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

LIST OF TABLES

TABLE ND.2

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

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**261,950**	**401**	**13,694**	**91,141**	**156,408**	**306**	**1,352,498**	**3,200**	**83,656**	**599,310**	**663,751**	**2,581**
Age												
5 and younger	59,843	7	641	0	59,195	0	226,632	41	3,911	0	222,680	0
6-14	68,954	1	1,449	0	67,504	0	314,887	1	10,297	0	304,589	0
15-20	37,469	0	1,281	6,493	29,689	6	177,242	0	7,974	32,767	136,453	48
21-44	82,587	2	4,107	78,315	16	147	550,726	4	23,391	526,113	23	1,195
45-64	12,412	1	5,939	6,318	1	153	77,114	3	35,386	40,386	1	1,338
65-74	315	74	229	12	0	0	2,830	537	2,255	38	0	0
75-84	189	146	41	2	0	0	1,625	1,234	387	4	0	0
85 and older	178	170	7	1	0	0	1,437	1,380	55	2	0	0
Unknown	3	0	0	0	3	0		0	0	0	5	0
Gender												
Female	164,701	261	6,525	79,694	77,915	306	928,555	2,013	41,136	555,270	327,555	2,581
Male	97,236	140	7,168	11,446	78,482	0	423,911	1,187	42,519	44,035	336,170	0
Unknown	13	0	1	1	11	0	32	0	1	5	26	0
Race												
White	53,716	183	3,408	23,257	26,733	135	203,386	1,458	12,566	134,137	54,117	1,108
African American	4,930	5	301	1,682	2,940	2	14,108	58	979	7,801	5,246	24
Other/unknown	203,304	213	9,985	66,202	126,735	169	1,135,004	1,684	70,111	457,372	604,388	1,449
Use of Nursing Facilities[c]												
Entire year	375	83	292	0	0	0	3,866	872	2,994	0	0	0
Part year	264	33	226	4	0	1	2,110	307	1,764	30	0	9
None	261,311	285	13,176	91,137	156,408	305	1,346,522	2,021	78,898	599,280	663,751	2,572
Maintenance Assistance Status												
Cash	90,279	113	12,547	33,071	44,548	0	411,551	843	78,275	139,648	192,785	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	98,111	5	635	8,034	89,131	306	411,921	47	2,510	36,961	369,822	2,581
Other/unknown	73,560	283	512	50,036	22,729	0	529,026	2,310	2,871	422,701	101,144	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	118,368	369	7,908	53,203	56,588	300	1,014,688	3,105	65,880	475,800	467,360	2,543
FFS part year, with Rx claims	31,922	8	2,754	12,497	16,658	5	94,388	42	9,183	45,564	39,563	36
FFS part year, no Rx claims	111,660	24	3,032	25,441	83,162	1	243,422	53	8,593	77,946	156,828	2

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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.

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

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**26.8 %**	**1.5**	**$71**	**$47**	**$2,422**	**2.9 %**	**261,950**
Age							
5 and younger	24.6	0.7	25	34	2,293	1.1	59,843
6-14	20.7	0.7	31	44	1,451	2.1	68,954
15-20	28.2	1.1	54	49	2,605	2.1	37,469
21-44	30.8	1.8	81	45	2,435	3.3	82,587
45-64	39.3	8.3	448	54	6,964	6.4	12,412
65-74	65.1	27.2	1,257	46	20,839	6.0	315
75-84	51.3	22.6	1,173	52	15,707	7.5	189
85 and older	48.3	23.0	1,022	45	13,831	7.4	178
Unknown	0.0	0.0	0	0	1,057	0.0	3
Basis of Eligibility[e]							
Aged	46.1	22.1	1,001	45	13,686	7.3	401
Disabled	50.9	10.8	672	63	11,998	5.6	13,694
Adults	29.9	1.4	52	36	1,962	2.6	91,141
Children	22.8	0.7	26	37	1,802	1.5	156,408
Unknown	74.5	14.9	910	61	12,802	7.1	306
Gender							
Female	28.2	1.6	68	43	2,328	2.9	164,701
Male	24.5	1.4	77	54	2,581	3.0	97,236
Unknown	46.2	1.2	39	34	1,234	3.2	13
Race							
White	22.9	1.4	73	51	2,676	2.7	53,716
African American	19.0	0.9	42	44	2,344	1.8	4,930
Other/unknown	28.0	1.6	72	45	2,356	3.0	203,304
Use of Nursing Facilities[f]							
Entire year	96.5	88.6	4,706	53	55,770	8.4	375
Part year	96.2	50.5	2,701	54	46,408	5.8	264
None	26.7	1.4	62	46	2,301	2.7	261,311
Maintenance Assistance Status							
Cash	30.8	2.4	126	52	3,306	3.8	90,279
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	24.4	0.8	34	41	2,100	1.6	98,111
Other/unknown	25.1	1.4	55	40	1,765	3.1	73,560

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.3 includes beneficiaries represented by Cell K 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 fost 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.

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

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

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	**0.3**	**$14**	**2.9 %**	**73.2 %**	**21.5 %**	**2.7 %**	**2.0 %**	**0.5 %**	**0.1 %**	**$469**	**261,950**	**1,352,498**
Age												
5 and younger	0.2	7	1.1	75.4	20.9	2.5	1.2	0.1	0.0	605	59,843	226,632
6-14	0.2	7	2.1	79.3	17.5	1.9	1.2	0.1	0.0	318	68,954	314,887
15-20	0.2	12	2.1	71.8	23.2	2.9	1.8	0.3	0.0	551	37,469	177,242
21-44	0.3	12	3.3	69.2	25.1	2.8	2.2	0.6	0.2	365	82,587	550,726
45-64	1.3	72	6.4	60.7	17.2	6.4	9.4	4.6	1.6	1,121	12,412	77,114
65-74	3.0	140	6.0	34.9	21.9	8.9	18.4	11.1	4.8	2,320	315	2,830
75-84	2.6	136	7.5	48.7	15.3	4.8	16.4	12.7	2.1	1,827	189	1,625
85 and older	2.8	127	7.4	51.7	7.9	5.1	18.0	14.6	2.8	1,713	178	1,437
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	634	3	5
Basis of Eligibility[e]												
Aged	2.8	126	7.3	53.9	10.0	3.7	16.5	13.2	2.7	1,715	401	3,200
Disabled	1.8	110	5.6	49.1	24.3	7.8	11.4	5.6	1.9	1,964	13,694	83,656
Adults	0.2	8	2.6	70.1	24.8	2.6	1.9	0.4	0.1	298	91,141	599,310
Children	0.2	6	1.5	77.2	19.3	2.3	1.2	0.1	0.0	425	156,408	663,751
Unknown	1.8	108	7.1	25.5	42.5	12.1	15.0	4.6	0.3	1,518	306	2,581
Gender												
Female	0.3	12	2.9	71.8	23.0	2.6	1.9	0.5	0.1	413	164,701	928,555
Male	0.3	18	3.0	75.5	18.9	2.8	2.1	0.5	0.1	592	97,236	423,911
Unknown	0.5	16	3.2	53.8	23.1	15.4	7.7	0.0	0.0	501	13	32
Race												
White	0.4	19	2.7	77.1	15.7	3.3	2.8	0.9	0.3	707	53,716	203,386
African American	0.3	15	1.8	81.0	11.9	3.7	2.4	0.8	0.1	819	4,930	14,108
Other/unknown	0.3	13	3.0	72.0	23.2	2.5	1.8	0.4	0.1	422	203,304	1,135,004
Use of Nursing Facilities[f]												
Entire year	8.6	457	8.4	3.5	4.5	4.8	29.1	34.1	24.0	5,410	375	3,866
Part year	6.3	338	5.8	3.8	12.1	5.7	34.5	25.8	18.2	5,807	264	2,110
None	0.3	12	2.7	73.3	21.5	2.7	1.9	0.4	0.1	447	261,311	1,346,522
Maintenance Assistance Status												
Cash	0.5	28	3.8	69.2	21.9	4.0	3.5	1.1	0.3	725	90,279	411,551
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	8	1.6	75.6	20.6	2.4	1.3	0.1	0.0	500	98,111	411,921
Other/unknown	0.2	8	3.1	74.9	22.1	1.5	1.1	0.3	0.1	246	73,560	529,026

