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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 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	38,012	16,154	21,219	626	4	9	404,322	167,888	231,321	5,025	35	53
Age												
5 and younger	3	0	3	0	0	0	28	0	28	0	0	0
6-14	4	0	3	0	1	0	48	0	36	0	12	0
15-20	79	0	74	2	3	0	651	0	613	15	23	0
21-44	6,463	1	6,033	428	0	1	68,534	12	64,966	3,549	0	7
45-64	7,770	2	7,581	183	0	4	82,635	2	81,235	1,374	0	24
65-74	9,865	4,648	5,202	11	0	4	107,265	49,176	57,993	74	0	22
75-84	8,391	6,547	1,842	2	0	0	90,879	69,763	21,103	13	0	0
85 and older	5,437	4,956	481	0	0	0	54,282	48,935	5,347	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	23,547	11,089	11,993	455	1	9	251,942	116,209	131,757	3,913	10	53
Male	14,465	5,065	9,226	171	3	0	152,380	51,679	99,564	1,112	25	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	15,985	6,875	8,864	239	2	5	166,365	68,516	95,921	1,872	22	34
African American	731	193	519	18	0	1	7,555	1,924	5,478	150	0	3
Other/unknown	21,296	9,086	11,836	369	2	3	230,402	97,448	129,922	3,003	13	16
Use of Nursing Facilities^c												
Entire year	3,670	3,136	534	0	0	0	37,028	31,120	5,908	0	0	0
Part year	2,305	1,845	460	0	0	0	21,772	17,064	4,708	0	0	0
None	32,037	11,173	20,225	626	4	9	345,522	119,704	220,705	5,025	35	53
Maintenance Assistance Status												
Cash	27,202	9,149	17,865	187	1	0	300,979	102,040	197,745	1,184	10	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	1,428	173	1,227	17	2	9	12,379	1,645	10,512	156	13	53
Other/unknown	9,382	6,832	2,127	422	1	0	90,964	64,203	23,064	3,685	12	0
Dual Medicare Status^d												
Full dual, all year	36,731	15,552	20,608	558	4	9	391,270	161,526	225,348	4,308	35	53
Full dual, part year	1,281	602	611	68	0	0	13,052	6,362	5,973	717	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	36,425	16,085	19,842	486	3	9	395,232	167,493	223,293	4,359	34	53
FFS part year, with Rx claims	276	9	209	58	0	0	1,502	28	1,213	261	0	0
FFS part year, no Rx claims	1,311	60	1,168	82	1	0	7,588	367	6,815	405	1	0

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 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	30.4	12.6	\$676	\$54	\$17,139	3.9	38,012
Age							
5 and younger	33.3	2.7	689	258	18,687	3.7	3
6-14	75.0	38.3	11,521	301	18,004	64.0	4
15-20	25.3	3.8	799	208	11,687	6.8	79
21-44	18.6	3.9	291	75	18,051	1.6	6,463
45-64	21.9	8.2	572	69	17,125	3.3	7,770
65-74	26.7	10.4	529	51	11,632	4.5	9,865
75-84	35.8	17.6	884	50	18,074	4.9	8,391
85 and older	55.2	25.8	1,220	47	24,701	4.9	5,437
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	41.1	19.5	966	50	17,999	5.4	16,154
Disabled	22.4	7.7	469	61	16,922	2.8	21,219
Adults	24.9	2.1	106	50	2,403	4.4	626
Children	75.0	28.5	12,299	432	18,980	64.8	4
Unknown	100.0	24.8	2,290	92	8,844	25.9	9
Gender							
Female	32.3	13.8	710	52	17,030	4.2	23,547
Male	27.4	10.8	622	58	17,316	3.6	14,465
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	26.8	14.2	751	53	20,233	3.7	15,985
African American	15.2	5.3	288	54	14,357	2.0	731
Other/unknown	33.7	11.7	633	54	14,912	4.2	21,296
Use of Nursing Facilities^f							
Entire year	95.3	69.6	3,669	53	42,853	8.6	3,670
Part year	77.4	35.1	1,822	52	26,111	7.0	2,305
None	19.6	4.5	251	56	13,548	1.9	32,037
Maintenance Assistance Status							
Cash	20.3	5.3	279	52	12,018	2.3	27,202
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	22.9	3.1	233	75	5,655	4.1	1,428
Other/unknown	60.9	35.3	1,896	54	33,734	5.6	9,382

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In 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.

TABLE D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

CORE ELIGIBLE BENEFIT RISK ADJUSTED, FIVE YEAR, 2000												
Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid		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 more than 10		Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			FFS \$ ^c	None				Less	Less			
All	1.2	\$64	3.9	69.6	9.8	4.0	8.4	6.4	2.0	\$1,611	38,012	404,322
Age												
5 and younger	0.3	74	3.7	66.7	33.3	0.0	0.0	0.0	0.0	2,002	3	28
6-14	3.2	960	64.0	25.0	0.0	0.0	75.0	0.0	0.0	1,500	4	48
15-20	0.5	97	6.8	74.7	17.7	1.3	1.3	5.1	0.0	1,418	79	651
21-44	0.4	27	1.6	81.4	11.2	2.3	3.2	1.4	0.4	1,702	6,463	68,534
45-64	0.8	54	3.3	78.1	9.0	3.0	5.3	3.3	1.4	1,610	7,770	82,635
65-74	1.0	49	4.5	73.3	10.0	4.2	6.8	4.2	1.5	1,070	9,865	107,265
75-84	1.6	82	4.9	64.2	8.8	4.3	10.4	9.3	3.1	1,669	8,391	90,879
85 and older	2.6	122	4.9	44.8	10.0	6.6	18.6	16.2	3.7	2,474	5,437	54,282
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	1.9	93	5.4	58.9	9.5	4.7	12.4	11.2	3.2	1,732	16,154	167,888
Disabled	0.7	43	2.8	77.6	9.7	3.5	5.4	2.8	1.0	1,552	21,219	231,321
Adults	0.3	13	4.4	75.1	17.7	1.9	3.4	1.8	0.2	299	626	5,025
Children	3.3	1,406	64.8	25.0	25.0	0.0	25.0	25.0	0.0	2,169	4	35
Unknown	4.2	389	25.9	0.0	33.3	0.0	55.6	0.0	11.1	1,502	9	53
Gender												
Female	1.3	66	4.2	67.7	9.9	4.3	9.1	7.0	2.2	1,592	23,547	251,942
Male	1.0	59	3.6	72.6	9.6	3.5	7.1	5.5	1.6	1,644	14,465	152,380
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.4	72	3.7	73.2	5.5	2.5	7.4	8.4	3.1	1,944	15,985	166,365
African American	0.5	28	2.0	84.8	6.0	0.5	3.7	4.4	0.5	1,389	731	7,555
Other/unknown	1.1	59	4.2	66.3	13.1	5.2	9.3	4.9	1.2	1,378	21,296	230,402
Use of Nursing Facilities ^f												
Entire year	6.9	364	8.6	4.7	5.1	6.9	29.5	39.3	14.6	4,247	3,670	37,028
Part year	3.7	193	7.0	22.6	14.2	9.8	27.2	20.7	5.5	2,764	2,305	21,772
None	0.4	23	1.9	80.4	10.0	3.2	4.6	1.6	0.3	1,256	32,037	345,522
Maintenance Assistance Status												
Cash	0.5	25	2.3	79.7	9.9	3.5	4.8	1.8	0.4	1,086	27,202	300,979
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	27	4.1	77.1	15.3	2.5	4.1	0.8	0.1	652	1,428	12,379
Other/unknown	3.6	196	5.6	39.1	8.6	5.6	19.2	20.6	6.9	3,479	9,382	90,964

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

c. In 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.

