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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 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	38,860	16,362	21,961	524	3	10	410,665	169,612	237,082	3,851	36	84
Age												
5 and younger	1	0	1	0	0	0	7	0	7	0	0	0
6-14	6	0	5	0	1	0	53	0	41	0	12	0
15-20	78	0	76	0	2	0	569	0	545	0	24	0
21-44	6,441	2	6,085	354	0	0	67,062	16	64,266	2,780	0	0
45-64	8,208	1	8,049	153	0	5	86,472	12	85,453	954	0	53
65-74	10,028	4,683	5,327	13	0	5	108,877	49,300	59,454	92	0	31
75-84	8,588	6,637	1,947	4	0	0	92,761	70,552	22,184	25	0	0
85 and older	5,510	5,039	471	0	0	0	54,864	49,732	5,132	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,073	11,196	12,460	406	1	10	255,808	116,959	135,621	3,132	12	84
Male	14,787	5,166	9,501	118	2	0	154,857	52,653	101,461	719	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	15,416	6,577	8,650	183	2	4	158,753	64,950	92,472	1,282	24	25
African American	731	184	537	10	0	0	7,628	1,933	5,637	58	0	0
Other/unknown	22,713	9,601	12,774	331	1	6	244,284	102,729	138,973	2,511	12	59
Use of Nursing Facilities^c												
Entire year	3,465	2,931	534	0	0	0	35,372	29,464	5,908	0	0	0
Part year	2,206	1,773	433	0	0	0	21,322	16,847	4,475	0	0	0
None	33,189	11,658	20,994	524	3	10	353,971	123,301	226,699	3,851	36	84
Maintenance Assistance Status												
Cash	27,604	9,099	18,326	178	1	0	303,019	100,944	201,059	1,004	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	1,576	207	1,340	18	1	10	13,512	2,012	11,225	179	12	84
Other/unknown	9,680	7,056	2,295	328	1	0	94,134	66,656	24,798	2,668	12	0
Dual Medicare Status^d												
Full dual, all year	37,463	15,676	21,286	488	3	10	396,534	162,373	230,598	3,443	36	84
Full dual, part year	1,397	686	675	36	0	0	14,131	7,239	6,484	408	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	37,068	16,244	20,414	397	3	10	400,509	168,710	228,414	3,265	36	84
FFS part year, with Rx claims	197	9	149	39	0	0	1,069	49	851	169	0	0
FFS part year, no Rx claims	1,595	109	1,398	88	0	0	9,087	853	7,817	417	0	0

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 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	10.3	0.9	\$37	\$40	\$14,827	0.3	38,860
Age							
5 and younger	0.0	0.0	0	0	8,419	0.0	1
6-14	50.0	3.7	1,603	437	9,736	16.5	6
15-20	17.9	1.7	341	200	13,223	2.6	78
21-44	5.5	0.5	31	60	16,368	0.2	6,441
45-64	6.9	0.7	31	46	15,034	0.2	8,208
65-74	7.5	0.8	36	45	9,589	0.4	10,028
75-84	12.5	1.1	38	35	15,313	0.2	8,588
85 and older	22.5	1.7	48	28	21,526	0.2	5,510
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	16.1	1.4	45	33	15,103	0.3	16,362
Disabled	5.8	0.6	30	52	14,933	0.2	21,961
Adults	14.7	1.3	64	48	1,680	3.8	524
Children	33.3	1.3	369	277	3,891	9.5	3
Unknown	100.0	34.5	3,292	95	26,000	12.7	10
Gender							
Female	11.0	1.0	37	39	14,674	0.3	24,073
Male	9.1	0.9	37	42	15,078	0.2	14,787
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	13.7	1.2	45	36	16,903	0.3	15,416
African American	7.1	0.5	12	23	11,966	0.1	731
Other/unknown	8.1	0.7	33	46	13,511	0.2	22,713
Use of Nursing Facilities^f							
Entire year	51.2	4.9	152	31	37,687	0.4	3,465
Part year	40.3	3.8	130	34	24,742	0.5	2,206
None	4.0	0.3	19	61	11,782	0.2	33,189
Maintenance Assistance Status							
Cash	3.7	0.3	17	57	10,099	0.2	27,604
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	8.8	0.9	59	65	4,399	1.3	1,576
Other/unknown	29.3	2.7	90	33	30,008	0.3	9,680

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	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	0.1	\$4	0.3	89.7	8.3	0.9	0.8	0.3	0.1	\$1,403	38,860	410,665
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,203	1	7
6-14	0.4	182	16.5	50.0	50.0	0.0	0.0	0.0	0.0	1,102	6	53
