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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
NEW YORK**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW YORK, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ⁹	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	5087834 (A)	704831 (E)	4383003 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	4359366 (B)	626299 (F)	3733067 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	3674174 (C)	624999 (G)	3049175 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	99543 (D)	89898 (H)	9645 (L)

Source: Data for this table are from the MAX 2005 file for New York, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for New York in 2005 was \$5,050,011,308, of which \$128,813,409 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NEW YORK, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	3,674,174	369,573	696,683	995,731	1,611,298	889	32,986,035	3,860,971	7,705,924	7,753,912	13,658,803	6,425
Age												
5 and younger	638,817	0	21,168	0	617,649	0	5,342,266	0	212,973	0	5,129,293	0
6-14	617,078	0	55,104	0	561,974	0	5,805,159	0	610,738	0	5,194,421	0
15-20	381,121	0	40,319	0	340,752	50	3,348,042	0	441,475	0	2,906,201	366
21-44	943,889	0	187,234	751,886	4,347	422	7,766,475	0	2,073,139	5,670,913	19,824	2,599
45-64	534,836	0	290,938	243,504	1	393	5,297,025	0	3,212,761	2,080,986	12	3,266
65-74	198,622	120,632	77,627	339	0	24	2,150,509	1,267,438	880,886	1,991	0	194
75-84	162,772	141,319	21,453	0	0	0	1,759,593	1,515,444	244,149	0	0	0
85 and older	110,331	107,502	2,827	2	0	0	1,107,351	1,077,610	29,719	22	0	0
Unknown	86,708	120	13	0	86,575	0	409,615	479	84	0	409,052	0
Gender												
Female	2,108,186	256,353	364,395	677,490	809,059	889	19,137,766	2,699,088	4,065,532	5,449,212	6,917,509	6,425
Male	1,517,509	113,205	332,285	318,241	753,778	0	13,567,700	1,161,827	3,640,374	2,304,700	6,460,799	0
Unknown	48,479	15	3	0	48,461	0	280,569	56	18	0	280,495	0
Race												
White	1,250,942	164,247	262,758	327,348	495,916	673	11,403,902	1,653,097	2,896,681	2,557,727	4,291,571	4,826
African American	849,597	49,876	152,290	287,577	359,768	86	7,376,125	518,475	1,664,163	2,204,596	2,988,247	644
Other/unknown	1,573,635	155,450	281,635	380,806	755,614	130	14,206,008	1,689,399	3,145,080	2,991,589	6,378,985	955
Use of Nursing Facilities^c												
Entire year	99,543	78,705	20,556	241	41	0	1,023,552	790,583	230,428	2,213	328	0
Part year	49,228	30,508	15,924	2,070	725	1	487,497	294,711	169,410	17,500	5,864	12
None	3,525,403	260,360	660,203	993,420	1,610,532	888	31,474,986	2,775,677	7,306,086	7,734,199	13,652,611	6,413
Maintenance Assistance Status												
Cash	1,691,861	169,693	549,804	273,371	698,993	0	16,529,614	1,913,420	6,198,098	2,275,940	6,142,156	0
Medically needy	778,270	190,776	139,367	170,965	277,162	0	6,751,760	1,859,976	1,431,129	1,287,423	2,173,232	0
Poverty-related	537,135	1,602	612	566	533,466	889	4,455,675	16,171	6,285	5,220	4,421,574	6,425
Other/unknown	666,908	7,502	6,900	550,829	101,677	0	5,248,986	71,404	70,412	4,185,329	921,841	0
Dual Medicare Status^d												
Full dual, all year	622,310	332,481	276,936	12,778	80	35	6,741,467	3,511,110	3,110,975	118,344	752	286
Full dual, part year	2,689	1,902	775	12	0	0	27,481	19,533	7,834	114	0	0
Non-dual, all year	3,049,175	35,190	418,972	982,941	1,611,218	854	26,217,087	330,328	4,587,115	7,635,454	13,658,051	6,139
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,709,088	357,201	585,511	304,999	460,508	869	16,300,693	3,760,040	6,582,390	2,287,107	3,664,836	6,320
FFS part year, with Rx claims	432,542	5,245	26,372	183,093	217,820	12	1,585,953	30,939	143,054	654,059	757,828	73
FFS part year, no Rx claims	282,291	1,827	3,202	109,195	168,059	8	915,646	8,500	14,309	347,370	545,435	32