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 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	1.2	\$64	\$54	0.4	\$46	\$112	0.1	\$4	\$45	0.7	\$14	\$20
Age												
5 and younger	0.3	74	258	0.1	68	479	0.0	3	76	0.1	3	25
6-14	3.2	960	301	1.7	906	544	0.1	4	39	1.4	50	35
15-20	0.5	97	208	0.2	90	512	0.0	0	41	0.3	7	25
21-44	0.4	27	75	0.1	21	166	0.0	2	56	0.2	5	25
45-64	0.8	54	69	0.3	41	154	0.1	3	52	0.4	10	22
65-74	1.0	49	51	0.3	35	108	0.1	3	39	0.6	11	19
75-84	1.6	82	50	0.6	60	102	0.1	4	39	0.9	18	19
85 and older	2.6	122	47	0.9	86	96	0.1	7	48	1.5	30	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.9	93	50	0.7	67	99	0.1	5	45	1.1	21	20
Disabled	0.7	43	61	0.2	32	138	0.1	3	43	0.4	8	20
Adults	0.3	13	50	0.1	7	138	0.0	1	55	0.2	5	25
Children	3.3	1,406	432	1.6	1,381	879	0.0	0	0	1.7	25	15
Unknown	4.2	389	92	1.7	291	171	0.2	44	230	2.3	55	24
Gender												
Female	1.3	66	52	0.4	48	107	0.1	4	45	0.8	15	20
Male	1.0	59	58	0.4	44	121	0.1	3	44	0.6	12	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.4	72	53	0.5	52	105	0.1	4	52	0.8	16	20
African American	0.5	28	54	0.2	21	110	0.0	1	58	0.3	7	21
Other/unknown	1.1	59	54	0.4	43	119	0.1	4	40	0.6	12	19
Use of Nursing Facilities^e												
Entire year	6.9	364	53	2.6	268	104	0.4	17	45	3.9	78	20
Part year	3.7	193	52	1.3	138	104	0.2	9	56	2.2	45	20
None	0.4	23	56	0.1	17	134	0.0	2	41	0.2	5	19
Maintenance Assistance Status												
Cash	0.5	25	52	0.1	18	124	0.0	2	38	0.3	5	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	27	75	0.1	20	172	0.0	2	90	0.2	5	23
Other/unknown	3.6	196	54	1.3	143	107	0.2	9	49	2.1	43	20

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e								
	Patented				Off-Brand-				Patented				Off-Brand-				Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$7	\$3	\$4	\$48	\$118	\$70	\$20	20,179	\$963,817	6,545	17.2	70,041				
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	24	18	43	32	1,512	36,585	1,375	3.6	15,936				
Antineoplastic Agents	0.5	0.1	0.0	0.4	72	48	0	24	154	600	89	63	2,080	321,247	452	1.2	4,441				
Endocrine/Metabolic Drugs	0.9	0.3	0.2	0.5	39	29	5	6	42	99	29	13	57,489	2,429,238	5,860	15.4	61,845				
Cardiovascular Agents	1.4	0.4	0.1	1.0	43	31	1	11	31	81	18	12	112,065	3,444,800	7,650	20.1	79,772				
Respiratory Agents	0.5	0.3	0.0	0.2	30	24	2	3	57	92	57	15	23,537	1,330,852	4,239	11.2	44,798				
Gastrointestinal Agents	0.7	0.2	0.0	0.5	47	29	0	17	68	125	63	39	36,562	2,491,856	5,043	13.3	53,015				
Genitourinary Agents	0.5	0.4	0.0	0.2	33	28	1	4	60	77	51	24	11,338	678,287	1,958	5.2	20,789				
CNS Drugs	1.2	0.7	0.0	0.5	95	84	1	10	78	121	47	20	76,518	5,996,641	6,186	16.3	63,251				
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	44	41	1	2	124	151	45	25	145	17,939	40	0.1	410				
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	139	139	0	0	143	144	0	61	11,948	1,714,045	1,208	3.2	12,349				
Analgesics and Anesthetics	0.6	0.1	0.1	0.4	25	11	5	10	42	95	98	22	40,228	1,695,499	6,360	16.7	66,888				
Neuromuscular Agents	0.9	0.2	0.1	0.6	52	23	5	23	60	122	52	41	29,620	1,774,597	3,262	8.6	34,335				
Nutritional Products	0.6	0.0	0.0	0.5	8	0	0	8	15	58	21	14	15,493	232,889	2,694	7.1	28,053				
Hematological Agents	0.8	0.2	0.1	0.5	69	61	2	6	85	264	18	13	18,946	1,619,602	2,318	6.1	23,604				
Topical Products	0.4	0.1	0.0	0.2	14	9	1	4	36	70	49	18	18,358	668,459	4,376	11.5	47,675				
Miscellaneous Products	0.3	0.1	0.0	0.1	48	40	3	5	176	296	210	42	1,250	219,632	428	1.1	4,537				
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	3,039	66,661	1,080	2.8	11,999				
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.	480,307	25,702,646	n.a.	n.a.	n.a.				