15-20	0.2	47	2.6	82.1	14.1	2.6	1.3	0.0	0.0	1,813	78	569
21-44	0.1	3	0.2	94.5	4.1	0.5	0.6	0.3	0.0	1,572	6,441	67,062
45-64	0.1	3	0.2	93.1	5.3	0.7	0.6	0.2	0.0	1,427	8,208	86,472
65-74	0.1	3	0.4	92.5	5.9	0.7	0.6	0.2	0.0	883	10,028	108,877
75-84	0.1	4	0.2	87.5	10.1	1.2	0.9	0.2	0.1	1,418	8,588	92,761
85 and older	0.2	5	0.2	77.5	18.9	1.4	1.4	0.6	0.2	2,162	5,510	54,864
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	0.1	4	0.3	83.9	13.1	1.3	1.2	0.4	0.1	1,457	16,362	169,612
Disabled	0.1	3	0.2	94.2	4.6	0.5	0.5	0.2	0.0	1,383	21,961	237,082
Adults	0.2	9	3.8	85.3	9.5	2.1	1.7	1.3	0.0	229	524	3,851
Children	0.1	31	9.5	66.7	33.3	0.0	0.0	0.0	0.0	324	3	36
Unknown	4.1	392	12.7	0.0	30.0	20.0	10.0	40.0	0.0	3,095	10	84
Gender												
Female	0.1	4	0.3	89.0	9.0	0.9	0.8	0.3	0.1	1,381	24,073	255,808
Male	0.1	4	0.2	90.9	7.1	0.8	0.9	0.3	0.1	1,440	14,787	154,857
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.1	4	0.3	86.3	10.8	1.2	1.1	0.4	0.1	1,641	15,416	158,753
African American	0.1	1	0.1	92.9	6.0	0.4	0.5	0.1	0.0	1,147	731	7,628
Other/unknown	0.1	3	0.2	91.9	6.6	0.6	0.6	0.2	0.0	1,256	22,713	244,284
Use of Nursing Facilities^f												
Entire year	0.5	15	0.4	48.8	42.1	3.9	3.3	1.5	0.4	3,692	3,465	35,372
Part year	0.4	14	0.5	59.7	31.6	3.7	3.8	1.0	0.2	2,560	2,206	21,322
None	0.0	2	0.2	96.0	3.2	0.4	0.4	0.1	0.0	1,105	33,189	353,971
Maintenance Assistance Status												
Cash	0.0	2	0.2	96.3	3.0	0.3	0.3	0.1	0.0	920	27,604	303,019
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.1	7	1.3	91.2	6.3	1.1	1.0	0.4	0.0	513	1,576	13,512
Other/unknown	0.3	9	0.3	70.7	23.6	2.4	2.3	0.8	0.2	3,086	9,680	94,134

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 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 1 of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.1	\$4	\$40	0.0	\$2	\$114	0.0	\$0	\$78	0.1	\$1	\$14
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.4	182	437	0.2	179	790	0.0	0	0	0.2	3	14
15-20	0.2	47	200	0.1	37	383	0.0	4	154	0.1	6	55
21-44	0.1	3	60	0.0	2	191	0.0	0	89	0.0	1	21
45-64	0.1	3	46	0.0	2	128	0.0	0	82	0.0	1	15
65-74	0.1	3	45	0.0	2	121	0.0	0	81	0.1	1	15
75-84	0.1	4	35	0.0	2	97	0.0	0	85	0.1	1	13
85 and older	0.2	5	28	0.0	3	82	0.0	0	52	0.1	2	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.1	4	33	0.0	3	92	0.0	0	65	0.1	1	13
Disabled	0.1	3	52	0.0	2	151	0.0	0	80	0.0	1	17
Adults	0.2	9	48	0.0	4	136	0.0	2	95	0.1	3	21
Children	0.1	31	277	0.1	31	368	0.0	0	0	0.0	0	4
Unknown	4.1	392	95	1.2	240	200	0.3	92	334	2.6	60	23
Gender												
Female	0.1	4	39	0.0	2	114	0.0	0	76	0.1	1	14
Male	0.1	4	42	0.0	2	114	0.0	0	82	0.1	1	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.1	4	36	0.0	3	100	0.0	0	71	0.1	1	13
African American	0.1	1	23	0.0	1	95	0.0	0	126	0.0	1	12
Other/unknown	0.1	3	46	0.0	2	134	0.0	0	82	0.0	1	15
Use of Nursing Facilities^e												
Entire year	0.5	15	31	0.1	10	91	0.0	1	57	0.4	4	12
Part year	0.4	14	34	0.1	9	95	0.0	1	63	0.3	4	13
None	0.0	2	61	0.0	1	163	0.0	0	95	0.0	0	19
Maintenance Assistance Status												
Cash	0.0	2	57	0.0	1	174	0.0	0	84	0.0	0	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.1	7	65	0.0	4	149	0.0	1	111	0.1	2	24
Other/unknown	0.3	9	33	0.1	6	94	0.0	1	66	0.2	3	13

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$8	\$4	\$0	\$3	\$39	\$114	\$45	\$21	1,194	\$46,850	644	1.7	5,886
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	35	21	0	37	100	3,457	97	0.2	1,028
Antineoplastic Agents	0.3	0.1	0.0	0.2	46	37	1	8	172	509	353	42	202	34,841	79	0.2	750
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	15	12	1	3	43	109	25	12	2,786	119,399	849	2.2	7,836
Cardiovascular Agents	0.5	0.1	0.0	0.4	19	10	4	5	37	84	119	13	5,473	199,889	1,158	3.0	10,529
