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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	624,999	334,383	277,711	12,790	80	35	6,768,948	3,530,643	3,118,809	118,458	752	286
Age												
5 and younger	17	0	14	0	3	0	160	0	143	0	17	0
6-14	52	0	48	0	4	0	589	0	554	0	35	0
15-20	735	0	667	0	68	0	7,928	0	7,261	0	667	0
21-44	76,709	0	71,156	5,545	5	3	845,857	0	795,752	50,039	33	33
45-64	117,228	0	110,085	7,132	0	11	1,290,728	0	1,223,154	67,490	0	84
65-74	177,890	104,996	72,760	113	0	21	1,954,462	1,122,207	831,157	929	0	169
75-84	150,915	130,554	20,361	0	0	0	1,645,400	1,412,401	232,999	0	0	0
85 and older	101,453	98,833	2,620	0	0	0	1,023,824	996,035	27,789	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	393,119	233,079	153,092	6,875	38	35	4,273,114	2,477,859	1,729,636	64,997	336	286
Male	231,880	101,304	124,619	5,915	42	0	2,495,834	1,052,784	1,389,173	53,461	416	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	290,017	154,634	130,459	4,860	39	25	3,072,833	1,564,108	1,464,474	43,681	376	194
African American	95,615	43,317	48,354	3,921	17	6	1,027,817	458,188	533,394	36,029	159	47
Other/unknown	239,367	136,432	98,898	4,009	24	4	2,668,298	1,508,347	1,120,941	38,748	217	45
Use of Nursing Facilities^c												
Entire year	89,898	76,424	13,421	53	0	0	917,778	767,036	150,189	553	0	0
Part year	37,878	29,438	8,349	90	1	0	375,391	284,184	90,270	927	10	0
None	497,223	228,521	255,941	12,647	79	35	5,475,779	2,479,423	2,878,350	116,978	742	286
Maintenance Assistance Status												
Cash	349,817	160,721	186,782	2,269	45	0	3,995,891	1,827,168	2,146,854	21,439	430	0
Medically needy	257,789	168,987	86,250	2,533	19	0	2,604,366	1,658,213	921,397	24,607	149	0
Poverty-related	2,241	1,588	610	1	7	35	22,651	16,024	6,261	11	69	286
Other/unknown	15,152	3,087	4,069	7,987	9	0	146,040	29,238	44,297	72,401	104	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	598,665	326,798	263,990	7,789	53	35	6,549,493	3,473,674	3,000,154	74,841	538	286
FFS part year, with Rx claims	12,824	4,294	6,856	1,666	8	0	76,410	26,335	41,336	8,697	42	0
FFS part year, no Rx claims	2,045	1,154	492	394	5	0	9,976	5,753	2,504	1,701	18	0

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 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 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	77.6	39.2	\$3,511	\$90	\$27,705	12.7	624,999
Age							
5 and younger	94.1	35.6	4,677	131	13,768	34.0	17
6-14	94.2	60.2	10,176	169	34,059	29.9	52
15-20	77.8	24.0	3,667	153	24,970	14.7	735
21-44	84.4	35.0	4,441	127	32,292	13.8	76,709
45-64	88.2	51.6	5,479	106	34,384	15.9	117,228
65-74	83.5	43.4	3,384	78	16,559	20.4	177,890
75-84	74.5	38.5	2,923	76	25,859	11.3	150,915
85 and older	54.5	21.6	1,627	76	38,826	4.2	101,453
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	69.4	31.7	2,438	77	27,122	9.0	334,383
Disabled	87.3	48.4	4,793	99	29,296	16.4	277,711
Adults	83.2	34.4	3,739	109	8,484	44.1	12,790
Children	76.2	27.1	6,309	233	20,983	30.1	80
Unknown	91.4	22.4	2,301	103	5,897	39.0	35
Gender							
Female	77.4	40.0	3,308	83	26,662	12.4	393,119
Male	78.0	37.6	3,856	102	29,472	13.1	231,880
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	72.3	37.6	3,444	92	36,139	9.5	290,017
African American	79.6	37.6	3,588	95	25,526	14.1	95,615
Other/unknown	83.2	41.6	3,562	86	18,356	19.4	239,367
Use of Nursing Facilities^f							
Entire year	39.6	10.2	1,272	125	57,221	2.2	89,898
Part year	66.3	28.3	2,569	91	38,112	6.7	37,878
None	85.4	45.2	3,988	88	21,575	18.5	497,223
Maintenance Assistance Status							
Cash	87.4	47.8	4,127	86	19,986	20.7	349,817
Medically needy	64.2	27.8	2,651	95	39,248	6.8	257,789
Poverty related	60.2	21.7	2,266	104	14,827	15.3	2,241
Other/unknown	82.7	35.6	4,104	115	11,415	36.0	15,152

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 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 YORK, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Number		
			Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	3.6	\$324	12.7	22.4	17.8	10.3	24.8	19.4	5.3	\$2,558	624,999	6,768,948
Age												
5 and younger	3.8	497	34.0	5.9	23.5	17.6	29.4	11.8	11.8	1,463	17	160
6-14	5.3	898	29.9	5.8	5.8	3.8	38.5	42.3	3.8	3,007	52	589
15-20	2.2	340	14.7	22.2	34.6	10.6	19.9	9.5	3.3	2,315	735	7,928
21-44	3.2	403	13.8	15.6	25.7	12.8	26.1	15.5	4.4	2,929	76,709	845,857
45-64	4.7	498	15.9	11.8	14.2	10.1	29.2	26.2	8.6	3,123	117,228	1,290,728
65-74	3.9	308	20.4	16.5	16.8	11.4	27.9	21.6	5.9	1,507	177,890	1,954,462
75-84	3.5	268	11.3	25.5	16.8	9.9	23.6	19.3	4.9	2,372	150,915	1,645,400
85 and older	2.1	161	4.2	45.5	19.5	7.4	15.0	10.7	2.0	3,847	101,453	1,023,824
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	3.0	231	9.0	30.6	18.7	9.9	21.7	15.5	3.5	2,569	334,383	3,530,643
Disabled	4.3	427	16.4	12.7	16.7	10.7	28.4	24.1	7.4	2,609	277,711	3,118,809
Adults	3.7	404	44.1	16.8	21.0	11.8	26.0	17.4	7.0	916	12,790	118,458
Children	2.9	671	30.1	23.8	36.3	8.8	12.5	13.8	5.0	2,232	80	752
Unknown	2.7	282	39.0	8.6	31.4	20.0	22.9	14.3	2.9	722	35	286
Gender												
Female	3.7	304	12.4	22.6	16.7	10.1	25.0	20.1	5.4	2,453	393,119	4,273,114
Male	3.5	358	13.1	22.0	19.7	10.6	24.4	18.2	5.2	2,738	231,880	2,495,834
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.5	325	9.5	27.7	17.5	9.0	21.5	18.6	5.8	3,411	290,017	3,072,833
African American	3.5	334	14.1	20.4	19.1	10.9	26.0	19.1	4.5	2,375	95,615	1,027,817
Other/unknown	3.7	320	19.4	16.8	17.8	11.7	28.2	20.4	5.0	1,647	239,367	2,668,298
Use of Nursing Facilities^f												
Entire year	1.0	125	2.2	60.4	24.7	6.0	4.3	3.3	1.3	5,605	89,898	917,778
Part year	2.9	259	6.7	33.7	22.1	8.7	18.3	13.7	3.5	3,846	37,878	375,391
None	4.1	362	18.5	14.6	16.3	11.2	29.0	22.7	6.2	1,959	497,223	5,475,779
Maintenance Assistance Status												
Cash	4.2	361	20.7	12.6	16.6	11.2	29.4	23.6	6.6	1,750	349,817	3,995,891
Medically needy	2.8	262	6.8	35.8	19.4	9.0	18.6	13.7	3.5	3,885	257,789	2,604,366
Poverty related	2.1	224	15.3	39.8	22.3	9.8	15.5	9.9	2.8	1,467	2,241	22,651
Other/unknown	3.7	426	36.0	17.3	20.2	11.9	26.1	17.9	6.5	1,184	15,152	146,040

