,531	15.8	88,111	0.4	67	47,739	544,209
65-74	7,280	52.1	86,470	0.4	34	2,437	17.4	28,750	0.4	63	13,971	158,942
75-84	415	19.5	4,687	0.4	48	256	12.0	2,864	0.4	95	2,128	22,430
85 and older	84,827	33.7	973,915	0.3	33	30,674	12.2	344,695	0.4	87	251,823	2,605,379
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
5 and younger	0	0.0	0	0.0	0	3	100.0	34	0.2	35	3	31
6-14	8	17.0	62	0.2	2	8	17.0	77	0.4	2	47	402
15-20	1,456	48.0	14,181	0.3	28	488	16.1	4,777	0.3	52	3,034	26,667
21-44	2,255	62.7	21,803	0.4	37	475	13.2	4,536	0.4	74	3,599	31,641
45-64	32,418	47.9	369,564	0.3	32	8,058	11.9	90,987	0.4	78	67,630	713,351
65-74	35,307	36.9	413,634	0.3	34	13,148	13.7	150,273	0.4	81	95,729	1,016,763
75-84	13,383	16.4	154,671	0.4	35	8,494	10.4	94,011	0.4	109	81,780	816,521
85 and older												
Male	74,064	31.1	843,280	0.3	26	28,446	12.0	319,201	0.4	90	237,843	2,508,601
Disabled	42,245	33.3	483,609	0.3	25	14,192	11.2	161,588	0.5	94	126,967	1,392,144
	0	0.0	0	0.0	0	9	100.0	86	0.4	32	9	85
5 and younger	2	9.1	24	0.5	12	13	59.1	156	0.5	63	22	253
6-14	47	13.4	541	0.1	2	48	13.7	551	0.4	114	350	3,826
15-20	11,165	26.4	127,365	0.2	16	2,765	6.5	31,469	0.5	127	42,231	464,771
21-44	18,701	34.0	211,649	0.3	28	6,914	12.6	77,834	0.5	106	54,996	594,727
45-64	10,665	43.4	124,358	0.3	29	3,711	15.1	42,937	0.5	56	24,584	275,626
65-74	1,587	36.6	18,789	0.3	32	683	15.7	8,007	0.4	61	4,341	48,520
75-84	78	18.0	883	0.4	48	49	11.3	548	0.4	103	434	4,336
85 and older												
Other Eligibles	31,819	28.7	359,671	0.3	27	14,254	12.9	157,613	0.4	86	110,876	1,116,457
	0	0.0	0	0.0	0	2	100.0	24	0.3	16	2	16
5 and younger	1	20.0	12	0.3	3	0	0.0	0	0.0	0	5	52
6-14	3	7.7	16	0.3	2	5	12.8	60	0.2	54	39	354
15-20	800	33.9	7,422	0.3	29	160	6.8	1,517	0.4	90	2,362	19,241
21-44	1,622	44.7	15,414	0.4	30	454	12.5	4,400	0.4	103	3,632	30,256
45-64	14,555	33.5	164,141	0.3	25	5,114	11.8	56,850	0.4	75	43,445	446,751
65-74	11,853	28.0	138,215	0.3	27	6,069	14.4	68,352	0.4	78	42,273	437,317
75-84	2,985	15.6	34,451	0.3	29	2,450	12.8	26,410	0.4	129	19,118	182,470
85 and older												
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	9