Respiratory Agents	0.3	0.1	0.0	0.2	15	12	0	3	50	88	51	20	2,153	108,447	734	1.9	7,114
Gastrointestinal Agents	0.3	0.1	0.0	0.2	17	10	2	5	60	119	319	24	1,682	101,127	654	1.7	6,084
Genitourinary Agents	0.3	0.2	0.0	0.1	18	11	4	2	61	70	90	28	554	33,730	197	0.5	1,909
CNS Drugs	0.5	0.1	0.0	0.4	16	12	2	3	33	119	80	9	10,544	350,133	2,175	5.6	21,440
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.2	12	8	0	4	46	224	0	17	7	323	3	0.0	28
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	40	40	0	0	113	113	0	33	659	74,485	219	0.6	1,882
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	13	5	1	7	42	152	72	26	2,458	102,203	856	2.2	7,594
Neuromuscular Agents	0.4	0.1	0.0	0.3	18	9	1	8	46	147	58	26	2,115	96,489	591	1.5	5,502
Nutritional Products	0.3	0.0	0.0	0.2	3	0	0	3	13	16	23	12	1,093	13,736	441	1.1	4,197
Hematological Agents	0.5	0.0	0.0	0.4	13	9	0	3	27	193	17	7	3,783	101,391	793	2.0	8,068
Topical Products	0.2	0.1	0.0	0.1	8	5	1	2	38	73	56	16	793	29,862	375	1.0	3,516
Miscellaneous Products	0.2	0.1	0.0	0.0	30	26	2	3	190	225	287	72	133	25,300	82	0.2	843
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	28	0	0	0	137	3,823	82	0.2	881
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.	35,866	1,445,485	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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.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 Mexico, 1.5 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.
 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

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	\$172,784	368	0.9	3,397	0.3	\$154	\$51
ULCER DRUGS	151,485	1,078	2.8	10,939	0.4	34	14
ANTIDIABETIC	102,561	848	2.2	8,460	0.2	54	12
ANTIDEPRESSANTS	95,403	745	1.9	6,668	0.3	51	14
ANTIHYPERTENSIVES	85,099	388	1.0	3,657	0.3	89	23
HEMATOPOIETIC AGENTS	77,345	1,436	3.7	15,419	0.4	12	5
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	76,002	272	0.7	2,371	0.3	108	32
ANTICONVULSANTS	74,562	466	1.2	4,498	0.4	46	17
MINERALS & ELECTROLYTES	70,219	2,354	6.1	25,608	0.4	7	3
ASTHMATIC	69,174	423	1.1	3,862	0.2	73	18
Total	974,634	8,378	n.a.	84,879	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 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>.

Benef(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 Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	30,507	\$974,634	368	0.9	3,397	0.3	\$51	1,078	2.8	10,939	0.4	\$14
Female												
All Females	20,961	602,138	226	0.9	2,120	0.3	45	696	2.9	7,108	0.4	13
Female, Disabled												
All Ages	5,795	239,829	64	0.5	656	0.4	67	170	1.4	1,718	0.3	11
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	5,349	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	53	7,236	1	3.4	12	0.8	155	2	6.9	24	0.2	17
21-44	656	31,617	19	0.7	158	0.3	67	25	0.9	204	0.2	9
45-64	1,827	82,487	22	0.5	224	0.3	69	61	1.3	570	0.3	15
65-74	2,322	103,738	21	0.6	250	0.4	60	66	2.0	738	0.3	9
75-84	785	8,367	1	0.1	12	0.4	75	13	0.9	149	0.4	8
85 and older	147	1,035	0	0.0	0	0.0	0	3	0.8	33	0.1	2
Female, Other Eligibles												
All Ages	15,166	362,309	162	1.4	1,464	0.3	35	526	4.5	5,390	0.4	14
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	137	8,663	2	0.7	4	0.5	8	12	4.0	91	0.2	13
45-64	117	7,831	2	2.0	23	0.3	36	1	1.0	5	0.8	66
65-74	1,950	59,278	18	0.7	181	0.4	45	58	2.1	555	0.4	15
75-84	5,551	141,663	66	1.5	634	0.3	34	193	4.3	2,013	0.4	12
85 and older	7,411	144,874	74	1.9	622	0.3	33	262	6.6	2,726	0.5	14
Male												
All Males	9,546	372,496	142	1.0	1,277	0.3	61	382	2.6	3,831	0.4	16
Male, Disabled												
All Ages	3,573	184,423	63	0.7	575	0.3	80	113	1.2	1,174	0.4	16
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	26	12,453	1	2.1	12	0.8	487	0	0.0	0	0.0	0