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 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 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	3.6	\$324	\$90	1.8	\$258	\$140	0.1	\$13	\$92	1.6	\$53	\$32
Age												
5 and younger	3.8	497	131	1.5	409	272	0.2	18	76	2.1	71	34
6-14	5.3	898	169	2.6	813	316	0.2	9	52	2.6	76	30
15-20	2.2	340	153	1.1	289	264	0.1	13	116	1.0	37	37
21-44	3.2	403	127	1.5	318	210	0.2	23	146	1.5	62	41
45-64	4.7	498	106	2.3	391	173	0.2	24	126	2.2	82	37
65-74	3.9	308	78	2.1	246	119	0.1	10	72	1.7	51	30
75-84	3.5	268	76	1.9	216	115	0.1	9	62	1.5	43	28
85 and older	2.1	161	76	1.1	131	120	0.1	4	57	1.0	26	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.0	231	77	1.6	187	118	0.1	7	64	1.3	37	28
Disabled	4.3	427	99	2.1	337	158	0.2	20	111	2.0	70	35
Adults	3.7	404	109	1.8	317	175	0.1	20	145	1.8	66	38
Children	2.9	671	233	1.5	567	385	0.2	40	237	1.2	64	52
Unknown	2.7	282	103	1.4	232	170	0.1	2	32	1.3	47	36
Gender												
Female	3.7	304	83	1.9	240	129	0.1	12	83	1.7	52	31
Male	3.5	358	102	1.8	289	160	0.1	15	110	1.5	54	35
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.5	325	92	1.8	255	145	0.2	15	98	1.6	55	34
African American	3.5	334	95	1.7	268	158	0.1	13	106	1.7	53	32
Other/unknown	3.7	320	86	2.0	259	130	0.1	11	81	1.6	49	31
Use of Nursing Facilities^e												
Entire year	1.0	125	125	0.7	113	165	0.0	2	75	0.3	9	33
Part year	2.9	259	91	1.4	210	148	0.1	8	84	1.3	41	31
None	4.1	362	88	2.1	286	139	0.2	15	93	1.9	61	33
Maintenance Assistance Status												
Cash	4.2	361	86	2.2	288	134	0.2	14	87	1.9	58	32
Medically needy	2.8	262	95	1.4	208	153	0.1	11	103	1.3	43	34
Poverty related	2.1	224	104	1.1	177	164	0.1	9	111	1.0	39	39
Other/unknown	3.7	426	115	1.9	344	181	0.1	20	136	1.6	61	37

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 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 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/Generic		Patented Brand-Name		Off-Patent Brand-Name/Generic		Patented Brand-Name		Off-Patent Brand-Name/Generic		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total		Total		Total		Total		Total		Total						
Anti-infective Agents	0.4	0.2	0.0	0.2	\$63	\$54	\$4	\$5	\$176	\$338	\$95	\$34	1,075,146	\$188,956,677	258,708	41.4	2,978,674
Biologicals	0.1	0.1	0.0	0.0	94	2	39	52	756	26	3,316	2,400	8,885	6,719,180	6,083	1.0	71,584
Antineoplastic Agents	0.5	0.2	0.0	0.3	196	162	5	30	361	700	512	97	97,749	35,260,690	15,981	2.6	179,701
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	67	50	5	13	68	119	45	27	2,560,631	174,038,729	228,005	36.5	2,611,000
Cardiovascular Agents	1.8	1.0	0.0	0.9	98	77	1	20	54	81	47	23	7,193,702	385,436,076	343,323	54.9	3,919,323
Respiratory Agents	0.8	0.5	0.0	0.2	58	53	1	5	77	104	75	20	1,418,317	109,816,313	163,342	26.1	1,878,618
Gastrointestinal Agents	0.7	0.4	0.0	0.3	72	62	1	10	108	151	79	40	1,766,799	190,937,066	230,251	36.8	2,643,846
Genitourinary Agents	0.5	0.4	0.0	0.1	42	39	1	3	79	87	61	34	484,349	38,229,234	79,245	12.7	916,620
CNS Drugs	1.2	0.7	0.0	0.4	152	128	4	20	128	179	166	44	3,428,242	438,227,316	254,598	40.7	2,889,960
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	95	88	1	6	175	206	125	57	35,461	6,218,071	5,746	0.9	65,345
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	125	124	0	1	202	204	105	65	216,491	43,657,938	30,393	4.9	349,343
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	46	25	8	14	83	162	237	37	1,558,200	129,141,961	243,836	39.0	2,794,129
Neuromuscular Agents	0.8	0.3	0.1	0.5	78	48	5	24	95	166	97	51	1,258,829	119,946,515	134,478	21.5	1,536,784
Nutritional Products	0.5	0.0	0.0	0.4	10	1	1	9	21	15	18	22	261,588	5,475,313	46,825	7.5	533,711
Hematological Agents	0.7	0.3	0.1	0.3	111	102	2	7	161	318	47	21	902,323	145,074,436	115,116	18.4	1,309,929
Topical Products	0.7	0.3	0.0	0.3	49	36	2	10	73	108	69	34	2,050,253	148,770,637	264,029	42.2	3,056,497
Miscellaneous Products	0.7	0.4	0.1	0.2	266	223	19	24	360	498	271	108	71,709	25,785,349	8,487	1.4	96,946
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	34	0	0	0	82,395	2,791,945	23,280	3.7	270,653
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	24,471,069	2,194,483,446	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 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.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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	\$296,683,975	153,764	24.6	1,738,163	0.8	\$217	\$171
ANTIHYPERLIPIDEMIC	163,842,531	233,361	37.3	2,691,915	0.6	103	61
ULCER DRUGS	153,622,221	235,135	37.6	2,707,132	0.5	113	57
ANTIVIRAL	144,578,970	42,527	6.8	485,208	0.6	478	298
ANTIDIABETIC	109,817,974	214,130	34.3	2,455,588	0.6	71	45
ANTICONVULSANT	102,720,338	111,365	17.8	1,274,022	0.7	114	81
ANTIHYPERTENSIVE	96,543,472	282,222	45.2	3,244,797	0.6	50	30
DERMATOLOGICAL	96,232,910	425,058	68.0	4,968,662	0.2	79	19
ANTIDEPRESSANTS	92,132,274	180,184	28.8	2,058,406	0.6	75	45
ANTIASTHMATIC	84,934,714	199,651	31.9	2,291,538	0.4	83	37
Total	1,341,109,379	2,077,397		23,915,431	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 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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 YORK, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Benefit \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Benefit \$ per Month
All	12,500,440	\$1,341,109,379	153,764	24.6	1,738,163	0.8	\$171	233,361	37.3	2,691,915	0.6	\$61
Female												
All Females	7,797,885	760,195,588	85,009	21.6	958,347	0.7	147	151,568	38.6	1,754,381	0.6	60
Female, Disabled												
All Ages	4,188,135	442,396,816	47,445	31.0	546,325	0.8	175	69,627	45.5	808,560	0.6	61
5 and younger	47	3,287	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	493	54,355	2	6.7	24	0.1	4	5	16.7	58	0.6	54
15-20	2,985	409,637	59	22.4	620	0.7	138	20	7.6	209	0.4	26
21-44	650,957	87,576,847	14,854	48.3	170,038	0.8	176	4,498	14.6	51,690	0.6	55
45-64	1,709,948	195,755,178	22,284	39.4	256,883	0.8	192	25,457	45.0	292,403	0.6	61
65-74	1,411,034	123,739,677	7,428	15.5	86,384	0.7	142	30,858	64.4	360,654	0.6	61
75-84	387,428	32,653,275	2,407	15.7	27,792	0.7	127	8,340	54.3	98,379	0.6	63
85 and older	25,243	2,204,560	411	18.9	4,584	0.8	120	449	20.6	5,167	0.6	66
Female, Other Eligibles												
All Ages	3,609,750	317,798,772	37,564	15.6	412,022	0.7	110	81,941	34.1	945,821	0.6	60
5 and younger	7	162	1	33.3	2	0.5	26	0	0.0	0	0.0	0
6-14	2	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	400	74,569	12	38.7	129	0.6	87	0	0.0	0	0.0	0
21-44	46,080	6,171,023	995	30.9	10,004	0.6	129	336	10.4	3,518	0.5	46
45-64	80,287	8,713,855	802	22.1	8,387	0.6	130	1,446	39.9	15,396	0.6	57
65-74	1,198,691	104,742,896	6,356	10.0	72,112	0.7	132	32,245	50.6	368,614	0.6	58
75-84	1,547,224	134,171,818	13,390	14.9	149,814	0.7	110	35,890	40.0	419,766	0.6	61
85 and older	737,059	63,924,436	16,008	20.1	171,574	0.7	98	12,024	15.1	138,527	0.6	62
Male												
All Males	4,702,555	580,913,791	68,755	29.7	779,816	0.8	200	81,793	35.3	937,534	0.6	62
Male, Disabled												
All Ages	3,079,707	428,195,743	52,817	42.4	608,532	0.9	220	45,280	36.3	521,975	0.6	62
5 and younger	125	10,636	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	259	26,103	0	0.0	0	0.0	0	1	5.6	12	0.5	37
15-20	4,446	721,144	137	33.9	1,562	0.7	193	15	3.7	179	0.5	57
21-44	824,057	136,044,404	22,020	54.5	254,073	0.9	215	7,880	19.5	90,989	0.6	55
45-64	1,494,516	219,316,249	25,562	47.7	294,314	0.9	235	21,267	39.7	243,218	0.7	63
65-74	635,350	61,435,281	4,281	17.3	49,430	0.8	178	13,639	55.0	158,563	0.6	64
75-84	116,417	10,237,343	735	14.7	8,336	0.7	149	2,401	47.9	28,149	0.6	64
85 and older	4,537	404,583	82	18.5	817	0.7	108	77	17.3	865	0.6	69