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.4 includes the beneficiaries represented by Cell K 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.

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

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.3**	**$14**	**$47**	**0.1**	**$9**	**$107**	**0.0**	**$1**	**$46**	**0.2**	**$3**	**$18**
Age												
5 and younger	0.2	7	34	0.0	4	112	0.0	0	32	0.1	2	13
6-14	0.2	7	44	0.1	5	92	0.0	0	41	0.1	1	16
15-20	0.2	12	49	0.1	8	111	0.0	1	52	0.1	3	18
21-44	0.3	12	45	0.1	7	102	0.0	1	50	0.2	3	20
45-64	1.3	72	54	0.4	51	122	0.1	6	46	0.8	15	20
65-74	3.0	140	46	1.1	106	98	0.3	10	37	1.6	23	14
75-84	2.6	136	52	1.0	103	101	0.2	8	52	1.4	25	18
85 and older	2.8	127	45	1.0	92	89	0.2	8	41	1.6	26	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	2.8	126	45	1.1	94	89	0.2	7	38	1.5	24	16
Disabled	1.8	110	63	0.6	80	137	0.2	9	51	1.0	20	21
Adults	0.2	8	36	0.1	4	76	0.0	1	46	0.1	3	19
Children	0.2	6	37	0.0	4	92	0.0	0	37	0.1	2	14
Unknown	1.8	108	61	0.5	77	145	0.1	6	61	1.1	25	22
Gender												
Female	0.3	12	43	0.1	8	97	0.0	1	45	0.2	3	18
Male	0.3	18	54	0.1	13	124	0.0	1	49	0.2	4	19
Unknown	0.5	16	34	0.2	13	69	0.0	0	0	0.3	3	11
Race												
White	0.4	19	51	0.1	13	104	0.0	1	53	0.2	5	21
African American	0.3	15	44	0.1	10	95	0.0	1	42	0.2	3	17
Other/unknown	0.3	13	45	0.1	9	108	0.0	1	45	0.2	3	18
Use of Nursing Facilities[e]												
Entire year	8.6	457	53	3.3	347	106	0.9	35	39	4.3	73	17
Part year	6.3	338	54	2.2	239	108	0.6	30	53	3.5	68	20
None	0.3	12	46	0.1	8	107	0.0	1	47	0.2	3	18
Maintenance Assistance Status												
Cash	0.5	28	52	0.2	19	123	0.1	3	49	0.3	6	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	8	41	0.1	6	104	0.0	1	39	0.1	2	15
Other/unknown	0.2	8	40	0.1	4	76	0.0	1	45	0.1	2	21

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		Number of Benefit Months
	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	As a Percentage of All Benes	
Anti-infective Agents	0.2	0.1	0.0	0.2	$8	$4	$1	$3	$34	$81	$52	$17	49,540	$1,697,095	29,643	11.3 %	218,411
Biologicals	0.1	0.1	0.0	0.0	45	30	1	15	377	267	169	3,479	2,020	761,786	1,588	0.6	16,902
Antineoplastic Agents	0.6	0.1	0.0	0.4	76	57	2	16	138	483	105	40	1,520	209,095	312	0.1	2,755
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.3	20	10	3	6	41	68	45	24	80,232	3,284,472	19,435	7.4	164,274
Cardiovascular Agents	0.9	0.2	0.1	0.6	28	20	1	7	31	81	22	12	31,298	961,798	4,715	1.8	34,287
Respiratory Agents	0.3	0.1	0.0	0.2	13	10	0	3	39	79	18	15	47,247	1,839,849	20,093	7.7	137,651
Gastrointestinal Agents	0.4	0.2	0.0	0.2	33	26	1	6	79	166	63	25	17,056	1,340,228	5,371	2.1	40,437
Genitourinary Agents	0.2	0.1	0.0	0.1	10	6	1	3	40	73	39	20	4,819	190,552	2,631	1.0	19,907
CNS Drugs	0.8	0.4	0.0	0.4	61	50	3	7	77	138	84	19	43,421	3,362,561	8,863	3.4	55,449
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	40	35	1	4	73	92	41	29	5,781	422,510	1,907	0.7	10,539
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	138	132	1	5	255	273	102	108	608	154,876	160	0.1	1,123
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	8	5	0	3	26	143	15	10	52,309	1,366,760	21,390	8.2	169,288
Neuromuscular Agents	0.7	0.2	0.2	0.3	44	23	13	8	64	131	77	23	21,510	1,379,087	4,554	1.7	31,059
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	13	18	26	12	9,703	125,961	5,214	2.0	33,494
Hematological Agents	0.6	0.1	0.2	0.3	70	63	3	4	120	546	19	13	4,997	597,216	1,109	0.4	8,556
Topical Products	0.2	0.0	0.0	0.2	6	2	1	3	27	71	52	17	24,118	658,777	14,099	5.4	112,380
Miscellaneous Products	0.2	0.1	0.0	0.0	24	19	2	2	122	130	231	64	2,182	267,233	1,358	0.5	11,277
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	23	0	0	0	3,797	87,265	1,768	0.7	17,403
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.	402,158	18,707,121	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Top 10 Drug Groups	Total Medicaid Rx $	Users				Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
CONTRACEPTIVES	$2,121,035	14,274	5.4 %	130,344	0.4	$39	$16
ANTIPSYCHOTICS	2,064,325	2,741	1.0	18,480	0.7	164	112
ANTICONVULSANT	1,204,751	2,911	1.1	20,375	0.7	80	59
ANTIDEPRESSANTS	1,135,188	7,359	2.8	46,503	0.5	53	24
ANTIASTHMATIC	1,065,033	12,686	4.8	93,460	0.3	45	11
ULCER DRUGS	897,343	4,735	1.8	36,428	0.3	73	25
ANTIDIABETIC	852,373	3,917	1.5	32,306	0.5	55	26
PASSIVE IMMUNIZING AGENTS	735,883	140	0.1	1,051	0.5	1,556	700
ANALGESICS - Narcotic	596,022	13,375	5.1	101,944	0.2	24	6
ANALGESICS - ANTI-INFLAMMATORY	549,136	16,630	6.3	145,654	0.2	20	4
Total	11,221,089	78,768		626,545	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