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispain.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.medispain.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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$3,713,235	3,077	8.1	31,857	0.8	\$144	\$117
ULCER DRUGS	2,019,550	4,692	12.3	49,389	0.6	73	41
ANTIDEPRESSANTS	1,997,634	5,531	14.6	57,020	0.6	55	35
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,715,817	1,515	4.0	15,452	0.8	143	111
ANTIDIABETIC	1,644,618	4,989	13.1	53,563	0.6	53	31
ANTIHYPERLIPIDEMIC	1,381,251	2,417	6.4	26,139	0.5	98	53
ANTICONVULSANT	1,277,139	2,403	6.3	25,249	0.8	66	51
MISC. HEMATOLOGICAL	994,904	817	2.1	8,246	0.6	202	121
ANTIASTHMATIC	937,389	3,827	10.1	40,433	0.4	65	23
ANALGESICS - Narcotic	887,139	6,089	16.0	63,487	0.4	38	14
Total	16,568,676	35,357		370,835	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	208,825	\$16,568,676	3,077	8.1	31,857	0.8	\$117	4,692	12.3	49,389	0.6	\$41
Female												
All Females	136,668	10,522,415	1,940	8.2	20,102	0.7	110	3,133	13.3	33,111	0.6	41
Female, Disabled												
All Ages	43,405	3,569,544	601	5.0	6,548	0.8	119	1,060	8.8	11,759	0.4	33
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	1,875	0	0.0	0	0.0	0	1	50.0	12	0.2	44
15-20	29	2,623	1	2.9	8	0.1	38	3	8.8	32	0.9	73
21-44	5,230	545,488	166	6.2	1,713	0.5	98	154	5.8	1,648	0.3	34
45-64	15,504	1,399,066	236	5.5	2,647	0.7	121	404	9.5	4,354	0.4	32
65-74	15,189	1,130,576	124	3.7	1,368	1.1	145	329	9.9	3,770	0.4	30
75-84	6,100	406,572	54	4.1	617	1.2	119	135	10.2	1,560	0.6	38
85 and older	1,341	83,344	20	5.1	195	0.9	104	34	8.7	383	0.6	32
Female, Other Eligibles												
All Ages	93,263	6,952,871	1,339	11.6	13,554	0.7	105	2,073	17.9	21,352	0.6	45
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	278	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	200	16,221	5	1.5	15	0.6	250	10	2.9	79	0.2	17
45-64	149	13,072	5	4.5	25	0.4	64	6	5.4	52	0.3	26
65-74	14,977	1,139,688	157	5.7	1,611	1.0	141	283	10.3	2,973	0.5	38
75-84	37,196	2,718,321	507	11.4	5,224	0.8	106	756	17.0	7,867	0.6	43
85 and older	40,737	3,065,291	665	17.1	6,679	0.7	96	1,018	26.1	10,381	0.7	49
Male												
All Males	72,157	6,046,261	1,137	7.9	11,755	0.9	128	1,559	10.8	16,278	0.6	41
Male, Disabled												
All Ages	32,912	3,222,950	552	6.0	5,955	1.0	148	672	7.3	7,416	0.5	38
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	108	0	0.0	0	0.0	0	1	100.0	12	0.5	9
15-20	28	1,884	1	2.5	12	0.1	18	3	7.5	14	0.6	5
21-44	6,317	666,852	180	5.4	1,974	0.5	125	151	4.5	1,643	0.4	35
45-64	15,672	1,790,548	250	7.5	2,627	1.3	168	276	8.3	3,011	0.6	41
65-74	8,349	608,447	95	5.0	1,062	1.0	141	173	9.1	1,980	0.5	34
75-84	2,222	131,467	21	4.0	236	1.8	146	59	11.3	658	0.5	41
85 and older	318	23,644	5	5.6	44	0.8	129	9	10.1	98	0.6	48

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

All Top 10 Drug Groups					ANTIPSYCHOTICS				ULCER DRUGS			
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean
					Benefit Months Among Users	Number of Rx per Benefit Month	\$ per Benefit Month			Benefit Months Among Users	Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	39,245	2,823,311	585	11.2	5,800	0.8	108	887	16.9	8,862	0.6	44
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	16	1,190	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	152	10,373	0	0.0	0	0.0	0	10	11.0	103	0.1	7
45-64	141	11,295	5	6.4	52	0.2	30	4	5.1	20	0.3	7
65-74	8,913	625,096	116	6.1	1,201	1.1	138	169	8.9	1,681	0.6	34
75-84	19,019	1,416,626	270	12.9	2,713	0.8	112	412	19.6	4,271	0.7	50
85 and older	11,004	758,731	194	18.4	1,834	0.7	84	292	27.6	2,787	0.6	44
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	5,531	14.6	57,020	0.6	\$35	1,515	4.0	15,452	0.8	\$111	4,989	13.1	53,563	0.6	\$31
Female															
All Females	3,808	16.2	39,415	0.6	35	1,052	4.5	10,796	0.8	114	3,473	14.7	37,590	0.6	31
Female, Disabled															
All Ages	1,227	10.2	13,200	0.5	28	97	0.8	1,101	0.7	223	1,494	12.5	16,882	0.5	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.3	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	233	8.7	2,448	0.4	26	6	0.2	70	0.4	293	88	3.3	978	0.5	32
45-64	580	13.6	6,135	0.5	27	36	0.8	408	0.7	415	439	10.3	4,814	0.5	33
65-74	275	8.3	3,054	0.6	29	22	0.7	251	0.8	79	754	22.8	8,624	0.5	33
75-84	114	8.6	1,293	0.7	28	24	1.8	278	0.8	96	185	14.0	2,131	0.6	35
85 and older	24	6.1	258	1.0	35	9	2.3	94	0.8	98	28	7.1	335	0.7	27
Female, Other Eligibles															
All Ages	2,581	22.3	26,215	0.7	39	955	8.3	9,695	0.8	102	1,979	17.1	20,708	0.6	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	27	8.0	185	0.2	13	1	0.3	7	0.1	177	7	2.1	51	0.4	22
45-64	17	15.3	141	0.2	19	0	0.0	0	0.0	0	6	5.4	51	0.3	13
65-74	321	11.7	3,367	0.7	36	79	2.9	770	1.0	133	583	21.2	6,213	0.6	32
75-84	949	21.3	9,703	0.7	40	353	7.9	3,677	0.8	97	843	19.0	8,947	0.7	30
85 and older	1,267	32.5	12,819	0.7	39	522	13.4	5,241	0.8	100	540	13.8	5,446	0.7	26
Male															
All Males	1,723	11.9	17,605	0.6	35	463	3.2	4,656	0.8	104	1,516	10.5	15,973	0.6	30
Male, Disabled															
All Ages	751	8.1	8,068	0.6	33	58	0.6	591	0.7	173	767	8.3	8,439	0.5	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	12.5	38	0.3	29	0	0.0	0	0.0	0	1	2.5	12	0.1	5
21-44	231	6.9	2,502	0.5	28	6	0.2	69	0.6	346	82	2.4	845	0.5	36
45-64	363	10.9	3,806	0.7	35	29	0.9	269	0.5	239	328	9.9	3,523	0.5	29
65-74	110	5.8	1,259	0.8	42	16	0.8	189	1.1	59	296	15.6	3,416	0.5	31
75-84	31	6.0	352	0.6	23	4	0.8	48	0.3	36	55	10.6	595	0.5	27
85 and older	11	12.4	111	0.5	23	3	3.4	16	0.6	79	5	5.6	48	0.4	23