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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.medispn.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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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
All	\$116	1.0	90,913	938,386
Age				
0-64	314	1.9	6,588	73,891
65-74	189	1.7	11,952	129,104
75-84	118	1.2	29,209	303,537
85 and older	58	0.5	43,164	431,854
Unknown	0	0.0	0	0
Gender				
Female	101	0.9	65,188	676,419
Male	153	1.2	25,725	261,967
Unknown	0	0.0	0	0
Race				
White	97	0.8	66,771	678,277
African American	138	1.1	8,852	94,032
Other/unknown	178	1.7	15,290	166,077
Basis of Eligibility^c				
Aged	88	0.8	77,665	789,287
Disabled	261	2.0	13,194	148,519
Adults	353	2.4	54	580
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 York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 37,503 beneficiaries who were in nursing facilities for part of their enrollment and their 371,675 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.4	0.0	0.1	\$92	\$86	\$2	\$4	\$184	\$233	\$148	\$35	27,136	\$4,994,631	4,565	5.0 %	54,046
Biologicals	0.1	0.0	0.0	0.1	220	1	0	219	1601	16	0	####	140	224,115	85	0.1	1,020
Antineoplastic Agents	0.6	0.2	0.0	0.4	154	125	0	29	274	626	141	80	1,757	481,420	267	0.3	3,124
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.4	64	46	6	13	60	92	38	31	48,314	2,916,840	3,860	4.2	45,443
Cardiovascular Agents	2.2	1.1	0.1	1.0	109	81	4	24	49	73	47	24	163,630	8,081,347	6,336	7.0	74,463
Respiratory Agents	0.6	0.4	0.0	0.2	44	39	0	5	71	91	49	27	21,168	1,508,380	2,890	3.2	34,189
Gastrointestinal Agents	0.8	0.4	0.0	0.3	72	57	3	12	93	135	69	39	40,035	3,711,328	4,364	4.8	51,562
Genitourinary Agents	0.6	0.5	0.0	0.1	48	45	1	2	76	83	58	29	15,587	1,179,454	2,069	2.3	24,466
CNS Drugs	1.1	0.9	0.0	0.1	166	159	2	5	157	169	112	49	345,947	54,240,598	29,548	32.5	327,026
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.4	0.3	0.0	0.0	61	60	0	1	161	176	0	36	601	96,554	131	0.1	1,572
Neurological Agents	0.7	0.7	0.0	0.0	183	182	0	0	273	274	107	116	14,012	3,826,396	1,771	1.9	20,939
Analgesics and Anesthetics	0.6	0.5	0.0	0.2	54	50	1	3	87	110	155	21	38,054	3,322,083	5,195	5.7	61,123
Neuromuscular Agents	0.9	0.5	0.1	0.3	68	49	6	13	76	102	84	37	83,696	6,329,016	8,315	9.1	93,537
Nutritional Products	0.5	0.0	0.0	0.5	10	0	1	10	19	15	19	19	6,419	124,484	1,022	1.1	11,942
Hematological Agents	0.7	0.5	0.1	0.2	224	218	3	3	304	429	54	16	43,592	13,257,184	5,401	5.9	59,161
Topical Products	0.9	0.5	0.1	0.4	61	46	4	11	70	102	60	31	54,276	3,794,157	5,196	5.7	61,724
Miscellaneous Products	0.5	0.2	0.1	0.2	120	74	24	22	222	421	208	87	650	144,248	104	0.1	1,201
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	29	0	0	0	5,164	149,201	1,077	1.2	12,828
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.	910,178	108,381,436	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 37,503 beneficiaries who were in nursing facilities for part of their enrollment and their 371,675 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.medispan.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 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.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$51,112,470	30,292	33.3 %	334,764	0.9	\$172	\$153
HEMATOPOIETIC AGENTS	11,774,623	4,500	4.9	48,615	0.6	405	242
ANTICONVULSANT	5,723,808	8,045	8.8	90,495	0.8	77	63
ANTIVIRAL	4,283,856	1,085	1.2	12,628	1.2	286	339
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,833,465	2,185	2.4	25,866	0.5	272	148
ULCER DRUGS	3,181,087	4,418	4.9	52,274	0.6	110	61
ANTIHYPERLIPIDEMIC	3,004,035	4,047	4.5	48,158	0.7	95	62
DERMATOLOGICAL	2,605,087	11,690	12.9	139,571	0.2	76	19
ANTIHYPERTENSIVE	2,158,394	5,997	6.6	70,976	0.6	48	30
ANTIDEPRESSANTS	2,059,329	4,135	4.5	48,920	0.6	72	42
Total	89,736,154	76,394		872,267	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 37,503 beneficiaries who were in nursing facilities for part of their enrollment and their 371,675 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.medispain.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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS				
	Number of Rx	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 \$
All	597,411	\$89,736,154	30,292	33.3 %	334,764	0.9	\$153	4,500	4.9 %	48,615	0.6	\$242
Female	389,839	56,310,191	20,637	31.7	228,495	0.9	142	3,089	4.7	33,513	0.6	239
Disabled	97,838	15,426,686	3,025	42.2	35,031	1.0	221	537	7.5	6,148	0.6	165
64 or younge ^r	42,007	8,102,878	1,325	45.4	15,421	1.1	262	193	6.6	2,189	0.6	168
65-74	36,862	4,885,517	956	41.7	11,138	1.0	215	213	9.3	2,470	0.6	149
75-84	16,100	2,025,997	532	42.0	6,120	0.9	165	106	8.4	1,214	0.5	172
85 and older	2,869	412,294	212	30.5	2,352	0.8	125	25	3.6	275	0.7	251
