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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
NEW YORK

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW YORK, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	5092937 (A)	715002 (E)	4377935 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	4342438 (B)	627056 (F)	3715382 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	3634560 (C)	625497 (G)	3009063 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	98123 (D)	88540 (H)	9583 (L)

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for New York in 2006 was $3,004,641,798, of which $30,081,389 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.
Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
NEW YORK, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**3,634,560**	**363,550**	**697,791**	**1,003,985**	**1,568,353**	**881**	**32,414,806**	**3,774,310**	**7,562,696**	**7,841,220**	**13,229,848**	**6,732**
Age												
5 and younger	638,499	0	20,877	0	617,622	0	5,344,353	0	209,678	0	5,134,675	0
6-14	584,735	0	55,512	0	529,223	0	5,467,937	0	602,730	0	4,865,207	0
15-20	369,590	0	42,129	0	327,420	41	3,239,288	0	448,814	0	2,790,229	245
21-44	935,607	0	182,704	747,756	4,768	379	7,656,005	0	1,985,431	5,645,620	22,532	2,422
45-64	548,043	0	291,797	255,808	1	437	5,340,555	0	3,143,626	2,193,013	7	3,909
65-74	199,008	119,748	78,819	417	0	24	2,120,834	1,237,630	880,507	2,541	0	156
75-84	160,803	137,780	23,021	2	0	0	1,734,531	1,473,152	261,357	22	0	0
85 and older	108,878	105,949	2,927	2	0	0	1,093,821	1,063,279	30,518	24	0	0
Unknown	89,397	73	5	0	89,319	0	417,482	249	35	0	417,198	0
Gender												
Female	2,086,198	251,045	364,593	684,229	785,450	881	18,812,543	2,628,574	3,982,391	5,502,349	6,692,497	6,732
Male	1,495,892	112,503	333,195	319,756	730,438	0	13,312,724	1,145,725	3,580,286	2,338,871	6,247,842	0
Unknown	52,470	2	3	0	52,465	0	289,539	11	19	0	289,509	0
Race												
White	1,217,075	157,662	260,913	327,793	470,128	579	11,066,574	1,590,998	2,854,403	2,573,506	4,043,080	4,587
African American	832,057	49,790	153,808	285,249	343,129	81	7,172,328	510,195	1,638,769	2,181,650	2,841,077	637
Other/unknown	1,585,428	156,098	283,070	390,943	755,096	221	14,175,904	1,673,117	3,069,524	3,086,064	6,345,691	1,508
Use of Nursing Facilities[c]												
Entire year	98,123	76,801	21,004	284	34	0	1,018,053	778,598	236,519	2,579	357	0
Part year	47,801	29,811	15,920	1,645	421	4	475,731	288,801	168,970	14,406	3,529	25
None	3,488,636	256,938	660,867	1,002,056	1,567,898	877	30,921,022	2,706,911	7,157,207	7,824,235	13,225,962	6,707
Maintenance Assistance Status												
Cash	1,661,396	168,615	554,077	262,066	676,638	0	16,086,803	1,899,330	6,121,137	2,168,619	5,897,717	0
Medically needy	780,319	184,066	134,970	175,812	285,471	0	6,715,087	1,770,540	1,351,512	1,336,010	2,257,025	0
Poverty-related	516,104	2,325	1,204	488	511,206	881	4,258,278	24,710	12,273	4,433	4,210,130	6,732
Other/unknown	676,741	8,544	7,540	565,619	95,038	0	5,354,638	79,730	77,774	4,332,158	864,976	0
Dual Medicare Status[d]												
Full dual, all year	621,279	327,604	279,832	13,708	104	31	6,665,938	3,450,488	3,100,415	113,934	867	234
Full dual, part year	4,218	2,677	1,520	21	0	0	44,761	28,898	15,649	214	0	0
Non-dual, all year	3,009,063	33,269	416,439	990,256	1,568,249	850	25,704,107	294,924	4,446,632	7,727,072	13,228,981	6,498
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,635,001	346,287	562,553	291,343	433,951	867	15,452,442	3,636,592	6,283,155	2,174,167	3,351,862	6,666
FFS part year, with Rx claims	451,818	7,940	44,548	184,018	215,302	10	1,736,063	48,858	259,184	663,005	764,963	53
FFS part year, no Rx claims	275,914	2,934	8,096	107,144	157,736	4	925,914	15,546	44,942	343,035	522,378	13