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 YORK, 2005

All Top 10 Drug Groups					ANTIPSYCHOTICS			ANTIHYPERLIPIDEMIC				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	of Rx per Benefit Month				Benefit Months Among Users	of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	1,622,848	152,718,048	15,938	14.9	171,284	0.7	126	36,513	34.0	415,559	0.6	61
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	19	928	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	604	116,999	12	32.4	127	0.9	161	3	8.1	36	0.7	43
21-44	32,691	5,512,205	852	36.6	8,374	0.6	158	409	17.6	4,195	0.5	49
45-64	72,815	9,722,102	711	20.2	7,056	0.7	167	1,519	43.2	15,621	0.6	59
65-74	676,228	63,020,286	4,495	10.8	50,388	0.7	155	17,199	41.5	194,327	0.6	60
75-84	653,733	58,049,253	6,040	14.8	65,960	0.7	113	14,406	35.4	167,331	0.6	63
85 and older	186,758	16,296,275	3,828	20.0	39,379	0.7	96	2,977	15.5	34,049	0.6	62
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 York, released by CMS in 10/2008. 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 YORK, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIVIRAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per 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 \$ per 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 \$ per Rx per Benefit Month
All	235,135	37.6	2,707,132	0.5	\$57	42,527	6.8	485,208	0.6	\$298	214,130	34.3	2,455,588	0.6	\$45
Female															
All Females	158,742	40.4	1,833,187	0.5	56	16,833	4.3	193,895	0.5	209	140,236	35.7	1,615,067	0.6	44
Female, Disabled															
All Ages	76,242	49.8	882,946	0.5	60	11,387	7.4	131,277	0.5	256	67,969	44.4	785,335	0.7	48
5 and younger	4	100.0	39	0.4	37	1	25.0	12	0.5	117	0	0.0	0	0.0	0
6-14	26	86.7	306	0.5	36	16	53.3	188	0.3	160	1	3.3	12	1.2	94
15-20	79	30.0	876	0.4	38	41	15.6	465	0.6	288	25	9.5	253	0.7	52
21-44	10,186	33.1	116,397	0.5	56	3,409	11.1	39,155	0.5	260	5,189	16.9	59,334	0.6	49
45-64	28,479	50.4	326,935	0.6	65	5,702	10.1	65,402	0.6	299	24,506	43.3	279,727	0.7	51
65-74	28,438	59.3	332,265	0.5	57	1,833	3.8	21,503	0.4	163	30,208	63.0	351,672	0.7	47
75-84	8,417	54.8	99,121	0.5	57	358	2.3	4,232	0.2	50	7,668	50.0	90,068	0.6	42
85 and older	613	28.2	7,007	0.6	59	27	1.2	320	0.1	16	372	17.1	4,269	0.6	34
Female, Other Eligibles															
All Ages	82,500	34.4	950,241	0.5	53	5,446	2.3	62,618	0.3	110	72,267	30.1	829,732	0.6	40
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	9	29.0	106	0.3	26	11	35.5	123	0.5	319	3	9.7	33	0.5	53
21-44	1,014	31.5	10,307	0.4	46	459	14.2	4,969	0.6	302	466	14.5	4,750	0.6	49
45-64	1,767	48.7	18,724	0.4	52	441	12.2	4,700	0.6	319	1,613	44.5	17,126	0.6	47
65-74	27,593	43.3	316,272	0.4	51	2,006	3.2	23,134	0.3	122	29,139	45.8	332,328	0.6	42
75-84	35,072	39.1	409,981	0.5	54	1,806	2.0	21,296	0.2	43	30,856	34.4	358,963	0.6	40
85 and older	17,045	21.4	194,851	0.5	55	723	0.9	8,396	0.1	15	10,190	12.8	116,532	0.6	35
Male															
All Males	76,393	32.9	873,945	0.5	58	25,694	11.1	291,313	0.7	357	73,894	31.9	840,521	0.6	46
Male, Disabled															
All Ages	42,661	34.2	490,090	0.6	62	21,456	17.2	244,020	0.8	380	39,577	31.8	452,747	0.7	50
5 and younger	5	50.0	44	0.8	68	1	10.0	10	0.1	182	0	0.0	0	0.0	0
6-14	10	55.6	117	0.7	69	7	38.9	81	0.4	132	2	11.1	24	0.2	30
15-20	81	20.0	915	0.5	47	33	8.2	386	0.6	318	16	4.0	192	0.5	55
21-44	9,425	23.3	108,036	0.5	59	7,563	18.7	85,765	0.8	362	5,480	13.6	62,699	0.6	50
45-64	19,316	36.1	220,266	0.6	65	12,071	22.5	137,222	0.8	405	18,999	35.5	215,255	0.7	51
65-74	11,397	45.9	132,403	0.5	59	1,630	6.6	18,794	0.6	298	12,854	51.8	148,683	0.7	48
75-84	2,317	46.2	27,072	0.5	60	150	3.0	1,750	0.3	143	2,152	42.9	25,071	0.6	46
85 and older	110	24.8	1,237	0.6	65	1	0.2	12	0.1	6	74	16.7	823	0.5	33