Other Eligibles	292,001	40,883,505	17,612	30.4	193,464	0.8	128	2,552	4.4	27,365	0.6	255
64 or younge ^r	293	50,040	10	38.5	104	0.7	170	0	0.0	0	0.0	0
65-74	40,419	5,882,337	1,608	37.6	18,314	0.9	181	273	6.4	3,037	0.6	227
75-84	131,410	17,232,503	6,292	33.7	69,978	0.8	137	1,071	5.7	11,793	0.5	204
85 and older	119,879	17,718,625	9,702	27.7	105,068	0.8	113	1,208	3.4	12,535	0.6	311
Male	207,572	33,425,963	9,655	37.5	106,269	0.9	175	1,411	5.5	15,102	0.6	250
Disabled	87,529	16,319,333	2,974	49.4	34,377	1.1	258	373	6.2	4,233	0.6	224
64 or younge ^r	57,753	11,941,155	1,913	52.9	22,096	1.2	284	184	5.1	2,046	0.6	289
65-74	23,571	3,554,508	831	46.3	9,684	1.0	221	135	7.5	1,565	0.6	158
75-84	5,473	696,400	190	40.0	2,172	1.0	184	40	8.4	457	0.6	123
85 and older	732	127,270	40	29.6	425	0.8	122	14	10.4	165	0.6	314
Other Eligibles	120,043	17,106,630	6,681	33.9	71,892	0.8	135	1,038	5.3	10,869	0.6	261
64 or younge ^r	501	111,348	11	40.7	123	1.6	133	4	14.8	48	0.3	35
65-74	29,977	4,819,924	1,459	40.6	16,414	0.9	184	192	5.3	2,053	0.6	242
75-84	60,599	7,864,770	2,994	34.1	32,292	0.8	131	517	5.9	5,532	0.6	210
85 and older	28,966	4,310,588	2,217	30.4	23,063	0.8	107	325	4.5	3,236	0.6	363
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 37,503 beneficiaries who were in nursing facilities for part of their enrollment and their 371,675 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.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIVIRAL					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 \$
All	8,045	8.8 %	90,495	0.8	\$63	1,085	1.2 %	12,628	1.2	\$339	2,185	2.4 %	25,866	0.5	\$148
Female	4,939	7.6	55,875	0.8	58	290	0.4	3,322	0.9	223	1,534	2.4	18,154	0.6	154
Disabled	1,433	20.0	16,787	0.9	87	170	2.4	1,909	1.3	330	391	5.5	4,648	0.6	368
64 or younger	733	25.1	8,583	1.1	111	135	4.6	1,489	1.5	385	187	6.4	2,218	0.8	653
65-74	491	21.4	5,791	0.8	67	31	1.4	372	0.6	152	120	5.2	1,422	0.5	135
75-84	179	14.1	2,092	0.8	52	4	0.3	48	0.1	16	78	6.2	936	0.5	72
85 and older	30	4.3	321	0.7	36	0	0.0	0	0.0	0	6	0.9	72	0.6	68
Other Eligibles	3,506	6.0	39,088	0.7	45	120	0.2	1,413	0.4	78	1,143	2.0	13,506	0.5	80
64 or younger	4	15.4	48	1.3	81	3	11.5	30	0.9	670	0	0.0	0	0.0	0
65-74	615	14.4	7,031	0.8	65	32	0.7	384	1.0	133	158	3.7	1,866	0.5	128
75-84	1,638	8.8	18,526	0.7	43	62	0.3	723	0.2	48	655	3.5	7,759	0.5	71
85 and older	1,249	3.6	13,483	0.7	37	23	0.1	276	0.1	16	330	0.9	3,881	0.5	75
Male	3,106	12.1	34,620	0.9	72	795	3.1	9,306	1.3	381	651	2.5	7,712	0.5	135
Disabled	1,328	22.1	15,340	1.0	96	623	10.3	7,299	1.3	409	189	3.1	2,231	0.6	263
64 or younger	918	25.4	10,621	1.1	106	568	15.7	6,639	1.3	421	100	2.8	1,165	0.6	435
65-74	336	18.7	3,899	0.9	78	53	3.0	636	1.1	301	69	3.8	826	0.5	85
75-84	64	13.5	709	0.8	55	2	0.4	24	0.1	13	18	3.8	216	0.3	45
85 and older	10	7.4	111	1.0	68	0	0.0	0	0.0	0	2	1.5	24	0.3	48
Other Eligibles	1,778	9.0	19,280	0.8	54	172	0.9	2,007	1.2	278	462	2.3	5,481	0.5	82
64 or younger	7	25.9	75	0.9	78	18	66.7	195	0.5	267	2	7.4	22	1.1	1,256
65-74	529	14.7	5,899	0.9	67	98	2.7	1,146	1.4	329	71	2.0	851	0.6	104
75-84	834	9.5	9,167	0.7	51	44	0.5	528	1.1	209	285	3.2	3,400	0.5	74
85 and older	408	5.6	4,139	0.7	40	12	0.2	138	0.9	132	104	1.4	1,208	0.5	69
Unknown	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 York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 37,503 beneficiaries who were in nursing facilities for part of their enrollment and their 371,675 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); 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					DERMATOLOGICAL				
	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 \$
All	4,418	4.9 %	52,274	0.6	\$61	4,047	4.5 %	48,158	0.7	\$62	11,690	12.9 %	139,571	0.2	\$19
Female	3,109	4.8	36,815	0.5	59	2,871	4.4	34,176	0.6	62	7,964	12.2	95,109	0.2	19
Disabled	946	13.2	11,247	0.6	64	896	12.5	10,691	0.7	65	2,271	31.7	27,153	0.3	19
64 or younger	244	8.4	2,887	0.7	66	225	7.7	2,686	0.7	67	477	16.3	5,711	0.2	10
65-74	481	21.0	5,729	0.5	62	471	20.5	5,615	0.7	63	1,246	54.3	14,866	0.3	22
75-84	204	16.1	2,427	0.6	66	189	14.9	2,268	0.7	65	530	41.8	6,360	0.3	22
85 and older	17	2.4	204	0.6	65	11	1.6	122	0.6	67	18	2.6	216	0.3	9
Other Eligibles	2,163	3.7	25,568	0.5	57	1,975	3.4	23,485	0.6	60	5,693	9.8	67,956	0.2	19
64 or younger	0	0.0	0	0.0	0	5	19.2	52	1.0	79	4	15.4	40	0.2	10
65-74	372	8.7	4,360	0.5	59	379	8.9	4,486	0.6	61	973	22.8	11,608	0.2	19
75-84	1,305	7.0	15,522	0.5	57	1,248	6.7	14,912	0.6	60	3,656	19.6	43,682	0.2	19
85 and older	486	1.4	5,686	0.5	58	343	1.0	4,035	0.6	60	1,060	3.0	12,626	0.2	17
Male	1,309	5.1	15,459	0.6	65	1,176	4.6	13,982	0.7	64	3,726	14.5	44,462	0.3	18
Disabled	455	7.6	5,354	0.7	70	429	7.1	5,097	0.7	67	1,196	19.9	14,217	0.3	17