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	972	18.6	9,537	0.7	37	405	7.7	4,065	0.8	94	749	14.3	7,534	0.7	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	11	12.1	78	0.2	17	1	1.1	4	0.3	18	12	13.2	111	0.3	17
45-64	12	15.4	77	0.3	12	0	0.0	0	0.0	0	5	6.4	35	0.3	26
65-74	184	9.6	1,832	0.7	36	45	2.4	429	0.9	103	245	12.8	2,522	0.7	29
75-84	454	21.6	4,617	0.7	37	194	9.2	2,052	0.8	98	322	15.3	3,307	0.8	32
85 and older	311	29.4	2,933	0.7	39	165	15.6	1,580	0.8	87	165	15.6	1,559	0.7	25
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTICONSULTANT					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,417	6.4	26,139	0.5	\$53	2,403	6.3	25,249	0.8	\$51	817	2.1	8,246	0.6	\$121
Female															
All Females	1,567	6.7	17,093	0.5	54	1,416	6.0	14,934	0.7	48	506	2.1	5,167	0.6	63
Female, Disabled															
All Ages	701	5.8	7,877	0.5	54	666	5.6	7,247	0.7	54	124	1.0	1,306	0.4	46
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.3	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	41	1.5	458	0.4	28	189	7.1	2,021	0.6	73	1	0.0	4	0.3	31
45-64	234	5.5	2,577	0.5	44	289	6.8	3,105	0.6	49	55	1.3	575	0.4	47
65-74	343	10.4	3,875	0.5	61	139	4.2	1,548	0.6	41	57	1.7	603	0.4	47
75-84	76	5.7	883	0.5	61	42	3.2	495	1.1	54	9	0.7	106	0.5	50
85 and older	6	1.5	72	0.6	74	7	1.8	78	0.8	27	2	0.5	18	0.3	16
Female, Other Eligibles															
All Ages	866	7.5	9,216	0.6	54	750	6.5	7,687	0.8	42	382	3.3	3,861	0.6	68
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	66.7	13	0.2	21	0	0.0	0	0.0	0
21-44	3	0.9	14	0.5	47	14	4.1	104	0.3	27	1	0.3	6	0.8	103
45-64	2	1.8	10	1.0	159	7	6.3	43	0.5	76	1	0.9	8	1.0	122
65-74	255	9.3	2,735	0.5	56	121	4.4	1,270	0.9	46	44	1.6	429	0.6	65
75-84	388	8.7	4,215	0.6	55	314	7.1	3,314	0.8	45	150	3.4	1,512	0.6	65
85 and older	218	5.6	2,242	0.7	48	292	7.5	2,943	0.7	37	186	4.8	1,906	0.7	72
Male															
All Males	850	5.9	9,046	0.5	52	987	6.8	10,315	0.8	55	311	2.2	3,079	0.6	218
Male, Disabled															
All Ages	446	4.8	4,900	0.5	53	569	6.2	6,242	0.8	63	92	1.0	1,017	0.4	516
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	2.5	12	0.1	13	1	2.5	12	0.2	22	0	0.0	0	0.0	0
21-44	55	1.6	599	0.4	41	191	5.7	2,098	0.7	72	7	0.2	74	0.3	36
45-64	197	5.9	2,096	0.5	54	274	8.3	2,948	0.9	64	39	1.2	424	0.6	1,181
65-74	150	7.9	1,734	0.5	58	82	4.3	943	1.0	47	31	1.6	355	0.4	48
75-84	40	7.7	423	0.4	45	14	2.7	168	2.1	43	12	2.3	132	0.3	30
85 and older	3	3.4	36	0.6	94	7	7.9	73	0.7	23	3	3.4	32	0.2	22

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTICONVULSANT					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	404	7.7	4,146	0.6	50	418	8.0	4,073	0.8	41	219	4.2	2,062	0.7	70
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	12	0.7	70	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7	7.7	50	0.2	24	8	8.8	50	0.2	19	1	1.1	2	0.5	61
45-64	5	6.4	43	0.2	15	8	10.3	61	0.4	41	2	2.6	6	0.7	65
65-74	120	6.3	1,234	0.6	56	110	5.8	1,080	0.9	46	39	2.0	365	0.7	73
75-84	200	9.5	2,066	0.6	50	199	9.5	1,982	0.7	42	105	5.0	1,032	0.7	73
85 and older	71	6.7	741	0.6	41	93	8.8	900	1.0	37	72	6.8	657	0.7	66
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	3,827	10.1	40,433	0.4	\$23	6,089	16.0	63,487	0.4	\$14	38,012	404,322
Female												
All Females	2,531	10.7	26,790	0.3	23	4,144	17.6	43,705	0.4	14	23,547	251,942
Female, Disabled												
All Ages	925	7.7	10,267	0.3	22	1,631	13.6	17,915	0.3	8	11,993	131,757
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	12	0.1	1	1	50.0	12	0.1	0	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	34	276
21-44	131	4.9	1,404	0.3	16	268	10.0	2,827	0.2	7	2,671	28,862
45-64	324	7.6	3,559	0.3	23	599	14.1	6,413	0.3	11	4,263	45,996
65-74	309	9.3	3,480	0.4	22	532	16.1	6,018	0.3	5	3,309	36,926
75-84	136	10.3	1,532	0.4	23	182	13.8	2,101	0.3	8	1,322	15,255
85 and older	24	6.1	280	0.4	26	49	12.5	544	0.3	16	392	4,418
Female, Other Eligibles												
All Ages	1,606	13.9	16,523	0.4	24	2,513	21.8	25,790	0.4	18	11,554	120,185
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	1	33.3	10	0.1	1	3	25
21-44	5	1.5	32	0.2	10	32	9.4	255	0.3	8	339	2,961
45-64	3	2.7	11	0.5	59	15	13.5	131	0.2	3	111	936
65-74	235	8.5	2,434	0.3	19	404	14.7	4,345	0.4	20	2,754	29,492
75-84	621	14.0	6,411	0.4	27	926	20.8	9,651	0.4	16	4,448	47,798
85 and older	742	19.0	7,635	0.3	22	1,135	29.1	11,398	0.5	20	3,899	38,973
Male												
All Males	1,296	9.0	13,643	0.4	24	1,945	13.4	19,782	0.4	13	14,465	152,380
Male, Disabled												
All Ages	536	5.8	5,811	0.3	19	1,013	11.0	11,020	0.3	14	9,226	99,564
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	28
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	1	2.5	12	0.1	1	2	5.0	24	0.1	1	40	337
21-44	125	3.7	1,346	0.3	15	270	8.0	2,842	0.3	14	3,362	36,104
45-64	203	6.1	2,094	0.3	19	425	12.8	4,613	0.4	18	3,318	35,239
65-74	147	7.8	1,703	0.4	20	234	12.4	2,622	0.3	10	1,893	21,067
75-84	48	9.2	526	0.4	20	76	14.6	865	0.2	4	520	5,848
85 and older	12	13.5	130	0.4	20	6	6.7	54	0.1	1	89	929

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIASTHMATIC						ANALGESICS - Narcotic						Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month				
Male, Other Eligibles														
All Ages	760	14.5	7,832	0.4	28	932	17.8	8,762	0.4	13	5,239	52,816		
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12		
15-20	2	100.0	24	0.3	15	1	50.0	12	0.1	1	2	13		
21-44	2	2.2	13	0.3	3	33	36.3	231	0.3	18	91	607		
45-64	4	5.1	22	0.3	32	22	28.2	104	0.5	34	78	464		
65-74	121	6.3	1,299	0.5	36	201	10.5	1,987	0.4	12	1,909	19,780		
75-84	361	17.2	3,825	0.4	29	396	18.8	3,886	0.4	13	2,101	21,978		
85 and older	270	25.5	2,649	0.3	21	279	26.4	2,542	0.4	12	1,057	9,962		
Unknown	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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

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	\$364	6.9	3,670	37,028
Age				
0-64	709	8.8	261	2,889
65-74	453	8.6	492	5,143
75-84	366	7.2	1,225	12,414
85 and older	274	5.8	1,692	16,582
Unknown	0	0.0	0	0
Gender				
Female	344	6.8	2,467	25,064
Male	405	7.1	1,203	11,964
Unknown	0	0.0	0	0
Race				
White	355	6.9	2,303	22,760
African American	300	5.5	40	440
Other/unknown	380	6.9	1,327	13,828
Basis of Eligibility^c				
Aged	327	6.6	3,136	31,120
Disabled	559	8.7	534	5,908
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 2,305 beneficiaries who were in nursing facilities for part of their enrollment and their 21,772 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.