21-44	843	61,680	32	1.0	266	0.4	87	32	1.0	323	0.3	19
45-64	1,563	69,438	22	0.6	203	0.3	53	50	1.4	517	0.3	17
65-74	846	36,323	6	0.3	70	0.4	72	26	1.3	283	0.4	13
75-84	210	3,856	2	0.4	24	0.3	55	3	0.5	27	0.7	17
85 and older	83	663	0	0.0	0	0.0	0	2	2.2	24	0.6	12

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean 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	5,973	188,073	79	1.5	702	0.3	46	269	5.1	2,657	0.4	15
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	110	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	25	1,630	0	0.0	0	0.0	0	3	5.4	15	0.2	11
45-64	45	4,319	0	0.0	0	0.0	0	2	3.4	20	0.2	11
65-74	1,162	40,110	17	0.9	165	0.3	54	54	2.8	568	0.4	18
75-84	2,819	93,839	37	1.7	325	0.3	48	120	5.6	1,220	0.4	15
85 and older	1,921	48,065	25	2.3	212	0.4	35	90	8.4	834	0.5	13
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 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIDEPRESSANTS					ANTIHYPERTENSIVES				
	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	848	2.2	8,460	0.2	\$12	745	1.9	6,668	0.3	\$14	388	1.0	3,657	0.3	\$23
Female															
All Females	547	2.3	5,575	0.2	12	493	2.0	4,438	0.3	13	227	0.9	2,128	0.3	23
Female, Disabled															
All Ages	267	2.1	2,887	0.2	14	197	1.6	1,822	0.2	13	86	0.7	886	0.2	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	0.7	173	0.2	10	53	1.9	429	0.2	9	5	0.2	45	0.2	10
45-64	93	2.1	938	0.2	15	99	2.2	918	0.2	11	38	0.8	375	0.2	20
65-74	135	4.0	1,568	0.3	15	43	1.3	456	0.3	18	42	1.2	454	0.3	32
75-84	14	1.0	152	0.1	8	2	0.1	19	0.2	5	1	0.1	12	0.1	23
85 and older	6	1.6	56	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	280	2.4	2,688	0.2	9	296	2.5	2,616	0.3	14	141	1.2	1,242	0.3	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	2.7	72	0.5	41	11	3.7	68	0.3	27	3	1.0	27	0.3	38
45-64	5	5.0	35	0.5	29	4	4.0	26	0.7	45	5	5.0	60	0.6	44
65-74	74	2.7	678	0.3	13	41	1.5	337	0.4	20	40	1.4	349	0.4	23
75-84	118	2.6	1,166	0.2	7	111	2.5	1,005	0.3	13	63	1.4	546	0.2	19
85 and older	75	1.9	737	0.2	5	129	3.3	1,180	0.3	12	30	0.8	260	0.2	15
Male															
All Males	301	2.0	2,885	0.2	13	252	1.7	2,230	0.3	16	161	1.1	1,529	0.3	24
Male, Disabled															
All Ages	153	1.6	1,546	0.2	14	116	1.2	1,058	0.3	18	90	0.9	913	0.2	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	2.1	12	0.3	66	1	2.1	12	0.2	59
21-44	30	0.9	263	0.2	11	44	1.3	396	0.3	25	14	0.4	123	0.2	27
45-64	78	2.2	778	0.2	15	57	1.6	514	0.3	14	52	1.5	512	0.2	23
65-74	38	1.9	430	0.2	15	13	0.7	124	0.3	14	23	1.2	266	0.3	33
75-84	7	1.3	75	0.1	4	1	0.2	12	0.2	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIDEPRESSANTS					ANTIHYPERTENSIVE				
	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	148	2.8	1,339	0.3	12	136	2.6	1,172	0.3	14	71	1.3	616	0.3	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	9
21-44	4	7.1	23	0.3	12	2	3.6	24	0.1	8	2	3.6	10	0.5	55
45-64	10	16.9	83	0.2	13	4	6.8	22	0.2	15	5	8.5	46	0.2	28
65-74	37	1.9	326	0.2	9	31	1.6	274	0.2	9	15	0.8	128	0.3	20
75-84	74	3.4	729	0.3	12	56	2.6	546	0.3	15	31	1.4	286	0.3	19
85 and older	23	2.1	178	0.4	17	43	4.0	306	0.4	17	17	1.6	134	0.3	16
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 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,436	3.7	15,419	0.4	\$5	272	0.7	2,371	0.3	\$32	466	1.2	4,498	0.4	\$17
Female															
All Females	957	4.0	10,348	0.4	5	184	0.8	1,623	0.3	32	284	1.2	2,735	0.4	17
Female, Disabled															
All Ages	203	1.6	2,267	0.3	8	12	0.1	130	0.2	59	120	1.0	1,226	0.4	26
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	3	75.0	33	0.2	162	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3.4	12	1.9	380
21-44	12	0.4	137	0.2	2	3	0.1	34	0.2	5	29	1.1	290	0.4	31