Source: Data for this table are from the MAX 2005 file for New York, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NEW YORK, 2005

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	71.4	14.8	\$1,339	\$91	\$8,837	15.2	3,674,174
Age							
5 and younger	71.2	3.8	219	58	2,129	10.3	638,817
6-14	73.5	4.8	405	84	2,078	19.5	617,078
15-20	64.2	4.6	395	86	3,265	12.1	381,121
21-44	71.9	12.1	1,275	105	8,523	15.0	943,889
45-64	84.1	35.9	3,566	99	17,070	20.9	534,836
65-74	81.7	41.3	3,217	78	16,137	19.9	198,622
75-84	73.0	37.2	2,820	76	25,119	11.2	162,772
85 and older	52.2	20.6	1,552	76	37,028	4.2	110,331
Unknown	3.2	0.1	8	78	312	2.6	86,708
Basis of Eligibility^e							
Aged	67.8	30.4	2,331	77	25,808	9.0	369,573
Disabled	83.8	38.9	4,081	105	24,998	16.3	696,683
Adults	71.9	10.2	854	84	3,358	25.4	995,731
Children	66.5	3.6	226	63	1,343	16.9	1,611,298
Unknown	64.6	11.1	1,467	132	6,743	21.8	889
Gender							
Female	73.8	16.2	1,331	82	8,449	15.7	2,108,186
Male	70.2	13.4	1,394	104	9,640	14.5	1,517,509
Unknown	5.2	0.2	12	72	543	2.1	48,479
Race							
White	71.1	16.8	1,493	89	12,293	12.1	1,250,942
African American	70.9	12.4	1,224	98	7,619	16.1	849,597
Other/unknown	71.9	14.4	1,279	89	6,747	19.0	1,573,635
Use of Nursing Facilities^f							
Entire year	41.0	11.1	1,506	135	60,924	2.5	99,543
Part year	69.3	29.5	3,142	107	47,310	6.6	49,228
None	72.3	14.7	1,310	89	6,829	19.2	3,525,403
Maintenance Assistance Status							
Cash	78.3	20.6	1,892	92	9,824	19.3	1,691,861
Medically needy	64.8	13.8	1,227	89	15,949	7.7	778,270
Poverty related	70.2	3.7	224	61	1,125	20.0	537,135
Other/unknown	62.6	10.1	968	96	4,243	22.8	666,908

Source: Data for this table are from the MAX 2005 file for New York, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NEW YORK, 2005

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 of Beneficiaries	Benefit Months
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	1.6	\$149	15.2	28.6	44.6	7.5	10.8	6.4	2.1	\$984	3,674,174	32,986,035
Age												
5 and younger	0.5	26	10.3	28.8	62.2	4.8	3.0	0.8	0.3	255	638,817	5,342,266
6-14	0.5	43	19.5	26.5	63.8	5.1	3.6	0.8	0.3	221	617,078	5,805,159
15-20	0.5	45	12.1	35.8	54.1	4.9	3.8	1.0	0.4	372	381,121	3,348,042
21-44	1.5	155	15.0	28.1	44.9	9.3	11.0	4.8	1.9	1,036	943,889	7,766,475
45-64	3.6	360	20.9	15.9	24.7	11.4	24.4	17.3	6.4	1,724	534,836	5,297,025
65-74	3.8	297	19.9	18.3	17.3	11.4	27.2	20.4	5.5	1,490	198,622	2,150,509
75-84	3.4	261	11.2	27.0	16.8	9.8	23.2	18.5	4.7	2,324	162,772	1,759,593
85 and older	2.0	155	4.2	47.8	18.7	7.1	14.4	10.1	1.9	3,689	110,331	1,107,351
Unknown	0.0	2	2.6	96.8	2.9	0.2	0.1	0.0	0.0	66	86,708	409,615
Basis of Eligibility^e												
Aged	2.9	223	9.0	32.2	18.6	9.8	21.2	14.8	3.4	2,470	369,573	3,860,971
Disabled	3.5	369	16.3	16.2	24.2	10.9	24.5	18.3	5.8	2,260	696,683	7,705,924
Adults	1.3	110	25.4	28.1	45.8	9.5	10.6	4.1	2.0	431	995,731	7,753,912
Children	0.4	27	16.9	33.5	58.6	4.3	2.7	0.7	0.3	158	1,611,298	13,658,803
Unknown	1.5	203	21.8	35.4	35.9	12.5	12.6	3.4	0.2	933	889	6,425
Gender												
Female	1.8	147	15.7	26.2	44.9	7.8	11.6	7.1	2.4	931	2,108,186	19,137,766
Male	1.5	156	14.5	29.8	45.5	7.3	10.1	5.5	1.9	1,078	1,517,509	13,567,700
Unknown	0.0	2	2.1	94.8	4.7	0.3	0.1	0.0	0.0	94	48,479	280,569
Race												
White	1.8	164	12.1	28.9	41.8	7.6	11.5	7.4	2.7	1,348	1,250,942	11,403,902
African American	1.4	141	16.1	29.1	46.6	7.3	9.9	5.3	1.7	878	849,597	7,376,125
Other/unknown	1.6	142	19.0	28.1	45.7	7.5	10.8	6.1	1.8	747	1,573,635	14,206,008
Use of Nursing Facilities^f												
Entire year	1.1	146	2.5	59.0	24.5	6.3	5.0	3.6	1.5	5,925	99,543	1,023,552
Part year	3.0	317	6.6	30.7	23.3	8.9	18.8	14.2	4.0	4,777	49,228	487,497
None	1.6	147	19.2	27.7	45.5	7.5	10.9	6.3	2.1	765	3,525,403	31,474,986
Maintenance Assistance Status												
Cash	2.1	194	19.3	21.7	44.4	8.2	13.7	9.1	2.8	1,006	1,691,861	16,529,614
Medically needy	1.6	141	7.7	35.2	39.0	7.4	10.4	6.1	1.8	1,839	778,270	6,751,760
Poverty related	0.4	27	20.0	29.8	61.5	4.6	2.9	0.8	0.3	136	537,135	4,455,675
Other/unknown	1.3	123	22.8	37.4	37.9	8.2	10.2	4.2	2.0	539	666,908	5,248,986