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]

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		CONTRACEPTIVES					ANTIPSYCHOTICS				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**207,322**	**$11,221,089**	**14,274**	**5.4 %**	**130,344**	**0.4**	**$16**	**2,741**	**1.0 %**	**18,480**	**0.7**	**$112**
Female	146,439	7,103,798	14,271	8.7	130,324	0.4	16	1,420	0.9	9,535	0.6	97
Disabled	42,801	3,118,541	198	3.0	1,977	0.3	15	744	11.4	5,747	0.8	128
5 and younger	457	72,715	0	0.0	0	0.0	0	4	1.5	27	0.4	32
6-14	1,085	89,256	5	1.0	41	0.4	14	42	8.3	321	0.5	105
15-20	1,562	149,413	49	10.3	459	0.3	10	49	10.3	341	0.7	128
21-44	10,650	831,805	128	6.7	1,313	0.4	16	266	13.9	1,804	0.6	100
45-64	26,758	1,830,537	16	0.5	164	0.3	15	360	11.3	3,011	0.9	146
65-74	2,017	120,079	0	0.0	0	0.0	0	19	12.8	197	1.0	127
75-84	229	20,937	0	0.0	0	0.0	0	4	18.2	46	1.0	231
85 and older	43	3,799	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	103,638	3,985,257	14,073	8.9	128,347	0.4	16	676	0.4	3,788	0.4	50
5 and younger	5,019	249,515	1	0.0	12	0.1	5	5	0.0	18	0.3	31
6-14	6,822	248,788	53	0.2	346	0.2	10	122	0.4	603	0.5	73
15-20	12,358	470,537	2,255	10.5	16,225	0.3	13	180	0.8	985	0.4	65
21-44	71,243	2,602,872	11,605	16.8	110,178	0.4	17	269	0.4	1,345	0.3	32
45-64	6,105	289,804	159	3.2	1,586	0.5	17	64	1.3	454	0.2	9
65-74	428	23,200	0	0.0	0	0.0	0	5	9.6	60	0.8	96
75-84	824	49,496	0	0.0	0	0.0	0	9	10.2	94	1.5	178
85 and older	839	51,045	0	0.0	0	0.0	0	22	17.9	229	0.4	57
Male	60,876	4,116,916	3	0.0	20	0.6	28	1,321	1.4	8,945	0.7	128
Disabled	30,957	2,639,861	1	0.0	12	0.3	19	761	10.6	5,870	0.8	149
5 and younger	804	126,317	0	0.0	0	0.0	0	4	1.1	37	0.3	42
6-14	1,930	153,762	0	0.0	0	0.0	0	85	9.1	548	0.7	105
15-20	2,168	250,622	0	0.0	0	0.0	0	124	15.4	868	0.7	148
21-44	8,861	767,526	0	0.0	0	0.0	0	282	12.9	2,186	0.8	155
45-64	15,801	1,247,631	1	0.0	12	0.3	19	246	8.9	2,023	1.0	154
65-74	1,157	75,499	0	0.0	0	0.0	0	12	15.0	134	1.7	199
75-84	215	17,719	0	0.0	0	0.0	0	7	36.8	62	0.7	117
85 and older	21	785	0	0.0	0	0.0	0	1	50.0	12	1.0	61
Other Eligibles	29,919	1,477,055	2	0.0	8	1.0	41	560	0.6	3,075	0.5	88
5 and younger	6,357	374,279	0	0.0	0	0.0	0	7	0.0	11	0.7	77
6-14	9,381	433,535	0	0.0	0	0.0	0	242	0.7	1,255	0.6	89
15-20	5,645	269,027	1	0.0	5	1.4	54	213	1.5	1,235	0.5	80
21-44	5,436	222,881	1	0.0	3	0.3	18	64	0.7	270	0.4	64
45-64	1,638	68,811	0	0.0	0	0.0	0	11	0.8	60	0.5	70
65-74	311	17,080	0	0.0	0	0.0	0	3	8.8	29	1.1	267
75-84	562	47,111	0	0.0	0	0.0	0	8	13.3	92	1.3	180
85 and older	589	44,331	0	0.0	0	0.0	0	12	25.0	123	0.6	95
Unknown	7	375	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ANTICONVULSANT Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	ANTIDEPRESSANTS Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	ANTIASTHMATIC Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**2,911**	**1.1 %**	**20,375**	**0.7**	**$59**	**7,359**	**2.8 %**	**46,503**	**0.5**	**$24**	**12,686**	**4.8 %**	**93,460**	**0.3**	**$11**