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 YORK, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIVIRAL					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month
Male, Other Eligibles															
All Ages	33,732	31.4	383,855	0.5	53	4,238	4.0	47,293	0.5	242	34,317	32.0	387,774	0.6	42
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	33.3	12	0.8	56	0	0.0	0	0.0	0	2	66.7	18	0.2	3
15-20	5	13.5	59	0.6	32	8	21.6	95	0.7	468	1	2.7	12	0.1	5
21-44	568	24.4	5,472	0.4	48	565	24.3	5,773	0.8	373	381	16.4	3,635	0.6	47
45-64	1,223	34.8	12,803	0.5	55	726	20.7	7,732	0.8	443	1,673	47.6	17,097	0.6	50
65-74	13,960	33.7	158,286	0.4	50	1,772	4.3	20,159	0.5	235	16,886	40.7	189,805	0.6	43
75-84	13,755	33.8	159,570	0.5	54	948	2.3	11,020	0.3	88	12,756	31.3	147,726	0.6	41
85 and older	4,220	22.0	47,653	0.5	54	219	1.1	2,514	0.2	33	2,618	13.6	29,481	0.6	37
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 York, released by CMS in 10/2008. 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 YORK, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					DERMATOLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	111,365	17.8	1,274,022	0.7	\$81	282,222	45.2	3,244,797	0.6	\$30	425,058	68.0	4,968,662	0.2	\$19
Female															
All Females	65,635	16.7	751,706	0.7	73	184,883	47.0	2,134,389	0.6	30	275,614	70.1	3,226,578	0.2	20
Female, Disabled															
All Ages	42,575	27.8	490,349	0.7	90	76,183	49.8	882,729	0.6	31	131,273	85.7	1,540,534	0.2	18
5 and younger	0	0.0	0	0.0	0	1	25.0	8	0.9	16	3	75.0	27	0.5	5
6-14	6	20.0	72	0.5	19	21	70.0	250	0.5	19	23	76.7	276	0.2	6
15-20	49	18.6	513	0.8	102	47	17.9	503	0.4	15	105	39.9	1,230	0.2	9
21-44	12,177	39.6	139,180	0.8	115	4,283	13.9	48,673	0.6	24	19,589	63.7	227,464	0.2	14
45-64	19,837	35.1	227,595	0.8	97	24,163	42.7	275,740	0.6	30	44,347	78.4	516,738	0.2	17
65-74	8,188	17.1	95,867	0.6	48	35,635	74.3	415,985	0.6	32	51,773	108.0	611,631	0.2	20
75-84	2,165	14.1	25,396	0.5	40	11,260	73.4	132,753	0.6	31	14,697	95.7	174,611	0.2	20
85 and older	153	7.0	1,726	0.6	39	773	35.5	8,817	0.6	31	736	33.8	8,557	0.2	16
Female, Other Eligibles															
All Ages	23,060	9.6	261,357	0.5	42	108,700	45.3	1,251,660	0.6	30	144,341	60.1	1,686,044	0.2	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	100.0	18	0.3	6
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2	1
15-20	10	32.3	111	0.7	82	4	12.9	48	0.4	18	19	61.3	210	0.2	12
21-44	927	28.8	9,308	0.6	87	474	14.7	4,667	0.5	22	1,559	48.4	16,418	0.2	17
45-64	925	25.5	9,823	0.6	68	1,662	45.8	17,307	0.6	29	2,470	68.1	26,834	0.2	20
65-74	7,018	11.0	80,620	0.5	46	36,980	58.1	421,773	0.6	30	46,141	72.5	535,991	0.2	20
75-84	9,362	10.4	107,819	0.5	37	48,264	53.7	563,764	0.6	31	63,828	71.1	754,463	0.2	22
85 and older	4,818	6.0	53,676	0.6	35	21,316	26.8	244,101	0.6	29	30,320	38.1	352,098	0.2	20
Male															
All Males	45,730	19.7	522,316	0.8	91	97,339	42.0	1,110,408	0.6	29	149,444	64.4	1,742,084	0.3	19
Male, Disabled															
All Ages	34,537	27.7	397,522	0.8	104	47,587	38.2	544,577	0.6	29	81,317	65.3	950,835	0.3	18
5 and younger	4	40.0	34	1.2	82	2	20.0	15	0.2	7	6	60.0	38	0.5	14
6-14	2	11.1	24	0.1	9	9	50.0	108	0.5	13	8	44.4	90	0.3	15
15-20	79	19.6	881	0.8	137	67	16.6	750	0.6	20	139	34.4	1,571	0.3	14
21-44	13,090	32.4	151,099	0.8	120	6,983	17.3	79,428	0.6	26	19,847	49.1	231,904	0.2	15
45-64	16,799	31.4	192,624	0.9	106	20,785	38.8	234,750	0.6	28	34,424	64.3	400,105	0.3	17
65-74	3,873	15.6	44,891	0.6	56	16,345	65.9	189,884	0.6	30	22,024	88.8	259,542	0.3	21
75-84	658	13.1	7,641	0.6	47	3,268	65.2	38,221	0.6	30	4,702	93.8	55,673	0.3	21
85 and older	32	7.2	328	0.7	45	128	28.8	1,421	0.6	28	167	37.6	1,912	0.2	14

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 YORK, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					DERMATOLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	11,193	10.4	124,794	0.6	51	49,752	46.4	565,831	0.6	28	68,127	63.5	791,249	0.2	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	9	0.1	1	3	100.0	36	0.1	2
15-20	16	43.2	180	0.8	163	2	5.4	24	1.0	43	17	45.9	195	0.2	7
21-44	597	25.6	5,841	0.6	82	475	20.4	4,631	0.6	26	886	38.0	8,892	0.2	17
45-64	754	21.5	7,695	0.6	76	1,661	47.3	17,129	0.6	28	2,076	59.1	22,475	0.3	20
65-74	4,241	10.2	48,252	0.6	55	21,881	52.8	246,624	0.6	28	26,277	63.4	303,166	0.2	20
75-84	4,172	10.2	47,311	0.6	43	20,297	49.8	235,708	0.6	29	29,264	71.8	345,179	0.3	22
85 and older	1,413	7.4	15,515	0.5	35	5,435	28.3	61,706	0.6	27	9,604	50.1	111,306	0.3	20
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 York, released by CMS in 10/2008. 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.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.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					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	180,184	28.8	2,058,406	0.6	\$45	199,651	31.9	2,291,538	0.4	\$37	624,999	6,768,948
Female												
All Females	119,699	30.4	1,370,552	0.6	44	133,660	34.0	1,539,237	0.4	36	393,119	4,273,114
Female, Disabled												
All Ages	75,457	49.3	866,979	0.6	48	76,196	49.8	879,745	0.5	37	153,092	1,729,636
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.3	16	4	39
6-14	2	6.7	24	0.1	1	8	26.7	96	0.2	11	30	354
15-20	78	29.7	815	0.6	47	84	31.9	885	0.4	33	263	2,841
21-44	18,398	59.8	208,091	0.6	51	12,068	39.2	137,333	0.4	29	30,773	343,991
45-64	34,224	60.5	391,204	0.7	52	31,060	54.9	356,308	0.5	39	56,550	632,379
65-74	18,179	37.9	213,157	0.6	40	25,882	54.0	301,917	0.5	38	47,946	550,395
75-84	4,241	27.6	49,840	0.5	36	6,713	43.7	78,823	0.5	37	15,350	176,441
85 and older	335	15.4	3,848	0.5	36	380	17.5	4,371	0.4	33	2,176	23,196
Female, Other Eligibles												
All Ages	44,242	18.4	503,573	0.5	37	57,464	23.9	659,492	0.4	35	240,027	2,543,478
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	1	3	17
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	10	32.3	113	0.4	43	9	29.0	94	0.3	24	31	284
21-44	2,060	63.9	20,562	0.5	44	1,286	39.9	13,458	0.4	30	3,224	29,800
45-64	2,283	62.9	23,767	0.6	47	1,694	46.7	18,036	0.5	36	3,628	35,024
65-74	13,278	20.9	152,396	0.5	35	20,300	31.9	232,988	0.4	35	63,679	687,491
75-84	17,557	19.5	204,174	0.5	36	23,585	26.3	274,337	0.4	35	89,811	980,414
85 and older	9,054	11.4	102,561	0.5	37	10,589	13.3	120,567	0.4	33	79,650	810,436
Male												
All Males	60,485	26.1	687,854	0.6	47	65,991	28.5	752,301	0.5	39	231,880	2,495,834
Male, Disabled												
All Ages	44,512	35.7	509,175	0.6	50	37,464	30.1	428,500	0.5	39	124,619	1,389,173
5 and younger	0	0.0	0	0.0	0	11	110.0	105	0.3	23	10	104
6-14	0	0.0	0	0.0	0	9	50.0	102	0.4	32	18	200
15-20	76	18.8	838	0.6	52	83	20.5	988	0.4	32	404	4,420
21-44	15,832	39.2	180,491	0.6	52	8,271	20.5	94,780	0.4	30	40,383	451,761
45-64	21,243	39.7	241,814	0.7	52	16,471	30.8	186,812	0.5	40	53,535	590,775
65-74	6,281	25.3	73,429	0.6	40	10,446	42.1	120,634	0.5	43	24,814	280,762
75-84	1,033	20.6	12,087	0.6	38	2,072	41.3	23,960	0.5	44	5,011	56,558
85 and older	47	10.6	516	0.5	34	101	22.7	1,119	0.5	44	444	4,593

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 YORK, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					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	15,973	14.9	178,679	0.5	37	28,527	26.6	323,801	0.4	39	107,261	1,106,661
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	1	33.3	12	0.1	10	3	23
15-20	10	27.0	111	0.6	66	15	40.5	172	0.5	56	37	383
21-44	1,126	48.3	11,022	0.6	46	554	23.8	5,345	0.4	27	2,329	20,305
45-64	1,591	45.3	15,965	0.6	45	970	27.6	10,180	0.5	40	3,515	32,550
65-74	5,445	13.1	62,084	0.5	36	11,629	28.1	131,668	0.4	38	41,451	435,814
75-84	5,899	14.5	68,223	0.5	35	11,809	29.0	136,383	0.4	41	40,743	431,987
85 and older	1,902	9.9	21,274	0.5	35	3,549	18.5	40,041	0.4	37	19,183	185,599
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 York, released by CMS in 10/2008. 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 YORK, 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	\$125	1.0	89,898	917,778
Age				
0-64	334	1.9	6,717	75,012
65-74	202	1.6	11,777	127,040
75-84	129	1.2	28,582	294,918
85 and older	61	0.5	42,822	420,808
Unknown	0	0.0	0	0
Gender				
Female	109	0.9	63,891	655,116
Male	165	1.2	26,007	262,662
Unknown	0	0.0	0	0
Race				
White	105	0.8	66,665	666,503
African American	145	1	9,255	97,771
Other/unknown	198	1.8	13,978	153,504
Basis of Eligibility^c				
Aged	93	0.8	76,424	767,036
Disabled	285	2.0	13,421	150,189
Adults	399	2.1	53	553
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 York, released by CMS in 10/2008. 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 37,878 beneficiaries who were in nursing facilities for part of their enrollment and their 375,391 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 YORK, 2005