64 or younger	212	5.9	2,479	0.7	69	186	5.1	2,198	0.7	67	509	14.1	5,998	0.3	15
65-74	181	10.1	2,131	0.6	69	185	10.3	2,206	0.7	66	510	28.4	6,101	0.3	17
75-84	56	11.8	672	0.6	75	54	11.4	648	0.7	66	172	36.2	2,064	0.3	18
85 and older	6	4.4	72	0.7	82	4	3.0	45	0.8	75	5	3.7	54	0.3	38
Other Eligibles	854	4.3	10,105	0.6	62	747	3.8	8,885	0.6	63	2,530	12.8	30,245	0.2	19
64 or younger	4	14.8	48	0.5	27	1	3.7	12	1.0	128	9	33.3	108	0.4	28
65-74	164	4.6	1,905	0.5	59	151	4.2	1,778	0.7	64	412	11.5	4,901	0.2	16
75-84	550	6.3	6,553	0.5	62	493	5.6	5,875	0.7	62	1,673	19.1	20,057	0.3	20
85 and older	136	1.9	1,599	0.6	68	102	1.4	1,220	0.6	63	436	6.0	5,179	0.2	17
Unknown	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 York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 37,503 beneficiaries who were in nursing facilities for part of their enrollment and their 371,675 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); 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					Benefit Months	
	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	Among All-Year Nursing Facility Residents
All	5,997	6.6 %	70,976	0.6	\$30	4,135	4.5 %	48,920	0.6	\$42	90,913	938,386
Female	4,180	6.4	49,525	0.6	31	2,899	4.4	34,316	0.6	42	65,188	676,419
Disabled	1,134	15.8	13,529	0.7	31	927	12.9	11,020	0.6	48	7,174	81,077
64 or younger	235	8.1	2,786	0.7	28	315	10.8	3,737	0.8	59	2,918	32,927
65-74	602	26.3	7,201	0.6	31	429	18.7	5,108	0.6	45	2,293	26,295
75-84	276	21.8	3,300	0.6	32	171	13.5	2,031	0.6	38	1,268	14,301
85 and older	21	3.0	242	0.7	23	12	1.7	144	0.5	29	695	7,554
Other Eligibles	3,046	5.3	35,996	0.6	31	1,972	3.4	23,296	0.5	39	58,014	595,342
64 or younger	5	19.2	52	1.0	48	3	11.5	28	0.8	52	26	302
65-74	524	12.3	6,123	0.6	31	360	8.4	4,206	0.6	46	4,271	45,224
75-84	1,866	10.0	22,174	0.6	32	1,211	6.5	14,417	0.5	38	18,685	196,112
85 and older	651	1.9	7,647	0.6	27	398	1.1	4,645	0.5	35	35,032	353,704
Male	1,817	7.1	21,451	0.7	30	1,236	4.8	14,604	0.6	43	25,725	261,967
Disabled	588	9.8	6,925	0.7	31	499	8.3	5,886	0.7	51	6,020	67,442
64 or younger	204	5.6	2,397	0.7	29	267	7.4	3,138	0.7	55	3,617	40,391
65-74	272	15.2	3,184	0.7	32	184	10.3	2,175	0.6	48	1,793	20,355
75-84	106	22.3	1,272	0.6	31	46	9.7	552	0.5	44	475	5,335
85 and older	6	4.4	72	0.7	41	2	1.5	21	0.6	43	135	1,361
Other Eligibles	1,229	6.2	14,526	0.6	30	737	3.7	8,718	0.6	37	19,705	194,525
64 or younger	2	7.4	24	0.5	24	5	18.5	58	0.4	24	27	271
65-74	212	5.9	2,482	0.6	27	167	4.6	1,971	0.6	36	3,595	37,230
75-84	785	8.9	9,357	0.6	31	449	5.1	5,341	0.5	37	8,781	87,789
85 and older	230	3.1	2,663	0.6	29	116	1.6	1,348	0.6	40	7,302	69,235
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 37,503 beneficiaries who were in nursing facilities for part of their enrollment and their 371,675 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.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEW YORK, 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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	346,915	53.9 %	6.6	4,227,595	\$63	\$40,525,073	\$10	1.9 %	643,940
Age									
5 and younger	10	62.5	6.9	110	417	6,672	61	8.5	16
6-14	51	81.0	13.0	817	269	16,943	21	2.6	63
15-20	276	39.3	3.5	2,478	55	38,910	16	1.8	703
21-44	39,436	49.8	5.2	408,096	94	7,415,310	18	2.2	79,154
45-64	76,078	63.0	8.4	1,016,303	106	12,780,353	13	2.1	120,829
65-74	115,999	63.2	7.4	1,350,526	56	10,189,129	8	1.8	183,398
75-84	82,471	52.8	6.6	1,026,414	48	7,432,739	7	1.8	156,314
85 and older	32,594	31.5	4.1	422,851	26	2,645,017	6	1.7	103,460
Unknown	0	0.0	0.0	0	0	0	0	0.0	3
Basis of Eligibility^c									
Aged	165,752	47.4	5.6	1,948,483	39	13,787,001	7	1.7	349,717
Disabled	174,587	62.1	7.9	2,227,007	92	25,831,564	12	2.0	281,238
Adults	6,526	50.8	4.0	51,717	70	901,650	17	2.1	12,846
Children	37	34.6	3.1	337	39	4,159	12	1.4	107
Unknown	13	40.6	1.6	51	22	699	14	0.8	32
Gender									
Female	225,001	55.4	7.0	2,844,121	65	26,463,899	9	2.1	406,096
Male	121,914	51.3	5.8	1,383,474	59	14,061,174	10	1.7	237,844
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	137,291	45.1	5.9	1,794,781	68	20,737,362	12	2.1	304,125
African American	54,475	56.3	6.3	606,176	56	5,433,857	9	1.7	96,794
Other/unknown	155,149	63.8	7.5	1,826,638	59	14,353,854	8	1.8	243,021
Use of Nursing Facilities^d									
Entire year	6,331	7.0	1.1	103,305	10	923,303	9	0.9	90,913
Part year	15,930	42.5	5.0	188,937	39	1,474,363	8	1.7	37,503
None	324,654	63.0	7.6	3,935,353	74	38,127,407	10	2.0	515,524
Maintenance Assistance Status									
Cash	233,052	67.9	8.6	2,954,135	72	24,832,634	8	1.9	343,422
Medically needy	106,383	37.3	4.2	1,206,504	51	14,510,924	12	2.0	285,556
Poverty related	591	36.2	3.5	5,748	139	227,308	40	6.1	1,634
Other/unknown	6,889	51.7	4.6	61,208	72	954,207	16	2.0	13,328