Dual Eligible Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
													As a Percentage of Dual All-Year Nursing Facility Residents				
													Number of Benefit Months				
	Patented Brand-Total	Off-Patent Brand-Name	Patent Brand-Name	Generic	Patented Brand-Total	Off-Patent Brand-Name	Patent Brand-Name	Generic	Patented Brand-Total	Off-Patent Brand-Name	Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users		
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$7	\$4	\$5	\$51	\$100	\$88	\$24	8,208	\$419,449	2,383	64.9	25,496
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	32	25	54	33	600	18,921	527	14.4	5,961
Antineoplastic Agents	0.5	0.1	0.0	0.5	92	57	0	35	176	781	0	78	880	155,226	171	4.7	1,680
Endocrine/Metabolic Drugs	1.3	0.4	0.2	0.7	44	30	6	8	33	73	30	11	28,596	951,095	2,022	55.1	21,493
Cardiovascular Agents	2.1	0.5	0.1	1.5	49	31	1	17	24	64	16	11	54,271	1,287,252	2,522	68.7	26,309
Respiratory Agents	0.7	0.4	0.0	0.2	39	32	3	4	59	87	61	15	10,677	630,624	1,523	41.5	16,207
Gastrointestinal Agents	1.0	0.3	0.0	0.7	61	38	0	23	62	112	69	35	20,205	1,244,991	1,904	51.9	20,248
Genitourinary Agents	0.8	0.6	0.0	0.2	47	42	0	5	62	75	57	27	7,088	438,954	865	23.6	9,246
CNS Drugs	1.7	1.1	0.0	0.7	132	117	1	14	76	112	34	21	48,466	3,689,872	2,648	72.2	27,967
Stimulants/Anti-obesity/Anorexia	0.4	0.4	0.0	0.1	57	57	0	1	129	143	0	14	71	9,138	14	0.4	159
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	157	157	0	0	142	142	0	30	8,811	1,248,552	750	20.4	7,975
Analgesics and Anesthetics	1.0	0.2	0.1	0.7	47	21	8	17	48	86	125	27	19,617	950,514	1,952	53.2	20,252
Neuromuscular Agents	1.2	0.3	0.2	0.8	64	27	5	32	52	100	35	39	17,320	907,234	1,294	35.3	14,097
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	10	14	21	13	14	9,007	128,030	1,159	31.6	12,087
Hematological Agents	1.0	0.3	0.1	0.7	99	89	1	8	95	323	14	12	10,880	1,030,982	1,003	27.3	10,402
Topical Products	0.5	0.2	0.0	0.3	16	10	1	5	34	65	48	17	9,543	328,812	1,821	49.6	19,972
Miscellaneous Products	0.2	0.1	0.0	0.1	9	6	0	3	39	71	69	19	427	16,496	183	5.0	1,925
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	16	0	0	0	652	10,623	219	6.0	2,250
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.	255,319	13,466,765	n.a.	n.a.	n.a.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,304,741	1,572	42.8	16,798	1.1	\$128	\$137
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,249,176	926	25.2	9,861	0.9	141	127
ANTIDEPRESSANTS	1,234,111	2,445	66.6	25,974	0.9	55	48
ULCER DRUGS	1,076,731	1,750	47.7	18,619	0.8	69	58
MISC. HEMATOLOGICAL	766,523	334	9.1	3,475	0.8	267	221
ANTICONVULSANT	601,071	905	24.7	9,820	1.1	54	61
ANTIDIABETIC	478,825	1,285	35.0	13,601	0.9	38	35
ANALGESICS - Narcotic	477,611	1,823	49.7	18,776	0.6	44	25
ANTIASTHMATIC	425,217	1,343	36.6	14,376	0.4	69	30
MISC. ENDOCRINE	422,036	692	18.9	7,559	0.7	77	56
Total	9,036,042	13,075		138,859	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 2,305 beneficiaries who were in nursing facilities for part of their enrollment and their 21,772 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 2005. 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 2005 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.