New York, New York, 2000																			
Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users				\$ per Rx				Users						
Therapeutic Category	Off-Patented				Total	Off-Patented				Total	Off-Patented				Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Brand-Name	Patent Brand-Name	Generic	Brand-Name		Patent Brand-Name	Generic	Brand-Name	Patent Brand-Name		Generic								
Anti-infective Agents	0.5	0.3	0.0	0.1	\$102	\$93	\$5	\$4	\$206	\$297	\$100	\$32	26,172	\$5,398,895	4,496	5.0	52,957		
Biologicals	0.1	0.1	0.0	0.0	122	1	46	75	1013	17	2,880	2,079	232	235,041	165	0.2	1,923		
Antineoplastic Agents	0.6	0.3	0.0	0.3	205	180	0	25	354	683	350	79	1,829	648,038	278	0.3	3,157		
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.5	71	51	7	14	63	104	46	27	51,368	3,224,299	3,853	4.3	45,198		
Cardiovascular Agents	2.3	1.2	0.0	1.0	118	93	2	23	52	75	53	23	164,374	8,471,002	6,099	6.8	71,690		
Respiratory Agents	0.7	0.5	0.0	0.2	53	47	1	5	78	100	70	24	22,979	1,787,048	2,873	3.2	33,880		
Gastrointestinal Agents	0.8	0.5	0.0	0.3	74	62	1	11	95	137	81	35	39,637	3,757,258	4,284	4.8	50,454		
Genitourinary Agents	0.7	0.6	0.0	0.1	54	51	0	3	77	85	55	30	16,765	1,298,071	2,050	2.3	24,233		
CNS Drugs	1.1	0.9	0.0	0.1	173	166	1	6	162	175	155	49	338,917	54,803,125	28,690	31.9	316,681		
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	88	86	0	2	179	204	0	31	649	116,207	111	0.1	1,325		
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	207	207	0	0	274	275	122	39	15,756	4,317,859	1,766	2.0	20,826		
Analgesics and Anesthetics	0.6	0.4	0.0	0.2	53	43	4	6	88	117	129	31	35,700	3,141,906	5,026	5.6	58,914		
Neuromuscular Agents	0.9	0.5	0.0	0.4	72	56	2	15	81	114	73	39	83,034	6,714,533	8,290	9.2	92,803		
Nutritional Products	0.5	0.0	0.0	0.5	10	0	0	10	19	13	15	20	6,069	117,038	978	1.1	11,417		
Hematological Agents	0.8	0.5	0.0	0.2	239	234	2	4	311	427	43	20	49,566	15,396,089	5,890	6.6	64,288		
Topical Products	1.0	0.5	0.1	0.4	77	60	4	14	80	119	66	34	58,222	4,684,323	5,108	5.7	60,523		
Miscellaneous Products	0.5	0.2	0.0	0.2	104	73	12	19	231	361	259	95	662	153,031	128	0.1	1,467		
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	25	0	0	0	2,221	55,929	549	0.6	6,556		
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.	914,152	114,319,692	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 YORK, 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	\$51,587,699	29,015	32.3	318,914	0.9	\$178	\$162
HEMATOPOIETIC AGENTS	13,712,921	4,919	5.5	52,804	0.6	415	260
ANTICONVULSANT	6,175,344	8,025	8.9	89,690	0.8	83	69
ANTIVIRAL	4,726,842	1,187	1.3	13,409	1.0	339	353
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,322,269	2,248	2.5	26,471	0.6	273	163
DERMATOLOGICAL	3,348,743	12,179	13.5	145,244	0.3	89	23
ANTIHYPERLIPIDEMIC	3,330,529	4,388	4.9	52,102	0.6	99	64
ULCER DRUGS	3,191,339	4,518	5.0	53,409	0.5	109	60
ANTIHYPERTENSIVE	2,263,152	5,806	6.5	68,876	0.6	51	33
ANTIDIABETIC	2,114,911	3,871	4.3	45,738	0.7	67	46
Total	94,773,749	76,156		866,657	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 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 37,878 beneficiaries who were in nursing facilities for part of their enrollment and their 375,391 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 YORK, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				HEMATOPOIETIC AGENTS				
Beneficiary Characteristics	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	603,026	\$94,773,749	29,015	32.3	318,914	0.9	\$162	4,919	5.5	52,804	0.6	\$260
Female												
All Females	391,293	58,595,621	19,473	30.5	214,499	0.9	150	3,284	5.1	35,565	0.6	253
Female, Disabled												
All Ages	104,004	17,273,958	3,057	42.3	35,319	1.1	236	587	8.1	6,751	0.6	202
64 or younger	41,784	8,794,594	1,371	46.4	15,750	1.1	275	202	6.8	2,302	0.7	228
65-74	40,921	5,697,237	1,001	43.6	11,693	1.0	224	247	10.8	2,856	0.6	198
75-84	18,444	2,335,544	502	38.8	5,837	0.9	182	116	9.0	1,349	0.6	147
85 and older	2,855	446,583	183	26.6	2,039	1.0	161	22	3.2	244	0.8	291
Female, Other Eligibles												
All Ages	287,289	41,321,663	16,416	29.0	179,180	0.9	133	2,697	4.8	28,814	0.6	265
64 or younger	290	45,020	8	36.4	96	0.9	212	0	0.0	0	0.0	0
65-74	37,922	6,010,317	1,555	37.9	17,662	1.0	193	248	6.1	2,708	0.7	287
75-84	130,834	17,234,602	5,781	32.0	64,163	0.9	142	1,084	6.0	11,897	0.5	188
85 and older	118,243	18,031,724	9,072	26.3	97,259	0.8	117	1,365	4.0	14,209	0.7	325
Male												
All Males	211,733	36,178,128	9,542	36.7	104,415	0.9	186	1,635	6.3	17,239	0.6	274
Male, Disabled												
All Ages	89,993	17,925,415	3,103	50.2	35,593	1.1	267	437	7.1	4,816	0.7	272
64 or younger	57,182	12,758,123	1,954	52.7	22,468	1.2	294	232	6.3	2,544	0.6	309
65-74	25,160	4,109,861	900	49.6	10,407	1.0	230	139	7.7	1,531	0.7	247
75-84	6,994	939,801	208	39.0	2,322	0.9	195	58	10.9	660	0.6	155
85 and older	657	117,630	41	31.1	396	0.9	155	8	6.1	81	0.9	509
Male, Other Eligibles												
All Ages	121,740	18,252,713	6,439	32.5	68,822	0.9	143	1,198	6.0	12,423	0.6	275
64 or younger	489	139,536	8	25.8	96	1.9	264	1	3.2	12	0.1	0
65-74	28,452	4,899,144	1,437	40.3	16,020	1.0	193	206	5.8	2,131	0.6	249
75-84	62,934	8,600,700	2,816	32.4	30,457	0.9	140	572	6.6	6,117	0.6	245
85 and older	29,865	4,613,333	2,178	28.9	22,249	0.8	112	419	5.6	4,163	0.7	333
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 York, released by CMS in 10/2008. 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 37,878 beneficiaries who were in nursing facilities for part of their enrollment and their 375,391 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 YORK, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIVIRAL					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	8,025	8.9	89,690	0.8	\$69	1,187	1.3	13,409	1.0	\$353	2,248	2.5	26,471	0.6	\$163
Female															
All Females	4,908	7.7	55,071	0.8	63	360	0.6	4,090	0.7	235	1,528	2.4	18,043	0.6	169
Female, Disabled															
All Ages	1,445	20.0	16,812	1.0	95	204	2.8	2,295	0.9	337	410	5.7	4,875	0.7	375
64 or younger	739	25.0	8,567	1.1	119	146	4.9	1,624	1.0	389	180	6.1	2,119	0.8	720
65-74	511	22.3	6,011	0.9	76	48	2.1	551	0.8	250	127	5.5	1,520	0.6	134
75-84	164	12.7	1,900	0.8	58	9	0.7	108	0.2	24	99	7.6	1,188	0.6	80
85 and older	31	4.5	334	0.8	57	1	0.1	12	0.2	24	4	0.6	48	0.4	52
Female, Other Eligibles															
All Ages	3,463	6.1	38,259	0.7	49	156	0.3	1,795	0.4	106	1,118	2.0	13,168	0.6	93
64 or younger	0	0.0	0	0.0	0	4	18.2	48	0.6	271	1	4.5	12	1.1	166
65-74	586	14.3	6,693	0.9	76	42	1.0	467	1.0	310	124	3.0	1,454	0.6	169
75-84	1,553	8.6	17,337	0.7	47	84	0.5	968	0.2	26	666	3.7	7,841	0.6	83
85 and older	1,324	3.8	14,229	0.7	38	26	0.1	312	0.2	21	327	0.9	3,861	0.6	83
Male															
All Males	3,117	12.0	34,619	0.9	78	827	3.2	9,319	1.2	404	720	2.8	8,428	0.6	151
Male, Disabled															
All Ages	1,328	21.5	15,236	1.0	106	659	10.7	7,426	1.2	434	207	3.3	2,410	0.7	309
64 or younger	870	23.5	9,969	1.1	122	581	15.7	6,565	1.3	451	102	2.8	1,179	0.7	506
65-74	371	20.5	4,271	0.9	80	73	4.0	801	1.1	311	72	4.0	837	0.6	140
75-84	79	14.8	919	0.8	60	5	0.9	60	0.6	200	32	6.0	382	0.6	83
85 and older	8	6.1	77	1.2	63	0	0.0	0	0.0	0	1	0.8	12	0.4	66
Male, Other Eligibles															
All Ages	1,789	9.0	19,383	0.8	57	168	0.8	1,893	1.0	287	513	2.6	6,018	0.6	88
64 or younger	4	12.9	48	1.2	112	12	38.7	144	1.4	633	1	3.2	12	1.0	1,326
65-74	500	14.0	5,628	0.8	73	87	2.4	980	1.2	355	84	2.4	972	0.5	110
75-84	869	10.0	9,426	0.7	53	50	0.6	565	0.7	161	325	3.7	3,824	0.6	82
85 and older	416	5.5	4,281	0.7	42	19	0.3	204	0.4	64	103	1.4	1,210	0.6	78
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 York, released by CMS in 10/2008. 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 37,878 beneficiaries who were in nursing facilities for part of their enrollment and their 375,391 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.medicspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	DERMATOLOGICAL					ANTIHYPERTENSIVE					ULCER DRUGS				
	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	12,179	13.5	145,244	0.3	\$23	4,388	4.9	52,102	0.6	\$64	4,518	5.0	53,409	0.5	\$60
Female															
All Females	8,388	13.1	100,045	0.3	24	3,062	4.8	36,424	0.6	63	3,165	5.0	37,469	0.5	59
Female, Disabled															
All Ages	2,558	35.4	30,502	0.3	24	1,048	14.5	12,462	0.7	66	1,014	14.0	12,018	0.6	62
64 or younger	540	18.3	6,316	0.2	13	265	9.0	3,084	0.7	72	254	8.6	2,936	0.7	66
65-74	1,316	57.3	15,764	0.3	26	536	23.4	6,424	0.6	62	488	21.3	5,847	0.5	61
75-84	684	52.8	8,206	0.3	30	240	18.5	2,879	0.7	66	252	19.5	3,005	0.5	61
85 and older	18	2.6	216	0.3	12	7	1.0	75	0.6	67	20	2.9	230	0.4	51
Female, Other Eligibles															
All Ages	5,830	10.3	69,543	0.3	23	2,014	3.6	23,962	0.6	62	2,151	3.8	25,451	0.5	57
64 or younger	4	18.2	48	0.1	13	3	13.6	36	1.3	95	2	9.1	24	0.8	19
65-74	741	18.1	8,792	0.2	20	327	8.0	3,880	0.6	61	291	7.1	3,416	0.5	53
75-84	3,947	21.8	47,174	0.3	25	1,333	7.4	15,879	0.6	62	1,415	7.8	16,856	0.5	58
85 and older	1,138	3.3	13,529	0.2	21	351	1.0	4,167	0.6	63	443	1.3	5,155	0.5	58
Male															
All Males	3,791	14.6	45,199	0.3	22	1,326	5.1	15,678	0.7	66	1,353	5.2	15,940	0.6	62
Male, Disabled															
All Ages	1,166	18.8	13,826	0.3	20	474	7.7	5,573	0.7	69	482	7.8	5,648	0.6	66
64 or younger	458	12.3	5,350	0.3	14	211	5.7	2,463	0.7	68	218	5.9	2,554	0.7	66
65-74	469	25.9	5,608	0.3	24	179	9.9	2,118	0.7	68	168	9.3	1,960	0.6	67
75-84	235	44.1	2,820	0.3	23	82	15.4	974	0.7	71	91	17.1	1,080	0.5	64
85 and older	4	3.0	48	0.3	16	2	1.5	18	0.8	81	5	3.8	54	0.8	83
Male, Other Eligibles															
All Ages	2,625	13.2	31,373	0.3	23	852	4.3	10,105	0.6	64	871	4.4	10,292	0.5	60
64 or younger	1	3.2	12	0.8	29	2	6.5	24	0.3	24	0	0.0	0	0.0	0
65-74	333	9.3	3,941	0.3	22	134	3.8	1,573	0.6	60	147	4.1	1,733	0.5	52
75-84	1,777	20.5	21,299	0.3	24	589	6.8	6,992	0.6	64	558	6.4	6,637	0.6	63
85 and older	514	6.8	6,121	0.2	19	127	1.7	1,516	0.6	66	166	2.2	1,922	0.5	57
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 York, released by CMS in 10/2008. 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 37,878 beneficiaries who were in nursing facilities for part of their enrollment and their 375,391 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 YORK, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	5,806	6.5	68,876	0.6	\$33	3,871	4.3	45,738	0.7	\$46	89,898	917,778
Female												
All Females	3,988	6.2	47,346	0.6	34	2,672	4.2	31,690	0.7	46	63,891	655,116
Female, Disabled												
All Ages	1,157	16.0	13,802	0.7	34	1,016	14.0	12,072	0.7	50	7,234	81,079
64 or younger	227	7.7	2,650	0.7	34	283	9.6	3,287	0.8	52	2,955	33,072
65-74	581	25.3	6,967	0.7	35	539	23.5	6,468	0.7	49	2,295	26,191
75-84	326	25.2	3,911	0.7	35	186	14.4	2,230	0.7	49	1,295	14,594
85 and older	23	3.3	274	0.4	16	8	1.2	87	0.4	14	689	7,222
Female, Other Eligibles												
All Ages	2,831	5.0	33,544	0.6	34	1,656	2.9	19,618	0.7	43	56,657	574,037
64 or younger	2	9.1	24	1.0	65	5	22.7	60	1.0	61	22	245
65-74	398	9.7	4,716	0.6	34	355	8.7	4,213	0.7	44	4,099	43,182
75-84	1,823	10.1	21,654	0.6	34	995	5.5	11,814	0.7	46	18,073	188,089
85 and older	608	1.8	7,150	0.6	31	301	0.9	3,531	0.6	33	34,463	342,521
Male												
All Males	1,818	7.0	21,530	0.7	31	1,199	4.6	14,048	0.7	48	26,007	262,662
Male, Disabled												
All Ages	564	9.1	6,670	0.7	32	477	7.7	5,570	0.8	50	6,187	69,110
64 or younger	193	5.2	2,272	0.7	30	216	5.8	2,483	0.8	48	3,709	41,387
65-74	255	14.1	3,014	0.7	32	193	10.6	2,293	0.7	54	1,813	20,503
75-84	111	20.8	1,330	0.7	35	65	12.2	764	0.7	48	533	5,873
85 and older	5	3.8	54	0.8	51	3	2.3	30	0.1	2	132	1,347
Male, Other Eligibles												
All Ages	1,254	6.3	14,860	0.6	30	722	3.6	8,478	0.7	46	19,820	193,552
64 or younger	0	0.0	0	0.0	0	2	6.5	24	1.0	36	31	308
65-74	187	5.2	2,190	0.6	27	159	4.5	1,820	0.7	48	3,570	37,164
75-84	828	9.5	9,864	0.6	32	454	5.2	5,384	0.7	47	8,681	86,362
85 and older	239	3.2	2,806	0.6	28	107	1.4	1,250	0.6	38	7,538	69,718
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 York, released by CMS in 10/2008. 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 37,878 beneficiaries who were in nursing facilities for part of their enrollment and their 375,391 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEW YORK, 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 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	341,725	54.7	6.3	3,956,056	\$65	\$40,344,802	\$10	1.8	624,999
Age									
5 and younger	10	58.8	7.5	128	428	7,271	57	9.1	17
6-14	43	82.7	12.5	650	218	11,361	17	2.1	52
15-20	303	41.2	3.9	2,860	98	71,796	25	2.7	735
21-44	38,960	50.8	5.0	384,079	97	7,424,895	19	2.2	76,709
45-64	75,649	64.5	8.3	971,567	112	13,149,216	14	2.0	117,228
65-74	113,611	63.9	7.0	1,241,178	57	10,097,033	8	1.7	177,890
75-84	81,022	53.7	6.3	958,262	46	6,961,814	7	1.6	150,915
85 and older	32,127	31.7	3.9	397,332	26	2,621,416	7	1.6	101,453
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	158,827	47.5	5.3	1,771,792	39	12,874,044	7	1.6	334,383
Disabled	176,134	63.4	7.7	2,133,047	95	26,465,442	12	2.0	277,711
Adults	6,717	52.5	4.0	50,787	76	972,108	19	2.0	12,790
Children	34	42.5	4.7	372	408	32,632	88	6.5	80
Unknown	13	37.1	1.7	58	16	576	10	0.7	35
Gender									
Female	221,084	56.2	6.8	2,682,537	68	26,572,760	10	2.0	393,119
Male	120,641	52.0	5.5	1,273,519	59	13,772,042	11	1.5	231,880
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	132,422	45.7	5.7	1,664,453	70	20,273,189	12	2.0	290,017
African American	53,531	56.0	5.7	541,305	58	5,523,011	10	1.6	95,615
Other/unknown	155,772	65.1	7.3	1,750,298	61	14,548,602	8	1.7	239,367
Use of Nursing Facilities^d									
Entire year	6,083	6.8	1.1	96,294	11	964,895	10	0.8	89,898
Part year	16,372	43.2	4.9	184,263	43	1,618,215	9	1.7	37,878
None	319,270	64.2	7.4	3,675,499	76	37,761,692	10	1.9	497,223
Maintenance Assistance Status									
Cash	238,565	68.2	8.1	2,847,615	73	25,602,356	9	1.8	349,817
Medically needy	94,311	36.6	4.0	1,033,476	52	13,421,622	13	2.0	257,789
Poverty related	783	34.9	3.0	6,684	98	219,979	33	4.3	2,241
Other/unknown	8,066	53.2	4.5	68,281	73	1,100,845	16	1.8	15,152