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a,b}
NEW YORK, 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	0.6	\$6	\$10	\$0	\$1	6,831,567
Age						
5 and younger	0.7	45	61	0	12	149
6-14	1.2	24	21	0	1	707
15-20	0.3	5	16	0	1	7,402
21-44	0.5	9	18	0	3	858,484
45-64	0.8	10	13	0	3	1,297,580
65-74	0.7	5	8	0	1	1,979,937
75-84	0.6	4	7	0	1	1,661,542
85 and older	0.4	3	6	0	0	1,025,757
Unknown	0.0	0	0	0	0	9
Basis of Eligibility^c						
Aged	0.5	4	7	0	1	3,611,531
Disabled	0.7	8	12	0	2	3,109,722
Adults	0.5	8	17	0	2	109,133
Children	0.4	5	12	1	0	910
Unknown	0.2	3	14	0	1	271
Gender						
Female	0.7	6	9	0	1	4,322,960
Male	0.6	6	10	0	1	2,508,607
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	7	12	0	2	3,172,928
African American	0.6	5	9	0	1	1,012,305
Other/unknown	0.7	5	8	0	1	2,646,334
Use of Nursing Facilities^d						
Entire year	0.1	1	9	0	0	938,386
Part year	0.5	4	8	0	1	371,675
None	0.7	7	10	0	2	5,521,506
Maintenance Assistance Status						
Cash	0.8	6	8	0	1	3,872,407
Medically needy	0.4	5	12	0	1	2,827,227
Poverty related	0.4	16	40	0	1	14,312
Other/unknown	0.5	8	16	0	2	117,621