Source: Data for this table are from the MAX 2005 file for New York, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NEW YORK, 2005

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	1.6	\$149	\$91	0.8	\$118	\$151	0.1	\$6	\$98	0.8	\$24	\$31
Age												
5 and younger	0.5	26	58	0.1	20	143	0.0	1	54	0.3	5	18
6-14	0.5	43	84	0.2	35	144	0.0	2	92	0.2	6	25
15-20	0.5	45	86	0.2	35	155	0.0	2	85	0.3	8	29
21-44	1.5	155	105	0.7	122	187	0.1	8	118	0.7	25	33
45-64	3.6	360	99	1.7	284	163	0.1	16	120	1.7	59	34
65-74	3.8	297	78	2.0	238	119	0.1	10	72	1.7	49	30
75-84	3.4	261	76	1.8	211	115	0.1	8	62	1.5	42	28
85 and older	2.0	155	76	1.1	126	120	0.1	4	57	0.9	25	27
Unknown	0.0	2	78	0.0	1	257	0.0	0	51	0.0	0	17
Basis of Eligibility^d												
Aged	2.9	223	77	1.5	181	117	0.1	7	63	1.2	35	28
Disabled	3.5	369	105	1.7	294	171	0.1	17	120	1.6	58	35
Adults	1.3	110	84	0.6	85	148	0.1	5	92	0.7	19	28
Children	0.4	27	63	0.2	20	125	0.0	1	70	0.2	5	22
Unknown	1.5	203	132	0.7	165	253	0.1	5	87	0.8	33	40
Gender												
Female	1.8	147	82	0.8	114	137	0.1	6	87	0.9	26	30
Male	1.5	156	104	0.7	126	172	0.1	7	119	0.7	23	33
Unknown	0.0	2	72	0.0	2	256	0.0	0	44	0.0	0	16
Race												
White	1.8	164	89	0.9	127	145	0.1	8	99	0.9	29	33
African American	1.4	141	98	0.7	114	175	0.1	6	111	0.7	21	29
Other/unknown	1.6	142	89	0.8	114	145	0.1	6	92	0.7	22	30
Use of Nursing Facilities^e												
Entire year	1.1	146	135	0.7	133	179	0.0	3	88	0.3	10	34
Part year	3.0	317	107	1.5	262	176	0.1	11	107	1.4	44	32
None	1.6	147	89	0.8	116	149	0.1	6	98	0.8	25	31
Maintenance Assistance Status												
Cash	2.1	194	92	1.0	154	151	0.1	8	100	1.0	31	31
Medically needy	1.6	141	89	0.8	111	147	0.1	6	93	0.8	24	32
Poverty related	0.4	27	61	0.2	20	120	0.0	1	67	0.3	6	22
Other/unknown	1.3	123	96	0.6	99	162	0.0	5	109	0.6	19	30

Source: Data for this table are from the MAX 2005 file for New York, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies

other than the original patent holder. In New York, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)

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.