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 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 YORK, 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	0.6	\$6	\$10	\$0	\$1	6,768,948
Age						
5 and younger	0.8	45	57	0	5	160
6-14	1.1	19	17	0	1	589
15-20	0.4	9	25	0	1	7,928
21-44	0.5	9	19	0	3	845,857
45-64	0.8	10	14	0	3	1,290,728
65-74	0.6	5	8	0	1	1,954,462
75-84	0.6	4	7	0	1	1,645,400
85 and older	0.4	3	7	0	0	1,023,824
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	4	7	0	1	3,530,643
Disabled	0.7	8	12	0	2	3,118,809
Adults	0.4	8	19	0	2	118,458
Children	0.5	43	88	0	5	752
Unknown	0.2	2	10	0	1	286
Gender						
Female	0.6	6	10	0	1	4,273,114
Male	0.5	6	11	0	1	2,495,834
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	7	12	0	2	3,072,833
African American	0.5	5	10	0	1	1,027,817
Other/unknown	0.7	5	8	0	1	2,668,298
Use of Nursing Facilities^d						
Entire year	0.1	1	10	0	0	917,778
Part year	0.5	4	9	0	1	375,391
None	0.7	7	10	0	2	5,475,779
Maintenance Assistance Status						
Cash	0.7	6	9	0	1	3,995,891
Medically needy	0.4	5	13	0	1	2,604,366
Poverty related	0.3	10	33	0	1	22,651
Other/unknown	0.5	8	16	0	2	146,040