45-64	51	1.1	565	0.3	5	4	0.1	44	0.2	150	55	1.2	549	0.3	15
65-74	79	2.3	893	0.3	11	5	0.1	52	0.1	16	31	0.9	327	0.5	31
75-84	49	3.5	540	0.4	2	0	0.0	0	0.0	0	4	0.3	48	0.3	9
85 and older	9	2.4	99	0.4	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	754	6.5	8,081	0.5	4	172	1.5	1,493	0.3	30	164	1.4	1,509	0.4	9
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	0.7	23	0.3	2	0	0.0	0	0.0	0	8	2.7	40	0.2	12
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	2.0	13	1.8	57
65-74	68	2.5	745	0.4	3	18	0.7	169	0.4	33	19	0.7	168	0.4	14
75-84	282	6.3	3,043	0.5	5	71	1.6	628	0.3	30	68	1.5	641	0.3	10
85 and older	402	10.1	4,270	0.5	3	83	2.1	696	0.3	29	67	1.7	647	0.4	6
Male															
All Males	479	3.2	5,071	0.4	5	88	0.6	748	0.3	32	182	1.2	1,763	0.4	16
Male, Disabled															
All Ages	131	1.4	1,454	0.4	10	14	0.1	131	0.3	20	105	1.1	1,027	0.4	17
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	100.0	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	4.3	24	0.2	177	0	0.0	0	0.0	0	2	4.3	16	0.2	41
21-44	14	0.4	159	0.2	8	2	0.1	16	0.3	17	49	1.5	440	0.4	22
45-64	59	1.7	651	0.4	9	11	0.3	108	0.3	17	42	1.2	431	0.3	12
65-74	34	1.7	373	0.4	6	1	0.1	7	0.9	85	10	0.5	116	0.4	13
75-84	15	2.7	173	0.4	4	0	0.0	0	0.0	0	1	0.2	12	0.1	0
85 and older	6	6.7	62	0.4	2	0	0.0	0	0.0	0	1	1.1	12	1.0	6

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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	348	6.6	3,617	0.4	4	74	1.4	617	0.3	35	77	1.5	736	0.4	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	5.4	15	0.3	26
45-64	1	1.7	4	0.3	1	0	0.0	0	0.0	0	3	5.1	23	0.3	59
65-74	73	3.8	788	0.4	2	12	0.6	105	0.4	34	24	1.2	240	0.3	4
75-84	152	7.0	1,583	0.5	5	37	1.7	323	0.3	38	31	1.4	302	0.5	21
85 and older	122	11.4	1,242	0.4	3	25	2.3	189	0.3	29	16	1.5	156	0.4	16
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 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	MINERALS & ELECTROLYTES					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	2,354	6.1	25,608	0.4	\$3	423	1.1	3,862	0.2	\$18	38,860	410,665
Female												
All Females	1,806	7.5	19,709	0.4	3	260	1.1	2,405	0.2	17	24,073	255,808
Female, Disabled												
All Ages	579	4.6	6,685	0.3	2	109	0.9	1,099	0.2	15	12,460	135,621
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	29
15-20	1	3.4	12	1.0	4	4	13.8	48	0.1	8	29	197
21-44	50	1.8	586	0.4	3	20	0.7	189	0.2	10	2,749	29,180
45-64	155	3.4	1,779	0.4	3	41	0.9	373	0.2	12	4,523	48,332
65-74	217	6.4	2,525	0.3	2	43	1.3	477	0.2	20	3,377	37,806
75-84	128	9.2	1,468	0.3	2	1	0.1	12	0.1	2	1,396	15,925
85 and older	28	7.3	315	0.3	2	0	0.0	0	0.0	0	382	4,152
Female, Other Eligibles												
All Ages	1,227	10.6	13,024	0.4	3	151	1.3	1,306	0.2	18	11,613	120,187
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	8	2.7	94	0.3	3	7	2.3	34	0.3	26	300	2,423
45-64	1	1.0	3	0.3	4	2	2.0	16	0.6	68	100	687
65-74	177	6.4	1,920	0.4	3	34	1.2	336	0.2	14	2,764	29,365
75-84	431	9.6	4,670	0.4	3	70	1.6	591	0.2	18	4,483	48,144
85 and older	610	15.4	6,337	0.5	3	38	1.0	329	0.2	19	3,965	39,556
Male												
All Males	548	3.7	5,899	0.4	3	163	1.1	1,457	0.3	20	14,787	154,857
Male, Disabled												
All Ages	220	2.3	2,505	0.4	3	70	0.7	665	0.3	19	9,501	101,461
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	1	2.1	12	0.1	2	1	2.1	4	0.3	41	47	348
21-44	32	1.0	351	0.4	3	28	0.8	245	0.3	16	3,336	35,086
45-64	92	2.6	1,033	0.4	3	20	0.6	204	0.3	17	3,526	37,121
65-74	62	3.2	723	0.3	3	17	0.9	204	0.3	21	1,950	21,648
75-84	23	4.2	276	0.3	2	4	0.7	8	0.5	53	551	6,259
85 and older	10	11.2	110	0.3	2	0	0.0	0	0.0	0	89	980