Dual Eligible Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	114,233	\$9,036,042	1,572	42.8	16,798	1.1	\$137	926	25.2	9,861	0.9	\$127
Female												
All Females	74,380	5,676,029	1,018	41.3	10,919	1.0	129	652	26.4	6,975	0.9	128
Female, Disabled												
All Ages	12,138	1,000,024	166	64.6	1,895	1.4	182	50	19.5	577	0.9	294
64 or younger	4,200	470,079	66	70.2	780	1.0	165	19	20.2	226	0.8	575
65-74	4,258	309,439	60	70.6	681	1.7	210	13	15.3	146	1.0	100
75-84	2,863	171,615	28	52.8	319	2.0	185	12	22.6	144	1.0	120
85 and older	817	48,891	12	48.0	115	1.3	133	6	24.0	61	0.9	125
Female, Other Eligibles												
All Ages	62,242	4,676,005	852	38.6	9,024	0.8	117	602	27.2	6,398	0.9	114
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,764	615,152	106	61.6	1,123	1.2	171	56	32.6	553	1.1	138
75-84	24,378	1,770,028	337	45.7	3,569	0.9	117	217	29.4	2,326	0.9	110
85 and older	30,100	2,290,825	409	31.5	4,332	0.7	104	329	25.3	3,519	0.8	112
Male												
All Males	39,853	3,360,013	554	46.1	5,879	1.3	153	274	22.8	2,886	0.9	123
Male, Disabled												
All Ages	13,885	1,515,755	191	69.0	2,153	1.8	201	27	9.7	272	1.1	267
64 or younger	8,681	1,165,672	112	67.1	1,277	2.0	215	16	9.6	163	0.7	391
65-74	4,074	293,738	66	78.6	736	1.3	178	9	10.7	105	1.8	81
75-84	978	44,305	8	42.1	96	3.6	208	0	0.0	0	0.0	0
85 and older	152	12,040	5	71.4	44	0.8	129	2	28.6	4	0.8	103
Male, Other Eligibles												
All Ages	25,968	1,844,258	363	39.2	3,726	1.0	126	247	26.7	2,614	0.9	108
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,671	383,661	79	52.3	827	1.3	167	31	20.5	302	1.0	118
75-84	12,614	944,090	173	41.7	1,829	0.9	125	122	29.4	1,369	0.9	110
85 and older	7,683	516,507	111	30.8	1,070	0.8	96	94	26.1	943	0.9	101
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 2,305 beneficiaries who were in nursing facilities for part of their enrollment and their 21,772 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					MISC. HEMATOLOGICAL				
	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	2,445	66.6	25,974	0.9	\$48	1,750	47.7	18,619	0.8	\$58	334	9.1	3,475	0.8	\$221
Female															
All Females	1,694	68.7	17,992	0.9	48	1,147	46.5	12,166	0.8	58	205	8.3	2,138	0.8	83
Female, Disabled															
All Ages	180	70.0	2,017	1.2	57	131	51.0	1,487	0.9	59	17	6.6	200	0.8	79
64 or younger	75	79.8	857	1.0	58	48	51.1	564	0.7	61	7	7.4	84	0.8	85
65-74	65	76.5	724	1.1	56	48	56.5	530	0.8	49	8	9.4	92	0.7	72
75-84	29	54.7	314	1.7	56	26	49.1	303	1.4	75	2	3.8	24	1.0	88
85 and older	11	44.0	122	1.5	54	9	36.0	90	1.3	55	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,514	68.5	15,975	0.8	46	1,016	46.0	10,679	0.8	58	188	8.5	1,938	0.8	83
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	143	83.1	1,553	0.9	53	78	45.3	824	1.0	63	22	12.8	232	0.8	86
75-84	549	74.4	5,719	0.8	48	359	48.6	3,773	0.8	58	70	9.5	712	0.8	83
85 and older	822	63.2	8,703	0.8	44	579	44.5	6,082	0.8	58	96	7.4	994	0.8	83
Male															
All Males	751	62.4	7,982	0.9	47	603	50.1	6,453	0.9	57	129	10.7	1,337	0.8	441
Male, Disabled															
All Ages	214	77.3	2,439	1.0	53	152	54.9	1,748	1.0	62	21	7.6	232	0.8	2,132
64 or younger	143	85.6	1,614	1.0	52	93	55.7	1,068	0.9	59	16	9.6	173	0.9	2,830
65-74	60	71.4	703	1.1	57	43	51.2	502	1.0	64	4	4.8	48	0.9	95
75-84	7	36.8	84	1.3	46	13	68.4	148	0.9	73	1	5.3	11	0.4	45
85 and older	4	57.1	38	0.9	50	3	42.9	30	0.9	58	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	537	58.0	5,543	0.8	45	451	48.7	4,705	0.8	55	108	11.7	1,105	0.8	86
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	95	62.9	981	0.9	50	66	43.7	691	0.9	46	14	9.3	137	1.0	109
75-84	257	61.9	2,725	0.8	44	213	51.3	2,307	0.8	60	55	13.3	571	0.8	88
85 and older	185	51.4	1,837	0.8	43	172	47.8	1,707	0.8	52	39	10.8	397	0.8	74
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 2,305 beneficiaries who were in nursing facilities for part of their enrollment and their 21,772 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					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	905	24.7	9,820	1.1	\$61	1,285	35.0	13,601	0.9	\$35	1,823	49.7	18,776	0.6	\$25
Female															
All Females	520	21.1	5,673	1.0	58	843	34.2	9,013	0.9	34	1,272	51.6	13,237	0.6	28
Female, Disabled															
All Ages	108	42.0	1,233	1.3	81	123	47.9	1,443	1.1	43	128	49.8	1,459	0.6	27
64 or younger	51	54.3	592	1.4	101	33	35.1	396	1.0	38	50	53.2	586	0.5	29
65-74	36	42.4	397	1.1	56	50	58.8	584	1.2	48	43	50.6	482	0.6	19
75-84	17	32.1	196	1.9	78	26	49.1	295	1.1	45	26	49.1	284	0.7	35
85 and older	4	16.0	48	1.2	41	14	56.0	168	0.8	31	9	36.0	107	0.5	28
Female, Other Eligibles															
All Ages	412	18.6	4,440	0.9	52	720	32.6	7,570	0.9	32	1,144	51.8	11,778	0.6	28
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	58	33.7	640	1.3	65	111	64.5	1,233	0.9	33	86	50.0	934	0.8	57
75-84	201	27.2	2,172	0.9	51	326	44.2	3,451	1.0	34	392	53.1	4,059	0.6	26
85 and older	153	11.8	1,628	0.8	49	283	21.8	2,886	0.8	30	666	51.2	6,785	0.5	25
Male															
All Males	385	32.0	4,147	1.2	65	442	36.7	4,588	1.0	37	551	45.8	5,539	0.6	21
Male, Disabled															
All Ages	146	52.7	1,688	1.6	90	104	37.5	1,157	0.9	40	135	48.7	1,492	0.7	31
64 or younger	95	56.9	1,093	1.6	102	52	31.1	570	0.9	41	93	55.7	1,032	0.7	36
65-74	42	50.0	487	1.4	66	46	54.8	542	1.0	40	35	41.7	383	0.7	22
75-84	5	26.3	60	5.2	100	6	31.6	45	0.5	16	7	36.8	77	0.2	2
85 and older	4	57.1	48	0.7	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	239	25.8	2,459	1.0	49	338	36.5	3,431	1.0	37	416	44.9	4,047	0.5	17
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	73	48.3	737	1.0	51	88	58.3	939	1.0	35	62	41.1	635	0.6	17
75-84	115	27.7	1,188	0.8	52	154	37.1	1,583	1.0	42	192	46.3	1,893	0.6	19
85 and older	51	14.2	534	1.3	39	96	26.7	909	0.8	29	162	45.0	1,519	0.4	14
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 2,305 beneficiaries who were in nursing facilities for part of their enrollment and their 21,772 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIASTHMATIC						MISC. ENDOCRINE					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	1,343	36.6	14,376	0.4	\$30	692	18.9	7,559	0.7	\$56	3,670	37,028
Female												
All Females	858	34.8	9,153	0.4	29	599	24.3	6,551	0.7	56	2,467	25,064
Female, Disabled												
All Ages	92	35.8	1,027	0.5	39	45	17.5	526	0.7	50	257	2,852
64 or younger	41	43.6	462	0.5	41	17	18.1	204	0.6	47	94	1,054
65-74	29	34.1	333	0.5	35	12	14.1	140	0.7	53	85	946
75-84	17	32.1	180	0.6	37	10	18.9	120	0.8	63	53	598
85 and older	5	20.0	52	0.7	44	6	24.0	62	0.4	30	25	254
Female, Other Eligibles												
All Ages	766	34.7	8,126	0.4	28	554	25.1	6,025	0.7	56	2,210	22,212
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	57	33.1	598	0.5	28	48	27.9	522	0.7	79	172	1,786
75-84	287	38.9	3,079	0.5	35	175	23.7	1,917	0.8	55	738	7,493
85 and older	422	32.5	4,449	0.3	23	331	25.5	3,586	0.7	53	1,300	12,933
Male												
All Males	485	40.3	5,223	0.4	30	93	7.7	1,008	0.7	56	1,203	11,964
Male, Disabled												
All Ages	77	27.8	894	0.4	26	21	7.6	241	0.6	57	277	3,056
64 or younger	35	21.0	399	0.4	28	10	6.0	109	0.7	70	167	1,835
65-74	35	41.7	417	0.3	27	7	8.3	84	0.6	45	84	963
75-84	5	26.3	60	0.1	10	2	10.5	24	1.0	72	19	190
85 and older	2	28.6	18	0.4	28	2	28.6	24	0.3	24	7	68
Male, Other Eligibles												
All Ages	408	44.1	4,329	0.5	31	72	7.8	767	0.8	56	926	8,908
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	53	35.1	589	0.7	46	11	7.3	104	0.7	61	151	1,448
75-84	195	47.0	2,135	0.5	34	32	7.7	358	0.8	56	415	4,133
85 and older	160	44.4	1,605	0.3	22	29	8.1	305	0.8	54	360	3,327
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 2,305 beneficiaries who were in nursing facilities for part of their enrollment and their 21,772 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEW MEXICO, 2005