Female	1,641	1.0	11,156	0.8	63	4,945	3.0	30,667	0.4	24	6,401	3.9	46,417	0.3	11
Disabled	915	14.0	7,599	0.9	72	1,604	24.6	12,637	0.6	29	1,037	15.9	8,995	0.4	21
5 and younger	17	6.4	121	0.8	103	1	0.4	7	0.3	10	75	28.2	720	0.3	20
6-14	54	10.6	430	0.6	53	33	6.5	273	0.5	35	84	16.5	909	0.3	16
15-20	74	15.6	603	0.7	100	61	12.8	470	0.6	32	55	11.6	543	0.3	15
21-44	332	17.4	2,511	0.8	79	569	29.7	4,217	0.5	27	217	11.3	1,716	0.4	22
45-64	410	12.9	3,627	1.0	67	915	28.7	7,388	0.6	30	562	17.6	4,632	0.4	22
65-74	26	17.4	287	0.8	39	22	14.8	246	0.7	37	40	26.8	427	0.5	30
75-84	2	9.1	20	0.8	36	3	13.6	36	0.8	31	4	18.2	48	0.3	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	726	0.5	3,557	0.5	42	3,341	2.1	18,030	0.4	20	5,364	3.4	37,422	0.2	9
5 and younger	39	0.1	219	0.6	32	2	0.0	3	1.0	27	1,682	5.7	12,006	0.2	7
6-14	85	0.3	368	0.7	55	285	0.9	1,650	0.4	22	1,536	4.6	11,098	0.2	9
15-20	113	0.5	549	0.5	45	648	3.0	3,307	0.4	21	711	3.3	4,632	0.2	10
21-44	397	0.6	1,824	0.4	36	2,040	3.0	10,558	0.3	18	1,208	1.8	7,976	0.2	9
45-64	79	1.6	459	0.5	52	311	6.2	1,935	0.4	21	195	3.9	1,351	0.3	17
65-74	3	5.8	28	0.9	63	11	21.2	124	0.5	20	12	23.1	136	0.4	28
75-84	6	6.8	72	0.7	58	15	17.0	165	1.0	37	7	8.0	82	0.3	12
85 and older	4	3.3	38	0.8	68	29	23.6	288	0.8	42	13	10.6	141	0.2	12
Male	1,268	1.3	9,217	0.7	55	2,414	2.5	15,836	0.5	26	6,283	6.5	47,037	0.3	12
Disabled	837	11.7	7,056	0.8	60	1,058	14.8	8,436	0.5	28	786	11.0	7,356	0.3	19
5 and younger	24	6.4	175	0.6	43	1	0.3	1	1.0	12	122	32.5	1,220	0.3	16
6-14	77	8.2	640	0.6	50	95	10.1	836	0.4	22	169	18.0	1,740	0.3	13
15-20	96	11.9	711	0.8	80	125	15.5	1,036	0.5	31	66	8.2	672	0.2	12
21-44	313	14.3	2,583	0.8	63	368	16.8	2,754	0.5	33	123	5.6	1,098	0.3	14
45-64	311	11.3	2,765	0.8	56	441	16.0	3,497	0.6	25	287	10.4	2,426	0.5	28
65-74	12	15.0	144	1.1	56	19	23.8	208	0.6	32	13	16.3	148	0.4	28
75-84	4	21.1	38	0.5	23	8	42.1	92	0.6	37	6	31.6	52	0.2	11
85 and older	0	0.0	0	0.0	0	1	50.0	12	0.8	5	0	0.0	0	0.0	0
Other Eligibles	431	0.5	2,161	0.5	40	1,356	1.5	7,400	0.4	22	5,497	6.1	39,681	0.2	10
5 and younger	38	0.1	210	0.4	27	7	0.0	21	0.3	13	2,195	7.3	15,859	0.2	7
6-14	128	0.4	633	0.5	44	427	1.2	2,480	0.4	20	2,322	6.8	17,087	0.3	12
15-20	102	0.7	524	0.5	40	484	3.3	2,688	0.4	21	665	4.5	4,971	0.3	11
21-44	124	1.3	552	0.5	39	310	3.3	1,335	0.4	25	247	2.6	1,277	0.4	16
45-64	27	1.9	131	0.3	29	92	6.4	483	0.4	14	46	3.2	253	0.3	14
65-74	2	5.9	17	1.0	47	4	11.8	46	0.7	32	6	17.6	72	1.5	37
75-84	4	6.7	44	0.8	74	11	18.3	128	0.9	66	7	11.7	74	0.5	16
85 and older	6	12.5	50	0.5	42	21	43.8	219	0.7	40	9	18.8	88	0.6	48
Unknown	2	12.5	2	2.0	122	0	0.0	0	0.0	0	2	12.5	6	0.3	21