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 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 YORK, 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	Total Number Rx.
All	451,439	\$89	\$40,344,802	100.0	3,956,056	\$10	100.0	3,956,056
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0
Fertility drugs	15	625	9,377	0.0	76	123	0.0	76
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	0
Cough and cold medications	22,881	93	2,130,109	5.3	46,453	46	1.2	46,453
Vitamins and minerals	45,321	118	5,343,449	13.2	254,221	21	6.4	254,221
Non-prescription drugs	312,027	50	15,739,837	39.0	3,251,652	5	82.2	3,251,652
Barbiturates	3,524	76	268,717	0.7	37,107	7	0.9	37,107
Benzodiazepines	56,779	169	9,591,528	23.8	325,722	29	8.2	325,722
Other Part D Excl Rx Drugs	10,892	667	7,261,785	18.0	40,825	178	1.0	40,825

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 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 YORK, 2005

Total Number of Dual Eligible Beneficiaries: 624,999
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$2,194,483,446
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,511

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	139,931	22.4	\$0	0.0
1-500	66,295	10.6	14,357,381	0.7
501-1,000	43,639	7.0	32,424,434	1.5
1,001-1,500	38,981	6.2	48,549,273	2.2
1,501-2,000	34,982	5.6	61,153,408	2.8
2,001-2,500	32,362	5.2	72,712,092	3.3
2,501-3,000	29,486	4.7	80,953,027	3.7
3,001-3,500	26,274	4.2	85,302,767	3.9
3,501-4,000	23,795	3.8	89,136,922	4.1
4,001-4,500	21,371	3.4	90,760,307	4.1
4,501-5,000	18,630	3.0	88,397,462	4.0
5,001-5,500	16,798	2.7	88,107,131	4.0
5,501-6,000	14,434	2.3	82,925,307	3.8
6,001-6,500	13,062	2.1	81,590,526	3.7
6,501-7,000	11,303	1.8	76,213,906	3.5
7,001-7,500	10,031	1.6	72,670,958	3.3
7,501-8,000	8,793	1.4	68,106,143	3.1
8,001-8,500	7,767	1.2	64,035,592	2.9
8,501-9,000	6,732	1.1	58,886,905	2.7
9,001-9,500	5,863	0.9	54,209,982	2.5
9,501-10,000	5,150	0.8	50,186,061	2.3
10,001+	49,320	7.9	833,803,862	38.0

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. 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 YORK, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 181,970
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$938,094,720
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$5,155

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	23,831	13.1	0	0.0
1-500	22,698	12.5	4,503,366	0.5
501-1,000	12,139	6.7	8,981,743	1.0
1,001-1,500	10,442	5.7	12,968,028	1.4
1,501-2,000	9,061	5.0	15,843,117	1.7
2,001-2,500	8,223	4.5	18,480,376	2.0
2,501-3,000	7,575	4.2	20,829,791	2.2
3,001-3,500	6,819	3.7	22,137,879	2.4
3,501-4,000	6,290	3.5	23,575,389	2.5
4,001-4,500	5,831	3.2	24,767,899	2.6
4,501-5,000	5,367	2.9	25,488,301	2.7
5,001-5,500	5,137	2.8	26,948,987	2.9
5,501-6,000	4,459	2.5	25,614,231	2.7
6,001-6,500	4,247	2.3	26,546,498	2.8
6,501-7,000	3,798	2.1	25,624,543	2.7
7,001-7,500	3,597	2.0	26,071,102	2.8
7,501-8,000	3,367	1.9	26,086,466	2.8
8,001-8,500	3,045	1.7	25,111,027	2.7
8,501-9,000	2,801	1.5	24,509,734	2.6
9,001-9,500	2,487	1.4	22,994,142	2.5
9,501-10,000	2,280	1.3	22,218,205	2.4
10,001+	28,476	15.6	508,793,896	54.2

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. 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 YORK, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 430,258
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,208,153,022
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,808

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	113,981	26.5	0	0.0
1-500	41,431	9.6	9,413,427	0.8
501-1,000	30,395	7.1	22,627,108	1.9
1,001-1,500	27,641	6.4	34,461,417	2.9
1,501-2,000	25,178	5.9	44,020,865	3.6
2,001-2,500	23,542	5.5	52,893,049	4.4
2,501-3,000	21,378	5.0	58,661,695	4.9
3,001-3,500	18,993	4.4	61,667,017	5.1
3,501-4,000	17,083	4.0	63,979,448	5.3
4,001-4,500	15,151	3.5	64,339,609	5.3
4,501-5,000	12,932	3.0	61,344,105	5.1
5,001-5,500	11,366	2.6	59,608,224	4.9
5,501-6,000	9,728	2.3	55,892,184	4.6
6,001-6,500	8,584	2.0	53,599,211	4.4
6,501-7,000	7,312	1.7	49,293,025	4.1
7,001-7,500	6,246	1.5	45,238,355	3.7
7,501-8,000	5,270	1.2	40,810,949	3.4
8,001-8,500	4,567	1.1	37,644,685	3.1
8,501-9,000	3,808	0.9	33,301,509	2.8
9,001-9,500	3,260	0.8	30,146,189	2.5
9,501-10,000	2,777	0.6	27,059,488	2.2
10,001+	19,635	4.6	302,151,463	25.0