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a,b,c}
NEW YORK, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	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
All	458,622	\$88	\$40,525,073	100.0 %	4,227,595	\$10	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	14	488	6,832	0.0	65	105	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	23,359	91	2,119,497	5.2	48,018	44	1.1
Vitamins and minerals	48,946	123	6,011,170	14.8	275,427	22	6.5
Non-prescription drugs	312,971	47	14,814,100	36.6	3,487,257	4	82.5
Barbiturates	3,924	78	304,551	0.8	41,586	7	1.0
Benzodiazepines	57,453	169	9,690,660	23.9	328,731	29	7.8
Other Part D Excl Rx Drugs	11,955	634	7,578,263	18.7	46,511	163	1.1

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a, b}
 NEW YORK, 2003

Total Number of Dual Eligible Beneficiaries	643,940
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$2,094,419,577
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,253

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	144,286	22.4 %	\$0	0.0 %
1-500	70,410	10.9	15,592,969	0.7
501-1,000	48,154	7.5	35,805,601	1.7
1,001-1,500	41,958	6.5	52,283,990	2.5
1,501-2,000	38,365	6.0	67,003,674	3.2
2,001-2,500	35,165	5.5	78,951,187	3.8
2,501-3,000	31,378	4.9	86,173,210	4.1
3,001-3,500	28,083	4.4	91,157,021	4.4
3,501-4,000	24,684	3.8	92,453,650	4.4
4,001-4,500	22,050	3.4	93,589,707	4.5
4,501-5,000	19,280	3.0	91,451,840	4.4
5,001-5,500	16,962	2.6	88,962,801	4.2
5,501-6,000	14,608	2.3	83,921,847	4.0
6,001-6,500	12,986	2.0	81,092,601	3.9
6,501-7,000	11,124	1.7	75,021,946	3.6
7,001-7,500	9,506	1.5	68,860,483	3.3
7,501-8,000	8,353	1.3	64,706,266	3.1
8,001-8,500	7,235	1.1	59,648,077	2.8
8,501-9,000	6,254	1.0	54,696,219	2.6
9,001-9,500	5,494	0.9	50,798,605	2.4
9,501-10,000	4,857	0.8	47,330,712	2.3
10,001+	42,748	6.6	714,917,171	34.1

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a, b, c}
 NEW YORK, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	188,041
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$908,867,246
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,833

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	25,102	13.3 %	0	0.0 %
1-500	23,523	12.5	4,850,623	0.5
501-1,000	13,332	7.1	9,859,395	1.1
1,001-1,500	11,031	5.9	13,723,686	1.5
1,501-2,000	9,783	5.2	17,062,078	1.9
2,001-2,500	8,955	4.8	20,108,180	2.2
2,501-3,000	8,022	4.3	22,040,253	2.4
3,001-3,500	7,416	3.9	24,091,298	2.7
3,501-4,000	6,689	3.6	25,070,729	2.8
4,001-4,500	6,281	3.3	26,690,653	2.9
4,501-5,000	5,531	2.9	26,226,125	2.9
5,001-5,500	5,196	2.8	27,276,310	3.0
5,501-6,000	4,740	2.5	27,232,418	3.0
6,001-6,500	4,409	2.3	27,549,342	3.0
6,501-7,000	4,011	2.1	27,066,078	3.0
7,001-7,500	3,687	2.0	26,717,753	2.9
7,501-8,000	3,375	1.8	26,157,505	2.9
8,001-8,500	3,064	1.6	25,268,794	2.8
8,501-9,000	2,708	1.4	23,692,560	2.6
9,001-9,500	2,574	1.4	23,807,470	2.6
9,501-10,000	2,342	1.2	22,835,829	2.5
10,001+	26,270	14.0	461,540,167	50.8

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEW YORK, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	443,172
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$1,141,984,788
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,577