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NEW YORK, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$47	\$39	\$3	\$5	\$153	\$334	\$98	\$30	4,961,632	\$760,856,076	1,567,300	42.7	16,069,058
Biologicals	0.3	0.2	0.0	0.0	303	215	35	53	1148	945	2,714	2,243	49,095	56,349,055	17,979	0.5	186,172
Antineoplastic Agents	0.6	0.2	0.0	0.3	193	153	5	35	349	724	396	106	189,273	66,085,348	31,586	0.9	342,815
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	46	33	3	9	67	120	51	28	5,434,947	366,354,460	770,017	21.0	8,015,390
Cardiovascular Agents	1.5	0.8	0.0	0.7	81	64	1	17	53	81	46	23	11,780,739	620,204,290	701,714	19.1	7,636,521
Respiratory Agents	0.6	0.3	0.0	0.2	40	36	1	4	72	103	75	17	4,935,270	353,101,944	837,920	22.8	8,807,486
Gastrointestinal Agents	0.5	0.3	0.0	0.2	59	50	0	8	108	152	73	39	3,329,480	360,661,009	568,774	15.5	6,154,983
Genitourinary Agents	0.3	0.2	0.0	0.1	24	20	2	3	70	84	59	32	877,705	61,480,021	244,124	6.6	2,524,301
CNS Drugs	1.1	0.6	0.0	0.4	134	114	3	17	126	179	157	41	7,723,321	971,545,831	675,880	18.4	7,246,427
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	68	63	0	4	118	130	122	51	442,615	52,184,756	72,320	2.0	766,118
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	122	121	0	2	234	241	106	80	283,587	66,490,728	49,070	1.3	543,001
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	27	14	4	9	67	169	263	29	4,386,612	294,045,051	1,065,334	29.0	11,036,776
Neuromuscular Agents	0.7	0.3	0.0	0.4	67	43	4	20	95	163	100	50	2,760,027	261,978,349	362,771	9.9	3,915,615
Nutritional Products	0.3	0.0	0.0	0.3	6	1	0	5	20	26	23	19	637,292	12,662,920	211,211	5.7	2,072,841
Hematological Agents	0.6	0.3	0.0	0.3	117	109	2	6	184	391	47	20	1,366,120	251,306,328	195,999	5.3	2,145,742
Topical Products	0.4	0.2	0.0	0.2	25	17	1	7	64	105	65	33	4,865,405	310,749,293	1,201,028	32.7	12,603,262
Miscellaneous Products	0.6	0.3	0.1	0.2	200	158	21	20	328	497	363	85	149,300	48,911,555	23,079	0.6	245,110
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	38	0	0	0	165,455	6,230,885	58,446	1.6	645,833
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	54,337,875	4,921,197,899	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New York, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than

the original patent holder. In New York, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NEW YORK, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$636,465,613	367,130	10.0	4,023,520	0.7	\$227	\$158
ANTIVIRAL	584,883,852	171,568	4.7	1,854,391	0.6	490	315
ULCER DRUGS	287,607,423	559,030	15.2	6,080,977	0.4	110	47
ANTIASTHMATIC	271,966,446	1,004,447	27.3	10,629,103	0.3	74	26
ANTIHYPERTENSIVE	265,486,373	412,884	11.2	4,615,880	0.6	101	58
ANTIDEPRESSANTS	229,274,106	532,068	14.5	5,687,362	0.5	75	40
ANTICONVULSANT	228,853,274	272,177	7.4	2,985,569	0.7	117	77
DERMATOLOGICAL	218,665,386	1,561,301	42.5	16,756,478	0.2	65	13
ANTIDIABETIC	206,999,826	425,010	11.6	4,669,175	0.6	71	44
ANTIHYPERTENSIVE	155,923,907	511,177	13.9	5,657,236	0.6	47	28
Total	3,086,126,206	5,816,792		62,959,691	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New York, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

All Medicaid Beneficiaries