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					PASSIVE IMMUNIZING AGENTS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**4,735**	**1.8 %**	**36,428**	**0.3**	**$25**	**3,917**	**1.5 %**	**32,306**	**0.5**	**$26**	**140**	**0.1 %**	**1,051**	**0.5**	**$700**
Female	3,086	1.9	24,030	0.3	23	2,620	1.6	21,875	0.5	26	67	0.0	449	0.4	545
Disabled	1,071	16.4	9,512	0.4	35	1,298	19.9	12,053	0.5	30	12	0.2	124	0.4	911
5 and younger	13	4.9	97	0.3	21	1	0.4	2	0.5	148	11	4.1	112	0.3	376
6-14	17	3.3	160	0.5	40	5	1.0	35	0.4	20	0	0.0	0	0.0	0
15-20	37	7.8	398	0.2	19	14	2.9	107	0.7	44	0	0.0	0	0.0	0
21-44	256	13.4	2,190	0.4	32	181	9.5	1,509	0.5	37	1	0.1	12	1.0	5,904
45-64	695	21.8	6,083	0.5	38	991	31.1	9,210	0.5	29	0	0.0	0	0.0	0
65-74	42	28.2	473	0.5	32	100	67.1	1,118	0.5	28	0	0.0	0	0.0	0
75-84	8	36.4	83	0.4	36	6	27.3	72	0.3	17	0	0.0	0	0.0	0
85 and older	3	60.0	28	0.5	58	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,015	1.3	14,518	0.2	15	1,322	0.8	9,822	0.4	21	55	0.0	325	0.4	405
5 and younger	125	0.4	688	0.2	10	3	0.0	7	0.7	81	45	0.2	264	0.5	494
6-14	168	0.5	1,247	0.2	7	68	0.2	285	0.6	52	0	0.0	0	0.0	0
15-20	285	1.3	1,928	0.2	8	66	0.3	417	0.4	26	4	0.0	19	0.2	26
21-44	1,124	1.6	8,115	0.2	13	778	1.1	5,781	0.3	18	6	0.0	42	0.1	19
45-64	257	5.1	1,943	0.3	27	352	7.0	2,804	0.4	23	0	0.0	0	0.0	0
65-74	10	19.2	100	0.7	33	20	38.5	167	0.8	28	0	0.0	0	0.0	0
75-84	20	22.7	217	0.7	57	18	20.5	183	0.7	26	0	0.0	0	0.0	0
85 and older	26	21.1	280	0.6	34	17	13.8	178	0.6	25	0	0.0	0	0.0	0
Male	1,649	1.7	12,398	0.4	28	1,297	1.3	10,431	0.5	28	73	0.1	602	0.5	816
Disabled	803	11.2	7,005	0.5	37	779	10.9	7,345	0.5	28	18	0.3	178	0.5	1,492
5 and younger	29	7.7	257	0.3	30	2	0.5	24	0.8	75	15	4.0	142	0.5	616
6-14	22	2.3	244	0.4	37	2	0.2	15	0.5	54	2	0.2	24	0.2	471
15-20	32	4.0	295	0.4	32	12	1.5	124	0.4	19	0	0.0	0	0.0	0
21-44	229	10.4	1,965	0.4	31	129	5.9	1,202	0.5	34	0	0.0	0	0.0	0
45-64	465	16.9	3,956	0.5	40	589	21.4	5,494	0.5	27	1	0.0	12	1.5	13,906
65-74	21	26.3	228	0.7	42	40	50.0	434	0.5	28	0	0.0	0	0.0	0
75-84	5	26.3	60	0.7	67	5	26.3	52	0.4	9	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	846	0.9	5,393	0.3	17	518	0.6	3,086	0.5	26	55	0.1	424	0.5	532
5 and younger	136	0.5	734	0.2	11	3	0.0	21	0.2	19	53	0.2	411	0.5	534
6-14	148	0.4	1,090	0.2	8	34	0.1	161	0.6	45	2	0.0	13	0.3	471
15-20	154	1.0	1,082	0.2	10	44	0.3	240	0.6	55	0	0.0	0	0.0	0
21-44	297	3.1	1,678	0.3	21	237	2.5	1,415	0.4	18	0	0.0	0	0.0	0
45-64	80	5.5	459	0.3	26	175	12.1	995	0.4	22	0	0.0	0	0.0	0
65-74	6	17.6	68	1.2	56	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	14	23.3	156	0.5	46	10	16.7	118	0.8	50	0	0.0	0	0.0	0
85 and older	11	22.9	126	0.7	56	15	31.3	136	0.8	38	0	0.0	0	0.0	0
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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]
NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**13,375**	**5.1 %**	**101,944**	**0.2**	**$6**	**16,630**	**6.3 %**	**145,654**	**0.2**	**$4**	**261,950**	**1,352,498**
Female	9,197	5.6	71,037	0.2	5	10,600	6.4	93,775	0.2	4	164,698	928,550
Disabled	1,881	28.8	16,576	0.4	14	1,400	21.5	13,379	0.3	15	6,525	41,136
5 and younger	14	5.3	141	0.1	1	35	13.2	372	0.1	1	266	1,546
6-14	30	5.9	328	0.1	2	59	11.6	604	0.1	1	509	3,756
15-20	39	8.2	408	0.1	1	58	12.2	593	0.2	8	475	3,032
21-44	546	28.5	4,467	0.4	11	351	18.3	3,250	0.3	10	1,913	11,202
45-64	1,168	36.7	10,299	0.4	17	831	26.1	7,787	0.3	19	3,186	19,878
65-74	66	44.3	757	0.3	11	56	37.6	660	0.3	11	149	1,470
75-84	13	59.1	142	0.3	16	9	40.9	101	0.3	15	22	221
85 and older	5	100.0	34	0.5	15	1	20.0	12	1.0	137	5	31
Other Eligibles	7,316	4.6	54,461	0.2	3	9,200	5.8	80,396	0.2	2	158,173	887,414
5 and younger	171	0.6	1,423	0.1	1	1,506	5.1	13,058	0.2	1	29,274	109,996
6-14	512	1.5	4,376	0.1	1	1,647	5.0	15,309	0.1	1	33,161	148,834
15-20	1,199	5.6	8,937	0.2	1	1,658	7.7	14,216	0.2	1	21,506	99,987
21-44	4,852	7.0	35,336	0.2	3	3,944	5.7	34,245	0.2	2	68,944	490,625
45-64	533	10.6	3,859	0.3	7	416	8.3	3,262	0.3	9	5,025	35,949
65-74	5	9.6	52	0.3	5	4	7.7	30	0.7	40	52	339
75-84	19	21.6	212	0.4	7	10	11.4	112	0.5	25	88	736
85 and older	25	20.3	266	0.2	6	15	12.2	164	0.6	37	123	948
Male	4,177	4.3	30,902	0.3	7	6,030	6.2	51,879	0.2	4	97,236	423,911
Disabled	1,344	18.8	10,886	0.4	13	952	13.3	9,071	0.3	11	7,168	42,519
5 and younger	17	4.5	179	0.1	1	48	12.8	537	0.2	2	375	2,365
6-14	41	4.4	468	0.1	1	90	9.6	989	0.1	1	939	6,540
15-20	54	6.7	540	0.2	9	87	10.8	946	0.1	9	806	4,942
21-44	459	20.9	3,478	0.3	10	276	12.6	2,493	0.3	11	2,194	12,189
45-64	735	26.7	5,808	0.4	17	428	15.5	3,848	0.3	15	2,753	15,508
65-74	33	41.3	353	0.3	5	18	22.5	198	0.6	34	80	785
75-84	5	26.3	60	0.2	3	5	26.3	60	0.2	17	19	166
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
Other Eligibles	2,833	3.1	20,016	0.2	4	5,078	5.6	42,808	0.2	2	90,068	381,392
5 and younger	267	0.9	2,293	0.1	1	1,639	5.5	13,451	0.2	2	29,923	112,717
6-14	595	1.7	5,258	0.1	1	1,545	4.5	14,557	0.1	1	34,339	155,745
15-20	643	4.4	4,848	0.2	1	985	6.7	8,626	0.1	1	14,681	69,274
21-44	1,083	11.4	6,080	0.3	9	719	7.5	4,768	0.2	4	9,535	36,705
45-64	217	15.0	1,227	0.4	7	160	11.0	1,066	0.3	7	1,448	5,779
65-74	5	14.7	60	0.3	4	5	14.7	58	0.4	7	34	236
75-84	9	15.0	108	0.1	2	14	23.3	162	0.4	27	60	502
85 and older	14	29.2	142	0.3	8	11	22.9	120	0.4	36	48	434
Unknown	1	6.3	5	0.2	1	0	0.0	0	0.0	0	16	37