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 of Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	8,575	22.6	2.9	111,390	\$28	\$1,052,549	\$9	4.1	38,012
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	3
6-14	3	75.0	11.3	45	164	654	15	1.4	4
15-20	6	7.6	0.6	50	6	470	9	0.7	79
21-44	655	10.1	0.9	5,956	11	71,332	12	3.8	6,463
45-64	1,194	15.4	2.0	15,569	20	157,140	10	3.5	7,770
65-74	1,904	19.3	2.4	23,845	20	193,813	8	3.7	9,865
75-84	2,388	28.5	3.9	32,835	36	304,217	9	4.1	8,391
85 and older	2,425	44.6	6.1	33,090	60	324,923	10	4.9	5,437
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	5,235	32.4	4.4	71,022	41	668,803	9	4.3	16,154
Disabled	3,275	15.4	1.9	40,175	18	381,966	10	3.8	21,219
Adults	60	9.6	0.2	140	2	1,342	10	2.0	626
Children	2	50.0	10.8	43	93	373	9	0.8	4
Unknown	3	33.3	1.1	10	7	65	7	0.3	9
Gender									
Female	5,757	24.4	3.2	75,574	30	715,158	9	4.3	23,547
Male	2,818	19.5	2.5	35,816	23	337,391	9	3.8	14,465
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	3,331	20.8	3.1	49,679	31	500,922	10	4.2	15,985
African American	69	9.4	1.0	765	11	7,977	10	3.8	731
Other/unknown	5,175	24.3	2.9	60,946	26	543,650	9	4.0	21,296
Use of Nursing Facilities^d									
Entire year	3,001	81.8	15.0	54,948	140	515,459	9	3.8	3,670
Part year	1,461	63.4	7.5	17,201	80	184,586	11	4.4	2,305
None	4,113	12.8	1.2	39,241	11	352,504	9	4.4	32,037
Maintenance Assistance Status									
Cash	3,741	13.8	1.3	36,548	11	312,279	9	4.1	27,202
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	158	11.1	0.6	789	6	8,245	10	2.5	1,428
Other/unknown	4,676	49.8	7.9	74,053	78	732,025	10	4.1	9,382

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEW MEXICO, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$3	\$9	\$0	\$0	404,322
Age						
5 and younger	0.0	0	0	0	0	28
6-14	0.9	14	15	0	0	48
15-20	0.1	1	9	0	0	651
21-44	0.1	1	12	0	0	68,534
45-64	0.2	2	10	0	0	82,635
65-74	0.2	2	8	0	0	107,265
75-84	0.4	3	9	0	0	90,879
85 and older	0.6	6	10	0	1	54,282
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	4	9	0	0	167,888
Disabled	0.2	2	10	0	0	231,321
Adults	0.0	0	10	0	0	5,025
Children	1.2	11	9	0	0	35
Unknown	0.2	1	7	0	0	53
Gender						
Female	0.3	3	9	0	0	251,942
Male	0.2	2	9	0	0	152,380
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	3	10	0	0	166,365
African American	0.1	1	10	0	0	7,555
Other/unknown	0.3	2	9	0	0	230,402
Use of Nursing Facilities^d						
Entire year	1.5	14	9	0	2	37,028
Part year	0.8	8	11	0	1	21,772
None	0.1	1	9	0	0	345,522
Maintenance Assistance Status						
Cash	0.1	1	9	0	0	300,979
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	10	0	0	12,379
Other/unknown	0.8	8	10	0	1	90,964

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
NEW MEXICO, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	13,205	\$80	\$1,052,549	100.0	111,390	\$9	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	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	681	56	38,414	3.6	1,407	27	1.3	
Vitamins and minerals	2,508	87	219,069	20.8	14,258	15	12.8	
Non-prescription drugs	7,237	89	642,033	61.0	82,527	8	74.1	
Barbiturates	115	77	8,863	0.8	1,326	7	1.2	
Benzodiazepines	2,227	61	136,886	13.0	10,918	13	9.8	
Other Part D Excl Rx Drugs	437	17	7,284	0.7	954	8	0.9	

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEW MEXICO, 2005

Total Number of Dual Eligible Beneficiaries: 38,012
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$25,702,646
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$676

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	26,440	69.6	\$0	0.0
1-500	3,909	10.3	720,708	2.8
501-1,000	1,494	3.9	1,097,947	4.3
1,001-1,500	1,139	3.0	1,408,876	5.5
1,501-2,000	871	2.3	1,523,498	5.9
2,001-2,500	691	1.8	1,550,113	6.0
2,501-3,000	578	1.5	1,586,507	6.2
3,001-3,500	467	1.2	1,510,512	5.9
3,501-4,000	387	1.0	1,447,907	5.6
4,001-4,500	320	0.8	1,356,084	5.3
4,501-5,000	253	0.7	1,202,596	4.7
5,001-5,500	225	0.6	1,180,427	4.6
5,501-6,000	186	0.5	1,071,936	4.2
6,001-6,500	173	0.5	1,080,683	4.2
6,501-7,000	147	0.4	990,000	3.9
7,001-7,500	117	0.3	849,163	3.3
7,501-8,000	101	0.3	782,602	3.0
8,001-8,500	71	0.2	587,082	2.3
8,501-9,000	73	0.2	641,096	2.5
9,001-9,500	60	0.2	553,808	2.2
9,501-10,000	52	0.1	506,320	2.0
10,001+	258	0.7	4,054,781	15.8

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEW MEXICO, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 13,694
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$6,301,062
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$460

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	10,930	79.8	0	0.0
1-500	1,232	9.0	207,810	3.3
501-1,000	324	2.4	235,229	3.7
1,001-1,500	224	1.6	277,716	4.4
1,501-2,000	166	1.2	289,261	4.6
2,001-2,500	113	0.8	252,031	4.0
2,501-3,000	105	0.8	287,593	4.6
3,001-3,500	92	0.7	297,649	4.7
3,501-4,000	63	0.5	236,643	3.8
4,001-4,500	49	0.4	209,431	3.3
4,501-5,000	40	0.3	189,352	3.0
5,001-5,500	42	0.3	220,387	3.5
5,501-6,000	28	0.2	161,082	2.6
6,001-6,500	34	0.2	211,512	3.4
6,501-7,000	29	0.2	195,323	3.1
7,001-7,500	21	0.2	153,234	2.4
7,501-8,000	24	0.2	185,164	2.9
8,001-8,500	18	0.1	148,799	2.4
8,501-9,000	12	0.1	105,471	1.7
9,001-9,500	16	0.1	147,452	2.3
9,501-10,000	12	0.1	117,115	1.9
10,001+	120	0.9	2,172,808	34.5

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEW MEXICO, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 23,693
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$19,268,285
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$813

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	15,048	63.5	0	0.0
1-500	2,556	10.8	491,687	2.6
501-1,000	1,151	4.9	850,151	4.4
1,001-1,500	909	3.8	1,124,240	5.8
1,501-2,000	697	2.9	1,219,894	6.3
2,001-2,500	576	2.4	1,293,628	6.7
2,501-3,000	472	2.0	1,296,300	6.7
3,001-3,500	373	1.6	1,206,492	6.3
3,501-4,000	324	1.4	1,211,264	6.3
4,001-4,500	270	1.1	1,142,428	5.9
4,501-5,000	213	0.9	1,013,244	5.3
5,001-5,500	183	0.8	960,040	5.0
5,501-6,000	158	0.7	910,854	4.7
6,001-6,500	139	0.6	869,171	4.5
6,501-7,000	118	0.5	794,677	4.1
7,001-7,500	96	0.4	695,929	3.6
7,501-8,000	77	0.3	597,438	3.1
8,001-8,500	53	0.2	438,283	2.3
8,501-9,000	61	0.3	535,625	2.8
9,001-9,500	44	0.2	406,356	2.1
9,501-10,000	40	0.2	389,205	2.0
10,001+	135	0.6	1,821,379	9.5