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NEW YORK, 2006

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	**63.6**	**8.6**	**$818**	**$95**	**$8,794**	**9.3**	**3,634,560**
Age							
5 and younger	72.1	3.8	236	62	2,368	10.0	638,499
6-14	73.9	4.9	443	90	2,189	20.2	584,735
15-20	64.9	4.7	442	95	3,499	12.6	369,590
21-44	68.2	9.5	976	103	8,408	11.6	935,607
45-64	73.6	25.1	2,517	100	16,809	15.0	548,043
65-74	34.8	5.7	400	70	14,222	2.8	199,008
75-84	25.9	2.5	133	52	23,757	0.6	160,803
85 and older	21.6	1.6	68	42	37,804	0.2	108,878
Unknown	2.7	0.1	7	86	363	1.8	89,397
Basis of Eligibility[e]							
Aged	27.3	3.1	188	60	25,107	0.7	363,550
Disabled	62.3	21.0	2,384	114	24,504	9.7	697,791
Adults	72.3	9.9	857	87	3,436	24.9	1,003,985
Children	67.0	3.6	243	67	1,453	16.7	1,568,353
Unknown	68.4	12.9	1,769	138	8,673	20.4	881
Gender							
Female	65.3	9.2	784	85	8,336	9.4	2,086,198
Male	63.3	8.1	895	110	9,720	9.2	1,495,892
Unknown	4.4	0.1	10	86	614	1.7	52,470
Race							
White	62.1	9.0	787	88	12,323	6.4	1,217,075
African American	65.7	8.6	905	105	7,784	11.6	832,057
Other/unknown	63.6	8.4	797	95	6,615	12.0	1,585,428
Use of Nursing Facilities[f]							
Entire year	26.7	3.5	417	119	62,297	0.7	98,123
Part year	42.1	9.5	1,355	143	50,773	2.7	47,801
None	64.9	8.8	822	94	6,714	12.2	3,488,636
Maintenance Assistance Status							
Cash	65.9	11.3	1,140	101	9,731	11.7	1,661,396
Medically needy	54.6	5.4	419	77	15,699	2.7	780,319
Poverty related	70.8	3.7	231	63	1,221	18.9	516,104
Other/unknown	62.9	9.6	939	98	4,308	21.8	676,741

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
a. Table 3 includes beneficiaries represented by Cell C of Table 1.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
NEW YORK, 2006