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.8

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

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	**$457**	**8.6**	**375**	**3,866**
Age				
0-64	530	9.8	250	2,547
65-74	376	7.6	47	521
75-84	311	5.4	34	344
85 and older	248	5.4	44	454
Unknown	0	0.0	0	0
Gender				
Female	467	8.5	198	2,096
Male	444	8.7	177	1,770
Unknown	0	0.0	0	0
Race				
White	468	9.3	195	2,005
African American	413	12	9	102
Other/unknown	446	7.5	171	1,759
Basis of Eligibility[c]				
Aged	263	5.6	83	872
Disabled	513	9.5	292	2,994
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 264 beneficiaries who were in nursing facilities for part of their enrollment and their 2,110 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
	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					
Anti-infective Agents	0.4	0.1	0.0	0.2	$23	$16	$2	$5	$55	$107	$69	$21	1,006	$55,222	222	59.2 %	2,378
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	19	16	5	31	31	579	28	7.5	332
Antineoplastic Agents	0.4	0.1	0.0	0.3	116	92	0	24	314	1,141	0	84	23	7,212	7	1.9	62
Endocrine/Metabolic Drugs	1.6	0.6	0.4	0.7	50	38	4	7	31	70	11	10	3,001	92,715	177	47.2	1,867
Cardiovascular Agents	2.0	0.4	0.1	1.5	43	27	1	14	22	64	13	10	4,538	97,732	215	57.3	2,255
Respiratory Agents	0.8	0.4	0.0	0.3	31	26	1	4	40	59	20	14	1,225	48,988	145	38.7	1,588
Gastrointestinal Agents	1.2	0.4	0.0	0.8	60	38	1	21	50	94	30	28	2,634	131,539	208	55.5	2,208
Genitourinary Agents	0.8	0.4	0.0	0.3	40	31	1	7	50	75	38	22	633	31,929	74	19.7	794
CNS Drugs	2.8	1.7	0.1	1.0	240	216	7	17	85	125	78	17	8,487	724,560	284	75.7	3,023
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.2	0.2	67	61	4	2	93	170	23	9	26	2,408	3	0.8	36
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	221	218	0	3	282	287	0	133	249	70,327	31	8.3	318
Analgesics and Anesthetics	1.3	0.6	0.0	0.6	75	65	1	8	59	105	31	14	2,686	158,473	202	53.9	2,124
Neuromuscular Agents	2.6	0.6	0.9	1.1	120	50	42	29	46	78	49	25	5,275	240,928	178	47.5	2,000
Nutritional Products	0.9	0.0	0.0	0.9	13	0	0	12	14	4	20	14	1,014	14,651	113	30.1	1,160
Hematological Agents	1.0	0.1	0.3	0.7	51	40	4	7	49	393	14	10	911	44,682	91	24.3	883
Topical Products	0.4	0.1	0.0	0.3	17	7	3	7	40	73	60	26	901	36,286	196	52.3	2,162
Miscellaneous Products	0.2	0.0	0.0	0.2	5	1	0	4	20	27	0	19	61	1,223	24	6.4	260
Unknown Therapeutic Category	0.9	0.0	0.0	0.0	9	0	0	0	11	0	0	0	508	5,407	53	14.1	581
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.	33,209	1,764,861	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 264 beneficiaries who were in nursing facilities for part of their enrollment and their 2,110 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 2004. 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 Mexico, 1.0 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 ND.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]

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

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	$556,553	253	67.5 %	2,852	1.4	$138	$195
ANTICONVULSANT	198,626	203	54.1	2,289	1.8	48	87
ANTIDEPRESSANTS	145,601	239	63.7	2,636	1.1	48	55
ULCER DRUGS	107,434	181	48.3	1,979	1.0	55	54
ANALGESICS - Narcotic	80,518	186	49.6	1,942	0.7	59	41
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	71,541	41	10.9	417	0.7	254	172
ANTIDIABETIC	63,664	142	37.9	1,500	1.1	39	42
ANALGESICS - ANTI-INFLAMMATORY	42,140	106	28.3	1,127	0.6	59	37
MIGRAINE PRODUCTS	34,653	27	7.2	318	1.2	91	109
DERMATOLOGICAL	30,150	338	90.1	3,743	0.2	34	8
Total	1,330,880	1,716		18,803	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 264 beneficiaries who were in nursing facilities for part of their enrollment and their 2,110 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 2004. 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 2004 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

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]
NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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	**18,400**	**$1,330,880**	**253**	**67.5 %**	**2,852**	**1.4**	**$195**	**203**	**54.1 %**	**2,289**	**1.8**	**$87**
Female	9,724	729,240	134	67.7	1,512	1.3	184	93	47.0	1,066	2.1	102
Disabled	8,422	645,208	107	73.8	1,221	1.4	204	85	58.6	977	2.2	105
64 or younger	7,432	572,587	93	75.6	1,067	1.5	204	69	56.1	807	2.4	116
65-74	872	60,181	11	68.8	120	1.4	185	15	93.8	162	1.2	52
75-84	118	12,440	3	50.0	34	0.9	276	1	16.7	8	1.6	54
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,302	84,032	27	50.9	291	0.8	96	8	15.1	89	0.8	61
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	276	16,561	5	50.0	60	0.8	96	1	10.0	12	0.8	37
75-84	492	30,963	8	50.0	82	1.4	173	4	25.0	48	0.8	59
85 and older	534	36,508	14	51.9	149	0.4	54	3	11.1	29	0.9	73
Male	8,676	601,640	119	67.2	1,340	1.5	208	110	62.1	1,223	1.6	74
Disabled	7,897	535,299	105	71.4	1,195	1.6	211	103	70.1	1,168	1.6	75
64 or younger	7,130	483,234	94	74.0	1,073	1.6	209	91	71.7	1,034	1.6	78
65-74	637	41,396	7	50.0	84	2.3	269	8	57.1	96	1.3	64
75-84	121	10,615	4	80.0	38	0.8	143	4	80.0	38	0.5	23
85 and older	9	54	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	779	66,341	14	46.7	145	0.8	185	7	23.3	55	0.9	45
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	169	13,577	3	42.9	29	1.1	267	2	28.6	17	1.0	47
75-84	233	19,663	2	28.6	20	2.0	407	2	28.6	22	0.9	17
85 and older	377	33,101	9	56.3	96	0.5	114	3	18.8	16	0.6	82
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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 264 beneficiaries who were in nursing facilities for part of their enrollment and their 2,110 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 2004. 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 2004 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.

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]
NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**239**	**63.7 %**	**2,636**	**1.1**	**$55**	**181**	**48.3 %**	**1,979**	**1.0**	**$54**	**186**	**49.6 %**	**1,942**	**0.7**	**$42**
Female	130	65.7	1,427	1.2	61	102	51.5	1,110	1.0	50	92	46.5	1,003	0.7	57
Disabled	101	69.7	1,117	1.3	65	77	53.1	839	1.0	54	79	54.5	857	0.8	65
64 or younger	91	74.0	997	1.3	66	64	52.0	702	1.0	57	69	56.1	754	0.7	66
65-74	8	50.0	96	0.8	67	10	62.5	114	1.0	43	8	50.0	90	0.9	60
75-84	2	33.3	24	0.9	32	3	50.0	23	0.9	8	2	33.3	13	0.9	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	29	54.7	310	0.9	46	25	47.2	271	0.8	38	13	24.5	146	0.6	11
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5	50.0	60	0.5	24	5	50.0	60	0.7	39	1	10.0	12	0.8	7
75-84	8	50.0	88	0.9	50	8	50.0	82	0.9	44	4	25.0	48	1.3	9
85 and older	16	59.3	162	1.0	52	12	44.4	129	0.7	33	8	29.6	86	0.2	12
Male	109	61.6	1,209	1.1	49	79	44.6	869	1.0	60	94	53.1	939	0.7	25
Disabled	87	59.2	980	1.1	48	64	43.5	693	1.0	61	82	55.8	815	0.7	29
64 or younger	76	59.8	858	1.2	50	58	45.7	629	1.0	61	72	56.7	711	0.8	32
65-74	5	35.7	50	0.6	39	5	35.7	52	1.4	52	8	57.1	80	0.4	10
75-84	5	100.0	60	0.5	37	1	20.0	12	1.3	131	2	40.0	24	0.3	3
85 and older	1	100.0	12	0.8	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	22	73.3	229	0.9	52	15	50.0	176	0.9	53	12	40.0	124	0.2	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3	42.9	34	0.8	42	4	57.1	44	1.7	72	2	28.6	24	0.1	1
75-84	5	71.4	56	1.0	52	3	42.9	36	0.7	45	3	42.9	36	0.1	1
85 and older	14	87.5	139	0.8	54	8	50.0	96	0.7	48	7	43.8	64	0.3	5
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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 264 beneficiaries who were in nursing facilities for part of their enrollment and their 2,110 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 2004. 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 2004 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.