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	116,816	26.4 %	0	0.0 %
1-500	44,771	10.1	10,309,821	0.9
501-1,000	33,610	7.6	25,052,648	2.2
1,001-1,500	30,026	6.8	37,444,010	3.3
1,501-2,000	27,823	6.3	48,621,171	4.3
2,001-2,500	25,567	5.8	57,402,437	5.0
2,501-3,000	22,817	5.1	62,651,636	5.5
3,001-3,500	20,209	4.6	65,582,146	5.7
3,501-4,000	17,577	4.0	65,812,918	5.8
4,001-4,500	15,416	3.5	65,392,680	5.7
4,501-5,000	13,427	3.0	63,697,584	5.6
5,001-5,500	11,533	2.6	60,468,660	5.3
5,501-6,000	9,647	2.2	55,422,221	4.9
6,001-6,500	8,349	1.9	52,121,928	4.6
6,501-7,000	6,936	1.6	46,763,850	4.1
7,001-7,500	5,674	1.3	41,088,610	3.6
7,501-8,000	4,852	1.1	37,573,656	3.3
8,001-8,500	4,058	0.9	33,451,359	2.9
8,501-9,000	3,425	0.8	29,944,641	2.6
9,001-9,500	2,826	0.6	26,120,729	2.3
9,501-10,000	2,407	0.5	23,440,968	2.1
10,001+	15,406	3.5	233,621,115	20.5

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 NEW YORK, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74	183,398
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$571,669,471
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,117

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	30,463	16.6 %	0	0.0 %
1-500	19,386	10.6	4,380,986	0.8
501-1,000	14,818	8.1	11,055,732	1.9
1,001-1,500	13,445	7.3	16,786,561	2.9
1,501-2,000	12,660	6.9	22,095,104	3.9
2,001-2,500	11,809	6.4	26,517,780	4.6
2,501-3,000	10,639	5.8	29,234,551	5.1
3,001-3,500	9,653	5.3	31,317,688	5.5
3,501-4,000	8,361	4.6	31,288,764	5.5
4,001-4,500	7,410	4.0	31,434,492	5.5
4,501-5,000	6,500	3.5	30,842,748	5.4
5,001-5,500	5,559	3.0	29,134,124	5.1
5,501-6,000	4,635	2.5	26,633,754	4.7
6,001-6,500	4,190	2.3	26,163,354	4.6
6,501-7,000	3,479	1.9	23,450,883	4.1
7,001-7,500	2,814	1.5	20,369,198	3.6
7,501-8,000	2,402	1.3	18,612,903	3.3
8,001-8,500	2,120	1.2	17,476,341	3.1
8,501-9,000	1,744	1.0	15,245,693	2.7
9,001-9,500	1,461	0.8	13,507,081	2.4
9,501-10,000	1,220	0.7	11,878,892	2.1
10,001+	8,630	4.7	134,242,842	23.5

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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^{a, b}
 NEW YORK, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84	156,314
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$413,693,846
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,647

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	39,972	25.6 %	0	0.0 %
1-500	14,641	9.4	3,438,174	0.8
501-1,000	11,372	7.3	8,504,343	2.1
1,001-1,500	10,383	6.6	12,970,668	3.1
1,501-2,000	9,808	6.3	17,160,794	4.1
2,001-2,500	9,099	5.8	20,449,834	4.9
2,501-3,000	8,354	5.3	22,930,352	5.5
3,001-3,500	7,448	4.8	24,186,275	5.8
3,501-4,000	6,533	4.2	24,484,920	5.9
4,001-4,500	5,800	3.7	24,607,436	5.9
4,501-5,000	4,970	3.2	23,571,452	5.7
5,001-5,500	4,393	2.8	23,046,141	5.6
5,501-6,000	3,702	2.4	21,266,021	5.1
6,001-6,500	3,097	2.0	19,333,926	4.7
6,501-7,000	2,618	1.7	17,658,643	4.3
7,001-7,500	2,164	1.4	15,684,156	3.8
7,501-8,000	1,882	1.2	14,570,103	3.5
8,001-8,500	1,505	1.0	12,401,242	3.0
8,501-9,000	1,324	0.8	11,579,622	2.8
9,001-9,500	1,046	0.7	9,664,980	2.3
9,501-10,000	936	0.6	9,116,374	2.2
10,001+	5,267	3.4	77,068,390	18.6

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a, b}
 NEW YORK, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+	103,460
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$156,621,471
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,514