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	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	**1.0**	**$92**	**9.3**	**36.4**	**45.9**	**6.2**	**6.9**	**3.2**	**1.4**	**$986**	**3,634,560**	**32,414,806**
Age												
5 and younger	0.5	28	10.0	27.9	63.0	4.8	3.1	0.9	0.3	283	638,499	5,344,353
6-14	0.5	47	20.2	26.1	63.8	5.3	3.7	0.8	0.3	234	584,735	5,467,937
15-20	0.5	50	12.6	35.1	54.6	5.0	3.9	1.0	0.4	399	369,590	3,239,288
21-44	1.2	119	11.6	31.8	45.7	8.4	9.0	3.6	1.6	1,027	935,607	7,656,005
45-64	2.6	258	15.0	26.4	28.7	10.0	18.2	11.6	5.1	1,725	548,043	5,340,555
65-74	0.5	38	2.8	65.2	24.0	3.3	4.5	2.0	0.9	1,335	199,008	2,120,834
75-84	0.2	12	0.6	74.1	22.2	1.6	1.5	0.6	0.2	2,203	160,803	1,734,531
85 and older	0.2	7	0.2	78.4	19.6	1.1	0.7	0.2	0.0	3,763	108,878	1,093,821
Unknown	0.0	1	1.8	97.3	2.6	0.1	0.1	0.0	0.0	78	89,397	417,482
Basis of Eligibility[e]												
Aged	0.3	18	0.7	72.7	21.8	2.1	2.2	0.9	0.4	2,418	363,550	3,774,310
Disabled	1.9	220	9.7	37.7	28.1	7.7	13.9	9.0	3.5	2,261	697,791	7,562,696
Adults	1.3	110	24.9	27.7	46.7	9.5	10.3	3.9	2.0	440	1,003,985	7,841,220
Children	0.4	29	16.7	33.0	58.9	4.3	2.8	0.7	0.3	172	1,568,353	13,229,848
Unknown	1.7	232	20.4	31.6	36.2	12.6	16.0	3.3	0.3	1,135	881	6,732
Gender												
Female	1.0	87	9.4	34.7	46.7	6.4	7.2	3.5	1.5	924	2,086,198	18,812,543
Male	0.9	101	9.2	36.7	46.3	6.1	6.8	2.9	1.2	1,092	1,495,892	13,312,724
Unknown	0.0	2	1.7	95.6	4.1	0.2	0.1	0.0	0.0	111	52,470	289,539
Race												
White	1.0	87	6.4	37.9	44.0	6.2	7.0	3.3	1.5	1,355	1,217,075	11,066,574
African American	1.0	105	11.6	34.3	47.3	6.4	7.3	3.3	1.4	903	832,057	7,172,328
Other/unknown	0.9	89	12.0	36.4	46.7	6.0	6.7	3.0	1.3	740	1,585,428	14,175,904
Use of Nursing Facilities[f]												
Entire year	0.3	40	0.7	73.3	22.1	2.2	1.4	0.7	0.3	6,004	98,123	1,018,053
Part year	1.0	136	2.7	57.9	27.7	3.6	5.4	4.0	1.4	5,102	47,801	475,731
None	1.0	93	12.2	35.1	46.8	6.3	7.1	3.2	1.4	758	3,488,636	30,921,022
Maintenance Assistance Status												
Cash	1.2	118	11.7	34.1	45.6	6.2	8.0	4.3	1.7	1,005	1,661,396	16,086,803
Medically needy	0.6	49	2.7	45.4	42.1	5.2	4.8	1.7	0.8	1,824	780,319	6,715,087
Poverty related	0.4	28	18.9	29.2	62.0	4.6	3.0	0.8	0.3	148	516,104	4,258,278
Other/unknown	1.2	119	21.8	37.1	38.9	8.2	9.8	3.9	2.0	544	676,741	5,354,638

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
NEW YORK, 2006

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.0**	**$92**	**$95**	**0.4**	**$70**	**$182**	**0.0**	**$5**	**$115**	**0.5**	**$16**	**$30**
Age												
5 and younger	0.5	28	62	0.1	21	173	0.0	1	50	0.3	6	20
6-14	0.5	47	90	0.2	38	164	0.0	2	82	0.3	8	27
15-20	0.5	50	95	0.2	39	185	0.0	2	110	0.3	9	30
21-44	1.2	119	103	0.4	92	204	0.1	7	131	0.7	21	32
45-64	2.6	258	100	1.1	197	180	0.1	15	123	1.4	46	34
65-74	0.5	38	70	0.2	27	126	0.0	3	100	0.3	8	26
75-84	0.2	12	52	0.1	8	114	0.0	1	92	0.2	3	21
85 and older	0.2	7	42	0.0	4	121	0.0	0	90	0.1	2	17
Unknown	0.0	1	86	0.0	1	308	0.0	0	60	0.0	0	17
Basis of Eligibility[d]												
Aged	0.3	18	60	0.1	13	119	0.0	1	94	0.2	4	22
Disabled	1.9	220	114	0.8	173	206	0.1	12	132	1.0	35	35
Adults	1.3	110	87	0.5	82	167	0.1	6	114	0.7	21	29
Children	0.4	29	67	0.1	21	147	0.0	1	66	0.3	6	24
Unknown	1.7	232	138	0.7	176	262	0.1	16	245	0.9	39	42
Gender												
Female	1.0	87	85	0.4	65	163	0.0	5	111	0.6	17	29
Male	0.9	101	110	0.4	80	210	0.0	5	123	0.5	16	32
Unknown	0.0	2	86	0.0	2	326	0.0	0	49	0.0	0	17
Race												
White	1.0	87	88	0.4	64	164	0.0	5	116	0.6	18	32
African American	1.0	105	105	0.4	83	211	0.0	5	122	0.6	17	29
Other/unknown	0.9	89	95	0.4	69	181	0.0	5	111	0.5	15	30
Use of Nursing Facilities[e]												
Entire year	0.3	40	119	0.1	35	266	0.0	1	133	0.2	5	23
Part year	1.0	136	143	0.4	114	283	0.0	5	139	0.5	17	33
None	1.0	93	94	0.4	71	180	0.0	5	115	0.5	17	30
Maintenance Assistance Status												
Cash	1.2	118	101	0.5	91	191	0.1	6	122	0.6	20	32
Medically needy	0.6	49	77	0.2	36	155	0.0	3	101	0.4	10	27
Poverty related	0.4	28	63	0.1	20	141	0.0	1	60	0.3	7	23
Other/unknown	1.2	119	98	0.5	92	182	0.1	6	118	0.6	20	31