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEW MEXICO, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 9,865
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$5,214,864
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$528

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	7,227	73.3		0	0.0
1-500	977	9.9		164,012	3.1
501-1,000	355	3.6		258,636	5.0
1,001-1,500	268	2.7		329,005	6.3
1,501-2,000	194	2.0		340,669	6.5
2,001-2,500	143	1.4		320,474	6.1
2,501-3,000	117	1.2		320,536	6.1
3,001-3,500	113	1.1		365,540	7.0
3,501-4,000	71	0.7		266,206	5.1
4,001-4,500	61	0.6		257,042	4.9
4,501-5,000	49	0.5		234,052	4.5
5,001-5,500	42	0.4		218,860	4.2
5,501-6,000	42	0.4		241,363	4.6
6,001-6,500	29	0.3		182,236	3.5
6,501-7,000	25	0.3		168,543	3.2
7,001-7,500	23	0.2		166,847	3.2
7,501-8,000	21	0.2		162,494	3.1
8,001-8,500	13	0.1		107,252	2.1
8,501-9,000	19	0.2		166,855	3.2
9,001-9,500	10	0.1		92,397	1.8
9,501-10,000	13	0.1		126,629	2.4
10,001+	53	0.5		725,216	13.9

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEW MEXICO, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 8,391
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$7,419,860
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$884

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,384	64.2	0	0.0
1-500	816	9.7	165,649	2.2
501-1,000	367	4.4	274,044	3.7
1,001-1,500	299	3.6	370,748	5.0
1,501-2,000	245	2.9	427,836	5.8
2,001-2,500	212	2.5	477,854	6.4
2,501-3,000	168	2.0	462,118	6.2
3,001-3,500	120	1.4	387,202	5.2
3,501-4,000	119	1.4	444,873	6.0
4,001-4,500	113	1.3	478,982	6.5
4,501-5,000	86	1.0	406,783	5.5
5,001-5,500	79	0.9	415,842	5.6
5,501-6,000	57	0.7	328,939	4.4
6,001-6,500	58	0.7	362,440	4.9
6,501-7,000	49	0.6	329,818	4.4
7,001-7,500	44	0.5	319,052	4.3
7,501-8,000	33	0.4	257,284	3.5
8,001-8,500	25	0.3	207,263	2.8
8,501-9,000	24	0.3	210,788	2.8
9,001-9,500	21	0.3	193,688	2.6
9,501-10,000	23	0.3	223,268	3.0
10,001+	49	0.6	675,389	9.1

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEW MEXICO, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 5,437
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$6,633,561
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$1,220

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	2,437	44.8	0	0.0
1-500	763	14.0	162,026	2.4
501-1,000	429	7.9	317,471	4.8
1,001-1,500	342	6.3	424,487	6.4
1,501-2,000	258	4.7	451,389	6.8
2,001-2,500	221	4.1	495,300	7.5
2,501-3,000	187	3.4	513,646	7.7
3,001-3,500	140	2.6	453,750	6.8
3,501-4,000	134	2.5	500,185	7.5
4,001-4,500	96	1.8	406,404	6.1
4,501-5,000	78	1.4	372,409	5.6
5,001-5,500	62	1.1	325,338	4.9
5,501-6,000	59	1.1	340,552	5.1
6,001-6,500	52	1.0	324,495	4.9
6,501-7,000	44	0.8	296,316	4.5
7,001-7,500	29	0.5	210,030	3.2
7,501-8,000	23	0.4	177,660	2.7
8,001-8,500	15	0.3	123,768	1.9
8,501-9,000	18	0.3	157,982	2.4
9,001-9,500	13	0.2	120,271	1.8
9,501-10,000	4	0.1	39,308	0.6
10,001+	33	0.6	420,774	6.3

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	38,320	16,182	21,460	665	4	9	416,025	168,412	241,308	6,206	46	53
Age												
5 and younger	3	0	3	0	0	0	33	0	33	0	0	0
6-14	4	0	3	0	1	0	48	0	36	0	12	0
15-20	95	0	90	2	3	0	1,064	0	1,006	24	34	0
21-44	6,585	1	6,132	451	0	1	73,101	12	68,778	4,304	0	7
45-64	7,863	2	7,658	199	0	4	86,440	2	84,633	1,781	0	24
65-74	9,926	4,661	5,250	11	0	4	109,995	49,540	60,349	84	0	22
75-84	8,399	6,554	1,843	2	0	0	91,004	69,865	21,126	13	0	0
85 and older	5,445	4,964	481	0	0	0	54,340	48,993	5,347	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	23,716	11,102	12,128	476	1	9	258,474	116,477	137,366	4,568	10	53
Male	14,604	5,080	9,332	189	3	0	157,551	51,935	103,942	1,638	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	16,112	6,881	8,968	256	2	5	171,013	68,632	99,975	2,350	22	34
African American	739	193	525	20	0	1	7,827	1,924	5,739	161	0	3
Other/unknown	21,469	9,108	11,967	389	2	3	237,185	97,856	135,594	3,695	24	16
Use of Nursing Facilities^c												
Entire year	3,670	3,136	534	0	0	0	37,028	31,120	5,908	0	0	0
Part year	2,305	1,845	460	0	0	0	21,809	17,069	4,740	0	0	0
None	32,345	11,201	20,466	665	4	9	357,188	120,223	230,660	6,206	46	53
Maintenance Assistance Status												
Cash	27,469	9,173	18,078	217	1	0	309,573	102,424	205,116	2,023	10	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	1,445	173	1,244	17	2	9	14,749	1,743	12,762	167	24	53
Other/unknown	9,406	6,836	2,138	431	1	0	91,703	64,245	23,430	4,016	12	0
Dual Status^d												
Full dual, all year	37,039	15,580	20,849	597	4	9	402,128	161,952	234,607	5,470	46	53
Full dual, part year	1,281	602	611	68	0	0	13,897	6,460	6,701	736	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	36,425	16,085	19,842	486	3	9	395,232	167,493	223,293	4,359	34	53
FFS part year, with Rx claims	276	9	209	58	0	0	2,828	56	2,189	583	0	0
FFS part year, no Rx claims	1,311	60	1,168	82	1	0	14,713	620	13,203	878	12	0
MC all year, with Rx claims	2	0	0	2	0	0	24	0	0	24	0	0
MC all year, no Rx claims	306	28	241	37	0	0	3,228	243	2,623	362	0	0

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	38,320	416,025	38,012	404,322	0	11,703
Fee-for-service (FFS) all year	36,425	395,232	36,425	395,232	0	0
FFS part year, with Rx claims	276	2,828	276	1,502	0	1,326
FFS part year, with no Rx claims	1,311	14,713	1,311	7,588	0	7,125
Managed care (MC) all year, with Rx claims	2	24	0	0	0	24
MC all year, with no Rx claims	306	3,228	0	0	0	3,228

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

Dual Eligible Beneficiaries