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	46,381	44.8 %	0	0.0 %
1-500	10,744	10.4	2,490,661	1.6
501-1,000	7,420	7.2	5,492,573	3.5
1,001-1,500	6,198	6.0	7,686,781	4.9
1,501-2,000	5,355	5.2	9,365,273	6.0
2,001-2,500	4,659	4.5	10,434,823	6.7
2,501-3,000	3,824	3.7	10,486,733	6.7
3,001-3,500	3,108	3.0	10,078,183	6.4
3,501-4,000	2,683	2.6	10,039,234	6.4
4,001-4,500	2,206	2.1	9,350,752	6.0
4,501-5,000	1,957	1.9	9,283,384	5.9
5,001-5,500	1,581	1.5	8,288,395	5.3
5,501-6,000	1,310	1.3	7,522,446	4.8
6,001-6,500	1,062	1.0	6,624,648	4.2
6,501-7,000	839	0.8	5,654,324	3.6
7,001-7,500	696	0.7	5,035,256	3.2
7,501-8,000	568	0.5	4,390,650	2.8
8,001-8,500	433	0.4	3,573,776	2.3
8,501-9,000	357	0.3	3,119,326	2.0
9,001-9,500	319	0.3	2,948,668	1.9
9,501-10,000	251	0.2	2,445,702	1.6
10,001+	1,509	1.5	22,309,883	14.2

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	645,243	350,379	281,541	13,179	112	32	6,997,494	3,706,522	3,163,591	126,052	1,058	271
Age												
5 and younger	16	0	13	0	3	0	157	0	135	0	22	0
6-14	65	0	55	0	10	0	728	0	626	0	102	0
15-20	709	0	620	0	89	0	7,845	0	6,963	0	882	0
21-44	79,363	0	73,856	5,499	6	2	878,733	0	826,332	52,353	31	17
45-64	121,091	0	113,695	7,385	1	10	1,328,843	0	1,256,902	71,856	12	73
65-74	183,916	111,187	72,416	293	0	20	2,037,687	1,200,311	835,366	1,829	0	181
75-84	156,494	138,170	18,322	2	0	0	1,695,271	1,484,995	210,262	14	0	0
85 and older	103,586	101,022	2,564	0	0	0	1,048,221	1,021,216	27,005	0	0	0
Unknown	3	0	0	0	3	0		0	0	0	9	0
Gender												
Female	406,855	245,452	154,430	6,881	60	32	4,433,738	2,613,856	1,751,427	67,648	536	271
Male	238,388	104,927	127,111	6,298	52	0	2,563,756	1,092,666	1,412,164	58,404	522	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	304,609	164,318	135,200	5,021	45	25	3,230,035	1,666,809	1,515,620	46,910	480	216
African American	97,121	45,124	47,965	4,002	26	4	1,048,474	478,194	532,188	37,812	244	36
Other/unknown	243,513	140,937	98,376	4,156	41	3	2,718,985	1,561,519	1,115,783	41,330	334	19
Use of Nursing Facilities^c												
Entire year	90,914	77,666	13,194	54	0	0	938,442	789,321	148,540	581	0	0
Part year	37,508	29,800	7,639	69	0	0	374,278	289,898	83,653	727	0	0
None	516,821	242,913	260,708	13,056	112	32	5,684,774	2,627,303	2,931,398	124,744	1,058	271
Maintenance Assistance Status												
Cash	343,884	162,551	178,816	2,474	43	0	3,956,444	1,853,270	2,077,941	24,836	397	0
Medically needy	286,050	183,846	99,474	2,698	32	0	2,892,418	1,814,092	1,051,016	27,010	300	0
Poverty related	1,636	1,163	424	1	16	32	15,119	10,493	4,184	12	159	271
Other/unknown	13,673	2,819	2,827	8,006	21	0	133,513	28,667	30,450	74,194	202	0
Dual Status^d												
Full dual, all year	642,943	348,741	280,887	13,171	112	32	6,974,108	3,689,804	3,156,988	125,987	1,058	271
Full dual, part year	2,300	1,638	654	8	0	0	23,386	16,718	6,603	65	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	615,103	335,740	270,631	8,628	72	32	6,660,317	3,539,337	3,039,403	80,620	686	271
FFS part year, with Rx claims	14,600	5,802	6,530	2,250	18	0	167,440	67,657	75,315	24,277	191	0
FFS part year, no Rx claims	9,227	6,994	1,885	341	7	0	104,247	79,740	21,517	2,949	41	0
MC all year, with Rx claims	5,010	1,181	2,192	1,627	10	0	54,940	13,690	24,747	16,401	102	0
MC all year, no Rx claims	1,299	658	303	333	5	0	10,530	6,078	2,609	1,805	38	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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(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^a
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	645,243	6,997,494	643,940	6,831,567	0	165,927
Fee-for-service (FFS) all year	615,103	6,660,317	615,103	6,658,707	0	1,610
FFS part year, with Rx claims	14,600	167,440	14,600	86,381	0	81,059
FFS part year, with no Rx claims	9,227	104,247	9,227	31,555	0	72,692
Managed care (MC) all year, with Rx claims	5,010	54,940	5,010	54,924	0	16
MC all year, with no Rx claims	1,299	10,530	0	0	0	10,530

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.