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. 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 YORK, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 177,890
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$601,916,128
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,383

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	29,347	16.5		0	0.0
1-500	18,048	10.1		4,013,966	0.7
501-1,000	13,325	7.5		9,960,618	1.7
1,001-1,500	12,459	7.0		15,550,439	2.6
1,501-2,000	11,586	6.5		20,244,270	3.4
2,001-2,500	10,926	6.1		24,564,189	4.1
2,501-3,000	10,051	5.7		27,592,439	4.6
3,001-3,500	9,021	5.1		29,296,978	4.9
3,501-4,000	8,151	4.6		30,519,696	5.1
4,001-4,500	7,266	4.1		30,858,961	5.1
4,501-5,000	6,322	3.6		30,003,250	5.0
5,001-5,500	5,536	3.1		29,043,989	4.8
5,501-6,000	4,685	2.6		26,910,125	4.5
6,001-6,500	4,168	2.3		26,025,864	4.3
6,501-7,000	3,572	2.0		24,080,300	4.0
7,001-7,500	3,012	1.7		21,819,321	3.6
7,501-8,000	2,572	1.4		19,921,383	3.3
8,001-8,500	2,299	1.3		18,952,858	3.1
8,501-9,000	1,928	1.1		16,864,188	2.8
9,001-9,500	1,639	0.9		15,162,123	2.5
9,501-10,000	1,424	0.8		13,876,193	2.3
10,001+	10,553	5.9		166,654,978	27.7

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. 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 YORK, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 150,915
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$441,148,843
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,923

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	38,512	25.5	0	0.0
1-500	13,181	8.7	3,046,933	0.7
501-1,000	10,204	6.8	7,590,821	1.7
1,001-1,500	9,484	6.3	11,836,514	2.7
1,501-2,000	8,746	5.8	15,287,793	3.5
2,001-2,500	8,347	5.5	18,745,238	4.2
2,501-3,000	7,750	5.1	21,281,840	4.8
3,001-3,500	7,057	4.7	22,910,355	5.2
3,501-4,000	6,309	4.2	23,642,602	5.4
4,001-4,500	5,598	3.7	23,778,845	5.4
4,501-5,000	4,731	3.1	22,428,043	5.1
5,001-5,500	4,194	2.8	21,985,851	5.0
5,501-6,000	3,690	2.4	21,214,526	4.8
6,001-6,500	3,261	2.2	20,358,919	4.6
6,501-7,000	2,822	1.9	19,026,747	4.3
7,001-7,500	2,464	1.6	17,844,797	4.0
7,501-8,000	2,018	1.3	15,627,431	3.5
8,001-8,500	1,728	1.1	14,243,859	3.2
8,501-9,000	1,461	1.0	12,771,988	2.9
9,001-9,500	1,236	0.8	11,425,216	2.6
9,501-10,000	1,021	0.7	9,946,590	2.3
10,001+	7,101	4.7	106,153,935	24.1

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. 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 YORK, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 101,453
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$165,088,051
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$1,627

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	46,122	45.5	0	0.0
1-500	10,202	10.1	2,352,528	1.4
501-1,000	6,866	6.8	5,075,669	3.1
1,001-1,500	5,698	5.6	7,074,464	4.3
1,501-2,000	4,846	4.8	8,488,802	5.1
2,001-2,500	4,269	4.2	9,583,622	5.8
2,501-3,000	3,577	3.5	9,787,416	5.9
3,001-3,500	2,915	2.9	9,459,684	5.7
3,501-4,000	2,623	2.6	9,817,150	5.9
4,001-4,500	2,287	2.3	9,701,803	5.9
4,501-5,000	1,879	1.9	8,912,812	5.4
5,001-5,500	1,636	1.6	8,578,384	5.2
5,501-6,000	1,353	1.3	7,767,533	4.7
6,001-6,500	1,155	1.1	7,214,428	4.4
6,501-7,000	918	0.9	6,185,978	3.7
7,001-7,500	770	0.8	5,574,237	3.4
7,501-8,000	680	0.7	5,262,135	3.2
8,001-8,500	540	0.5	4,447,968	2.7
8,501-9,000	419	0.4	3,665,333	2.2
9,001-9,500	385	0.4	3,558,850	2.2
9,501-10,000	332	0.3	3,236,705	2.0
10,001+	1,981	2.0	29,342,550	17.8

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. 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 YORK, 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	626,299	334,840	278,173	13,166	85	35	6,865,008	3,566,243	3,164,112	133,488	879	286
Age												
5 and younger	17	0	14	0	3	0	180	0	156	0	24	0
6-14	52	0	48	0	4	0	605	0	562	0	43	0
15-20	754	0	682	0	72	0	8,562	0	7,784	0	778	0
21-44	77,008	0	71,311	5,688	6	3	866,046	0	809,517	56,462	34	33
45-64	117,627	0	110,257	7,359	0	11	1,317,017	0	1,241,045	75,888	0	84
65-74	178,361	105,354	72,867	119	0	21	1,998,187	1,153,201	843,679	1,138	0	169
75-84	150,990	130,617	20,373	0	0	0	1,649,495	1,415,963	233,532	0	0	0
85 and older	101,490	98,869	2,621	0	0	0	1,024,916	997,079	27,837	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	393,765	233,344	153,295	7,050	41	35	4,328,564	2,499,223	1,755,948	72,717	390	286
Male	232,534	101,496	124,878	6,116	44	0	2,536,444	1,067,020	1,408,164	60,771	489	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	290,409	154,759	130,609	4,977	39	25	3,105,249	1,572,237	1,482,611	49,779	428	194
African American	95,914	43,390	48,475	4,023	20	6	1,050,078	465,208	544,466	40,158	199	47
Other/unknown	239,976	136,691	99,089	4,166	26	4	2,709,681	1,528,798	1,137,035	43,551	252	45
Use of Nursing Facilities^c												
Entire year	89,952	76,469	13,430	53	0	0	918,762	767,693	150,516	553	0	0
Part year	37,885	29,440	8,354	90	1	0	376,765	284,718	91,062	975	10	0
None	498,462	228,931	256,389	13,023	84	35	5,569,481	2,513,832	2,922,534	131,960	869	286
Maintenance Assistance Status												
Cash	350,231	160,814	187,063	2,307	47	0	4,043,210	1,842,393	2,176,716	23,611	490	0
Medically needy	258,238	169,203	86,425	2,589	21	0	2,637,024	1,674,032	935,709	27,087	196	0
Poverty related	2,243	1,589	610	1	8	35	23,166	16,258	6,522	11	89	286
Other/unknown	15,587	3,234	4,075	8,269	9	0	161,608	33,560	45,165	82,779	104	0
Dual Status^d												
Full dual, all year	623,609	332,937	277,398	13,154	85	35	6,836,985	3,546,500	3,155,946	133,374	879	286
Full dual, part year	2,690	1,903	775	12	0	0	28,023	19,743	8,166	114	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	598,665	326,798	263,990	7,789	53	35	6,549,493	3,473,674	3,000,154	74,841	538	286
FFS part year, with Rx claims	12,824	4,294	6,856	1,666	8	0	147,438	50,164	79,222	17,958	94	0
FFS part year, no Rx claims	2,045	1,154	492	394	5	0	21,940	12,994	5,164	3,727	55	0
MC all year, with Rx claims	11,465	2,137	6,373	2,941	14	0	133,069	24,881	74,815	33,219	154	0
MC all year, no Rx claims	1,300	457	462	376	5	0	13,068	4,530	4,757	3,743	38	0

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 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 YORK, 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	626,299	6,865,008	624,999	6,768,948	0	96,060
Fee-for-service (FFS) all year	598,665	6,549,493	598,665	6,549,493	0	0
FFS part year, with Rx claims	12,824	147,438	12,824	76,410	0	71,028
FFS part year, with no Rx claims	2,045	21,940	2,045	9,976	0	11,964
Managed care (MC) all year, with Rx claims	11,465	133,069	11,465	133,069	0	0
MC all year, with no Rx claims	1,300	13,068	0	0	0	13,068

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. 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