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx
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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

NEW YORK, 2006

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$47	$40	$1	$6	$159	$418	$85	$33	3,847,773	$611,501,542	1,308,425	36.0	12,978,829
Biologicals	0.3	0.3	0.0	0.0	456	445	9	2	1324	1,321	3,010	461	40,190	53,195,875	12,355	0.3	116,596
Antineoplastic Agents	0.5	0.2	0.0	0.3	206	166	2	37	382	851	414	109	92,327	35,232,605	16,791	0.5	171,366
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	39	29	2	8	72	136	62	28	3,084,254	221,817,067	579,334	15.9	5,721,468
Cardiovascular Agents	1.2	0.5	0.1	0.6	63	42	6	15	53	81	109	24	4,883,542	257,490,720	405,129	11.1	4,109,559
Respiratory Agents	0.5	0.3	0.0	0.2	39	33	1	5	75	115	74	22	3,582,677	269,439,780	687,399	18.9	6,976,845
Gastrointestinal Agents	0.4	0.2	0.0	0.2	37	29	4	4	100	168	469	23	1,170,813	116,953,486	308,708	8.5	3,154,948
Genitourinary Agents	0.3	0.1	0.0	0.1	16	9	3	4	63	83	86	37	421,861	26,628,067	170,351	4.7	1,650,576
CNS Drugs	0.9	0.5	0.1	0.4	115	92	8	15	124	202	119	37	4,850,801	602,378,262	506,161	13.9	5,221,750
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	74	70	0	4	126	139	180	47	399,962	50,353,821	65,262	1.8	676,605
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	113	111	0	1	351	364	132	81	82,296	28,869,783	25,202	0.7	256,584
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	21	10	3	9	60	214	262	29	2,933,898	177,330,283	838,607	23.1	8,311,488
Neuromuscular Agents	0.6	0.2	0.0	0.4	62	41	2	19	98	177	99	50	1,763,081	172,809,311	271,698	7.5	2,806,902
Nutritional Products	0.3	0.0	0.0	0.2	5	2	0	3	21	36	27	17	405,195	8,388,242	172,353	4.7	1,608,899
Hematological Agents	0.5	0.1	0.0	0.4	86	79	1	6	165	584	35	17	736,040	121,289,782	133,272	3.7	1,403,573
Topical Products	0.3	0.1	0.0	0.2	19	12	1	6	63	115	66	33	2,933,242	183,782,867	965,449	26.6	9,748,777
Miscellaneous Products	0.6	0.4	0.0	0.2	255	217	17	22	423	609	349	109	70,907	30,028,224	11,271	0.3	117,723
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	72	0	0	0	98,591	7,070,692	54,309	1.5	575,632
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.	31,397,450	2,974,560,409	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NEW YORK, 2006

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIVIRAL	$483,331,235	131,654	3.6	1,387,899	0.6	$545	$348
ANTIPSYCHOTICS	380,995,694	232,032	6.4	2,449,190	0.6	254	156
ANTIASTHMATIC	212,975,560	838,319	23.1	8,566,522	0.3	78	25
ANTICONVULSANT	154,126,745	200,780	5.5	2,118,178	0.6	121	73
ANTIDEPRESSANTS	147,001,512	371,663	10.2	3,769,951	0.5	77	39
DERMATOLOGICAL	138,596,787	1,172,816	32.3	12,087,032	0.2	61	11
ANTIHYPERLIPIDEMIC	120,300,495	223,873	6.2	2,329,187	0.5	101	52
ANTIDIABETIC	116,992,693	259,476	7.1	2,658,042	0.6	76	44
ULCER DRUGS	88,523,246	389,252	10.7	4,064,888	0.4	61	22
ANALGESICS - Narcotic	84,057,563	470,534	12.9	4,618,617	0.3	66	18
Total	1,926,901,530	4,290,399	n.a.	44,049,506	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
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.