Dual Medicaid Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	MINERALS & ELECTROLYTES					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	328	6.2	3,394	0.4	3	93	1.8	792	0.3	22	5,286	53,396	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
21-44	1	1.8	5	0.4	3	1	1.8	5	0.4	6	56	373	
45-64	0	0.0	0	0.0	0	1	1.7	8	0.1	2	59	332	
65-74	57	2.9	631	0.4	2	26	1.3	248	0.3	23	1,937	20,058	
75-84	157	7.3	1,632	0.4	3	40	1.9	363	0.2	19	2,158	22,433	
85 and older	113	10.5	1,126	0.4	3	25	2.3	168	0.4	27	1,074	10,176	
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 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Benef(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 Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

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	\$15	0.5	3,465	35,372
Age				
0-64	26	0.8	245	2,737
65-74	27	0.8	478	5,080
75-84	15	0.5	1,127	11,526
85 and older	10	0.4	1,615	16,029
Unknown	0	0.0	0	0
Gender				
Female	14	0.5	2,360	24,039
Male	18	0.5	1,105	11,333
Unknown	0	0.0	0	0
Race				
White	16	0.5	2,159	21,533
African American	11	0.6	42	460
Other/unknown	14	0.4	1,264	13,379
Basis of Eligibility^c				
Aged	13	0.4	2,931	29,464
Disabled	26	0.7	534	5,908
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 2,206 beneficiaries who were in nursing facilities for part of their enrollment and their 21,322 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 Medicaid Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	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 Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.2	0.0	0.0	0.1	\$8	\$4	\$0	\$4	\$45	\$90	\$28	361	\$16,139	206	5.9	2,010	
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	39	0	39	57	2,212	57	1.6	628	
Antineoplastic Agents	0.3	0.1	0.0	0.2	72	63	0	9	277	1,207	0	45	50	13,861	20	0.6	193
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	13	10	0	2	33	81	16	10	1,022	34,009	272	7.8	2,688
Cardiovascular Agents	0.5	0.1	0.0	0.4	13	7	1	4	26	59	94	12	1,909	48,959	385	11.1	3,828
Respiratory Agents	0.3	0.1	0.0	0.1	13	10	0	3	46	78	47	18	926	42,570	310	8.9	3,271
Gastrointestinal Agents	0.3	0.1	0.0	0.2	14	9	0	4	50	109	115	22	613	30,467	218	6.3	2,218
Genitourinary Agents	0.3	0.2	0.1	0.1	21	13	5	2	61	66	84	31	313	19,015	89	2.6	926
CNS Drugs	0.6	0.1	0.0	0.5	15	10	1	4	26	101	68	8	6,327	162,829	1,053	30.4	11,066
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.2	12	9	0	3	50	224	0	15	6	299	2	0.1	24
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	35	35	0	0	106	106	0	0	360	38,127	119	3.4	1,091
Analgesics and Anesthetics	0.3	0.1	0.0	0.3	13	6	0	7	37	90	48	25	828	30,735	252	7.3	2,407
Neuromuscular Agents	0.5	0.0	0.0	0.4	14	4	0	10	30	82	25	24	960	29,075	199	5.7	2,053
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	11	10	12	11	547	5,779	182	5.3	1,776
Hematological Agents	0.6	0.0	0.0	0.5	9	5	0	3	16	121	18	7	2,419	38,179	410	11.8	4,377
Topical Products	0.3	0.1	0.0	0.1	10	6	1	2	38	68	57	17	333	12,770	134	3.9	1,327
Miscellaneous Products	0.1	0.1	0.0	0.0	3	2	0	0	21	23	0	9	49	1,022	35	1.0	393
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	3	0	0	0	24	0	0	0	28	669	22	0.6	231
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.	17,108	526,716	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,206 beneficiaries who were in nursing facilities for part of their enrollment and their 21,322 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

In New Mexico, 1.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^a, b, c, d
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ULCER DRUGS	\$87,430	541	15.6	5,902	0.5	\$30	\$15	
ANTIPSYCHOTICS	74,750	182	5.3	1,774	0.3	129	42	
ANTIDEPRESSANTS	40,768	254	7.3	2,491	0.3	52	16	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	38,843	147	4.2	1,328	0.3	102	29	