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]
NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY				
	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	**41**	**10.9 %**	**417**	**0.7**	**$172**	**142**	**37.9 %**	**1,500**	**1.1**	**$42**	**106**	**28.3 %**	**1,127**	**0.6**	**$37**
Female	27	13.6	271	0.7	206	78	39.4	851	1.1	41	56	28.3	608	0.6	39
Disabled	19	13.1	187	0.6	251	53	36.6	567	1.3	47	45	31.0	492	0.6	36
64 or younger	16	13.0	157	0.6	287	41	33.3	423	1.4	46	38	30.9	412	0.5	33
65-74	2	12.5	18	1.5	92	12	75.0	144	0.9	50	5	31.3	60	0.7	52
75-84	1	16.7	12	0.2	24	0	0.0	0	0.0	0	2	33.3	20	0.8	62
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	8	15.1	84	0.8	107	25	47.2	284	0.8	28	11	20.8	116	0.7	53
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	20.0	24	0.8	105	11	110.0	132	0.8	24	1	10.0	12	0.7	57
75-84	2	12.5	24	0.5	75	9	56.3	92	0.8	23	3	18.8	30	0.6	40
85 and older	4	14.8	36	0.9	130	5	18.5	60	0.9	47	7	25.9	74	0.8	58
Male	14	7.9	146	0.7	107	64	36.2	649	1.1	45	50	28.2	519	0.7	35
Disabled	9	6.1	96	0.6	113	52	35.4	529	1.2	45	41	27.9	423	0.7	34
64 or younger	7	5.5	72	0.6	124	43	33.9	445	1.2	47	38	29.9	395	0.7	33
65-74	2	14.3	24	0.7	81	6	42.9	56	1.1	43	3	21.4	28	1.5	42
75-84	0	0.0	0	0.0	0	3	60.0	28	0.5	13	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5	16.7	50	0.8	95	12	40.0	120	0.8	44	9	30.0	96	0.5	42
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	28.6	22	0.5	14
75-84	2	28.6	22	0.9	127	5	71.4	58	0.8	45	2	28.6	24	0.5	41
85 and older	3	18.8	28	0.6	70	7	43.8	62	0.7	42	5	31.3	50	0.5	54
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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 264 beneficiaries who were in nursing facilities for part of their enrollment and their 2,110 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 2004. 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 2004 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 ND.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]
NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	MIGRAINE PRODUCTS					DERMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $		
All	27	7.2 %	318	1.2	$109	338	90.1 %	3,743	0.2	$8	375	3,866
Female	12	6.1	138	0.7	80	163	82.3	1,856	0.2	10	198	2,096
Disabled	12	8.3	138	0.7	80	129	89.0	1,486	0.2	12	145	1,531
64 or younger	11	8.9	132	0.7	84	111	90.2	1,284	0.2	13	123	1,288
65-74	1	6.3	6	0.3	5	16	100.0	180	0.2	4	16	186
75-84	0	0.0	0	0.0	0	2	33.3	22	0.1	3	6	57
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	0	0.0	0	0.0	0	34	64.2	370	0.2	4	53	565
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	7	70.0	84	0.1	2	10	110
75-84	0	0.0	0	0.0	0	10	62.5	114	0.2	4	16	167
85 and older	0	0.0	0	0.0	0	17	63.0	172	0.2	4	27	288
Male	15	8.5	180	1.6	131	175	98.9	1,887	0.2	6	177	1,770
Disabled	15	10.2	180	1.6	131	154	104.8	1,638	0.3	6	147	1,463
64 or younger	14	11.0	168	1.5	134	137	107.9	1,466	0.3	6	127	1,259
65-74	1	7.1	12	2.2	85	14	100.0	136	0.3	6	14	150
75-84	0	0.0	0	0.0	0	3	60.0	36	0.1	2	5	42
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	0	0.0	0	0.0	0	21	70.0	249	0.1	6	30	307
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	3	42.9	36	0.2	4	7	75
75-84	0	0.0	0	0.0	0	5	71.4	60	0.1	3	7	78
85 and older	0	0.0	0	0.0	0	13	81.3	153	0.2	8	16	154
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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 264 beneficiaries who were in nursing facilities for part of their enrollment and their 2,110 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 2004. 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 2004 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC[a,b]
NEW MEXICO, 2004

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 Nondual Rx $	Total Number of Beneficiaries
All	**28,876**	**11.0 %**	**0.3**	**91,189**	**$5**	**$1,213,655**	**$13**	**6.5 %**	**261,950**
Age									
5 and younger	9,433	15.8	0.3	20,020	3	207,114	10	13.9	59,843
6-14	6,477	9.4	0.2	12,841	3	173,662	14	8.1	68,954
15-20	3,287	8.8	0.2	7,169	3	95,906	13	4.7	37,469
21-44	6,699	8.1	0.3	21,767	4	314,088	14	4.7	82,587
45-64	2,674	21.5	2.0	24,422	31	380,837	16	6.9	12,412
65-74	162	51.4	8.4	2,651	72	22,736	9	5.7	315
75-84	74	39.2	6.7	1,270	50	9,360	7	4.2	189
85 and older	70	39.3	5.9	1,049	56	9,952	9	5.5	178
Unknown	0	0.0	0.0	0	0	0	0	0.0	3
Basis of Eligibility[c]									
Aged	144	35.9	6.1	2,444	50	19,997	8	5.0	401
Disabled	4,056	29.6	2.7	37,168	50	683,440	18	7.4	13,694
Adults	6,694	7.3	0.2	15,685	2	144,820	9	3.1	91,141
Children	17,869	11.4	0.2	35,357	2	359,728	10	8.8	156,408
Unknown	113	36.9	1.7	535	19	5,670	11	2.0	306
Gender									
Female	17,489	10.6	0.3	55,549	4	629,990	11	5.6	164,701
Male	11,385	11.7	0.4	35,637	6	583,588	16	7.8	97,236
Unknown	2	15.4	0.2	3	6	77	26	15.2	13
Race									
White	2,893	5.4	0.2	13,107	3	137,850	11	3.5	53,716
African American	254	5.2	0.2	902	2	9,198	10	4.4	4,930
Other/unknown	25,729	12.7	0.4	77,180	5	1,066,607	14	7.3	203,304
Use of Nursing Facilities[d]									
Entire year	333	88.8	24.7	9,268	203	76,166	8	4.3	375
Part year	219	83.0	12.1	3,204	105	27,737	9	3.9	264
None	28,324	10.8	0.3	78,717	4	1,109,752	14	6.8	261,311
Maintenance Assistance Status									
Cash	13,075	14.5	0.6	54,124	9	827,720	15	7.3	90,279
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	10,920	11.1	0.2	21,762	2	218,083	10	6.6	98,111
Other/unknown	4,881	6.6	0.2	15,303	2	167,852	11	4.2	73,560