MULTIVITAMINS	36,937	988	28.5	10,759	0.6	6	3	
HEMATOPOIETIC AGENTS	34,002	726	21.0	7,908	0.5	8	4	
MINERALS & ELECTROLYTES	33,787	892	25.7	9,690	0.5	7	3	
OPHTHALMIC	32,088	635	18.3	6,986	0.3	14	5	
DERMATOLOGICAL	27,433	948	27.4	10,623	0.2	12	3	
ANTI-ANXIETY AGENTS	27,117	745	21.5	7,909	0.5	7	3	
Total	433,155	6,058	n.a.	65,370	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 2,206 beneficiaries who were in nursing facilities for part of their enrollment and their 21,322 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTIPSYCHOTICS			
	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	29,006	\$433,155	541	15.6	5,902	0.5	\$15	182	5.3	1,774	0.3	\$42
Female												
All Females	19,437	280,617	357	15.1	3,911	0.5	14	125	5.3	1,213	0.3	39
Female, Disabled												
All Ages	2,860	55,376	44	16.6	482	0.5	15	24	9.1	266	0.5	65
64 or younger	1,009	16,942	13	14.1	140	0.5	20	7	7.6	64	0.3	59
65-74	1,225	32,464	21	21.2	232	0.5	15	16	16.2	190	0.5	66
75-84	475	4,577	8	16.0	89	0.5	11	1	2.0	12	0.4	75
85 and older	151	1,393	2	8.3	21	0.1	1	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	16,577	225,241	313	14.9	3,429	0.5	14	101	4.8	947	0.3	32
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,429	23,811	23	14.8	228	0.5	16	13	8.4	144	0.3	41
75-84	5,650	76,972	110	16.3	1,233	0.5	12	37	5.5	369	0.3	32
85 and older	9,498	124,458	180	14.2	1,968	0.5	14	51	4.0	434	0.3	29
Male												
All Males	9,569	152,538	184	16.7	1,991	0.5	17	57	5.2	561	0.3	49
Male, Disabled												
All Ages	2,892	51,271	44	16.4	482	0.5	20	18	6.7	200	0.3	67
64 or younger	1,816	35,013	27	17.6	295	0.4	24	11	7.2	118	0.4	75
65-74	913	12,963	12	13.6	136	0.6	14	5	5.7	58	0.3	57
75-84	130	2,901	3	14.3	27	0.7	17	2	9.5	24	0.3	55
85 and older	33	394	2	28.6	24	0.6	12	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	6,677	101,267	140	16.7	1,509	0.5	16	39	4.7	361	0.3	39
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,192	17,105	30	22.1	336	0.5	20	5	3.7	49	0.2	28
75-84	3,072	54,287	61	15.9	673	0.5	17	20	5.2	185	0.3	50
85 and older	2,413	29,875	49	15.5	500	0.5	13	14	4.4	127	0.3	27
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 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 2,206 beneficiaries who were in nursing facilities for part of their enrollment and their 21,322 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters

Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					MULTIVITAMINS				
	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	254	7.3	2,491	0.3	\$16	147	4.2	1,328	0.3	\$29	988	28.5	10,759	0.6	\$3
Female															
All Females	167	7.1	1,649	0.3	15	106	4.5	945	0.3	28	620	26.3	6,635	0.6	3
Female, Disabled															
All Ages	31	11.7	345	0.4	23	3	1.1	32	0.2	18	87	32.8	996	0.6	3
64 or younger	12	13.0	137	0.3	24	2	2.2	20	0.3	22	40	43.5	467	0.6	4
65-74	19	19.2	208	0.5	22	1	1.0	12	0.1	13	26	26.3	295	0.7	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	28.0	150	0.5	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	29.2	84	0.4	2
Female, Other Eligibles															
All Ages	136	6.5	1,304	0.3	13	103	4.9	913	0.3	29	533	25.4	5,639	0.6	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	14	9.0	130	0.5	21	11	7.1	106	0.4	31	36	23.2	403	0.6	3
75-84	51	7.6	491	0.3	11	40	5.9	360	0.3	28	153	22.7	1,637	0.6	3
85 and older	71	5.6	683	0.3	13	52	4.1	447	0.3	28	344	27.2	3,599	0.6	3
Male															
All Males	87	7.9	842	0.3	19	41	3.7	383	0.3	32	368	33.3	4,124	0.6	4
Male, Disabled															
All Ages	21	7.8	223	0.5	35	4	1.5	48	0.2	8	115	42.8	1,324	0.6	4
64 or younger	14	9.2	147	0.5	42	4	2.6	48	0.2	8	72	47.1	832	0.6	4
65-74	6	6.8	64	0.5	25	0	0.0	0	0.0	0	42	47.7	480	0.6	3