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]

NEW MEXICO, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$1**	**$13**	**$0**	**$0**	**1,352,498**
Age						
5 and younger	0.1	1	10	0	0	226,632
6-14	0.0	1	14	0	0	314,887
15-20	0.0	1	13	0	0	177,242
21-44	0.0	1	14	0	0	550,726
45-64	0.3	5	16	0	0	77,114
65-74	0.9	8	9	0	1	2,830
75-84	0.8	6	7	0	1	1,625
85 and older	0.7	7	9	0	1	1,437
Unknown	0.0	0	0	0	0	5
Basis of Eligibility[c]						
Aged	0.8	6	8	0	1	3,200
Disabled	0.4	8	18	0	1	83,656
Adults	0.0	0	9	0	0	599,310
Children	0.1	1	10	0	0	663,751
Unknown	0.2	2	11	0	0	2,581
Gender						
Female	0.1	1	11	0	0	928,555
Male	0.1	1	16	0	0	423,911
Unknown	0.1	2	26	0	2	32
Race						
White	0.1	1	11	0	0	203,386
African American	0.1	1	10	0	0	14,108
Other/unknown	0.1	1	14	0	0	1,135,004
Use of Nursing Facilities[d]						
Entire year	2.4	20	8	1	3	3,866
Part year	1.5	13	9	0	3	2,110
None	0.1	1	14	0	0	1,346,522
Maintenance Assistance Status						
Cash	0.1	2	15	0	0	411,551
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	10	0	0	411,921
Other/unknown	0.0	0	11	0	0	529,026

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

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 beneficaries 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 ND.13

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]

NEW MEXICO, 2004

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	**33,823**	**$36**	**$1,213,655**	**100.0 %**	**91,189**	**$13**	**100.0 %**
Anorexia or weight loss/gain	2	68	136	0.0	2	68	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	7,024	26	180,721	14.9	9,007	20	9.9
Vitamins and minerals	1,098	49	53,285	4.4	3,362	16	3.7
Non-prescription drugs	21,998	28	613,129	50.5	69,035	9	75.7
Barbiturates	193	42	8,051	0.7	1,286	6	1.4
Benzodiazepines	2,432	35	85,833	7.1	6,924	12	7.6
Other Part D Excl Rx Drugs	1,076	253	272,500	22.5	1,573	173	1.7

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	**470,181**	**627**	**35,658**	**119,799**	**313,791**	**306**	**4,586,110**	**5,888**	**376,246**	**1,130,838**	**3,070,542**	**2,596**
Age												
5 and younger	118,284	8	1,849	0	116,427	0	1,114,692	84	20,416	0	1,094,192	0
6-14	142,088	2	4,400	0	137,686	0	1,461,268	24	49,818	0	1,411,426	0
15-20	71,013	0	3,505	7,848	59,654	6	674,635	0	38,276	71,460	564,849	50
21-44	113,687	3	10,664	102,855	18	147	1,089,727	35	111,300	977,127	65	1,200
45-64	23,764	1	14,532	9,077	1	153	231,852	3	148,374	82,128	1	1,346
65-74	774	136	622	16	0	0	8,537	1,286	7,137	114	0	0
75-84	351	272	77	2	0	0	3,538	2,685	846	7	0	0
85 and older	215	205	9	1	0	0	1,852	1,771	79	2	0	0
Unknown	5	0	0	0	5	0		0	0	0	9	0
Gender												
Female	276,284	378	18,203	101,913	155,484	306	2,711,328	3,411	195,093	985,213	1,525,015	2,596
Male	193,880	249	17,453	17,885	158,293	0	1,874,661	2,477	181,132	145,620	1,545,432	0
Unknown	17	0	2	1	14	0	121	0	21	5	95	0
Race												
White	109,434	217	11,213	31,530	66,339	135	1,029,907	1,872	115,012	287,021	624,890	1,112
African American	10,156	7	928	2,555	6,664	2	96,318	80	9,406	23,314	63,494	24
Other/unknown	350,591	403	23,517	85,714	240,788	169	3,459,885	3,936	251,828	820,503	2,382,158	1,460
Use of Nursing Facilities[c]												
Entire year	375	83	292	0	0	0	3,866	872	2,994	0	0	0
Part year	264	33	226	4	0	1	2,563	318	2,190	43	0	12
None	469,542	511	35,140	119,795	313,791	305	4,579,681	4,698	371,062	1,130,795	3,070,542	2,584
Maintenance Assistance Status												
Cash	171,107	325	33,862	52,185	84,735	0	1,675,575	3,413	360,015	467,576	844,571	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	189,593	5	940	8,213	180,129	306	1,799,612	47	8,832	58,882	1,729,255	2,596
Other/unknown	109,481	297	856	59,401	48,927	0	1,110,923	2,428	7,399	604,380	496,716	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	118,368	369	7,908	53,203	56,588	300	1,014,688	3,105	65,880	475,800	467,360	2,543
FFS part year, with Rx claims	31,922	8	2,754	12,497	16,658	5	318,469	81	26,763	124,265	167,313	47
FFS part year, no Rx claims	111,660	24	3,032	25,441	83,162	1	1,101,439	225	28,902	245,183	827,123	6
MC all year, with Rx claims	337	0	17	40	280	0	3,220	0	182	439	2,599	0
MC all year, no Rx claims	207,894	226	21,947	28,618	157,103	0	2,148,294	2,477	254,519	285,151	1,606,147	0

Appendix Table A.1   Nondual Beneficiaries

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table A.1 includes the beneficiaries represented by Cell J 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.

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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, NEW MEXICO, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	**470,181**	**4,586,110**	**261,950**	**1,352,498**	**0**	**3,233,612**
Fee-for-service (FFS) all year	118,368	1,014,688	118,368	1,014,688	0	0
FFS part year, with Rx claims	31,922	318,469	31,922	94,388	0	224,081
FFS part year, with no Rx claims	111,660	1,101,439	111,660	243,422	0	858,017
Managed care (MC) all year, with Rx claims	337	3,220	0	0	0	3,220
MC all year, with no Rx claims	207,894	2,148,294	0	0	0	2,148,294

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.