75-84	1	4.8	12	0.2	1	0	0.0	0	0.0	0	1	4.8	12	0.9	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	66	7.9	619	0.2	13	37	4.4	335	0.3	35	253	30.3	2,800	0.6	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13	9.6	127	0.1	9	6	4.4	61	0.1	17	40	29.4	465	0.7	4
75-84	30	7.8	311	0.2	13	21	5.5	178	0.4	49	121	31.6	1,336	0.7	3
85 and older	23	7.3	181	0.4	15	10	3.2	96	0.2	22	92	29.0	999	0.6	3
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 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 2,206 beneficiaries who were in nursing facilities for part of their enrollment and their 21,322 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					MINERALS & ELECTROLYTES					OPHTHALMIC				
	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	726	21.0	7,908	0.5	\$4	892	25.7	9,690	0.5	\$4	635	18.3	6,986	0.3	\$5
Female															
All Females	489	20.7	5,348	0.5	4	670	28.4	7,268	0.5	4	426	18.1	4,698	0.3	5
Female, Disabled															
All Ages	57	21.5	597	0.5	9	92	34.7	1,044	0.5	4	43	16.2	497	0.4	6
64 or younger	16	17.4	170	0.4	2	29	31.5	334	0.5	4	13	14.1	146	0.2	4
65-74	20	20.2	204	0.4	23	35	35.4	393	0.5	4	17	17.2	195	0.5	7
75-84	18	36.0	187	0.6	2	22	44.0	248	0.6	4	6	12.0	72	0.7	7
85 and older	3	12.5	36	0.6	3	6	25.0	69	0.4	3	7	29.2	84	0.4	6
Female, Other Eligibles															
All Ages	432	20.6	4,751	0.5	4	578	27.6	6,224	0.5	4	383	18.3	4,201	0.3	5
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	36	23.2	400	0.5	4	49	31.6	523	0.6	3	23	14.8	264	0.3	4
75-84	152	22.6	1,689	0.6	4	180	26.7	1,991	0.6	4	118	17.5	1,271	0.4	5
85 and older	244	19.3	2,662	0.5	4	349	27.5	3,710	0.5	4	242	19.1	2,666	0.3	5
Male															
All Males	237	21.4	2,560	0.5	4	222	20.1	2,422	0.5	3	209	18.9	2,288	0.3	5
Male, Disabled															
All Ages	41	15.2	468	0.6	5	64	23.8	740	0.5	3	48	17.8	572	0.3	5
64 or younger	27	17.6	307	0.6	5	36	23.5	415	0.5	3	25	16.3	300	0.3	5
65-74	10	11.4	120	0.5	2	17	19.3	197	0.5	3	19	21.6	224	0.5	5
75-84	3	14.3	36	0.6	13	7	33.3	84	0.5	3	4	19.0	48	0.2	4
85 and older	1	14.3	5	0.2	1	4	57.1	44	0.2	1	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	196	23.4	2,092	0.5	4	158	18.9	1,682	0.5	3	161	19.3	1,716	0.3	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	39	28.7	438	0.5	2	25	18.4	285	0.4	3	23	16.9	265	0.3	4
75-84	86	22.5	904	0.5	6	74	19.3	798	0.5	3	56	14.6	575	0.3	4
85 and older	71	22.4	750	0.5	3	59	18.6	599	0.5	3	82	25.9	876	0.3	5
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 2,206 beneficiaries who were in nursing facilities for part of their enrollment and their 21,322 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	DERMATOLOGICAL					ANTI-ANXIETY AGENTS					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	948	27.4	10,623	0.2	\$3	745	21.5	7,909	0.5	\$3	3,465	35,372
Female												
All Females	583	24.7	6,480	0.2	2	521	22.1	5,494	0.5	3	2,360	24,039
Female, Disabled												
All Ages	97	36.6	1,120	0.2	3	85	32.1	930	0.6	4	265	2,902
64 or younger	32	34.8	372	0.2	3	40	43.5	445	0.6	4	92	1,007
65-74	42	42.4	488	0.2	3	33	33.3	363	0.6	5	99	1,100
75-84	16	32.0	176	0.2	2	7	14.0	70	0.4	2	50	528
85 and older	7	29.2	84	0.2	2	5	20.8	52	0.3	5	24	267
Female, Other Eligibles												
All Ages	486	23.2	5,360	0.2	2	436	20.8	4,564	0.5	3	2,095	21,137
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	37	23.9	425	0.2	2	34	21.9	374	0.7	5	155	1,592
75-84	167	24.8	1,871	0.2	2	146	21.7	1,532	0.5	4	673	6,942
85 and older	282	22.3	3,064	0.2	2	256	20.2	2,658	0.4	3	1,267	12,603
Male												
All Males	365	33.0	4,143	0.2	3	224	20.3	2,415	0.5	4	1,105	11,333
Male, Disabled												
All Ages	107	39.8	1,263	0.2	3	68	25.3	784	0.7	5	269	3,006
64 or younger	66	43.1	775	0.2	3	42	27.5	481	0.9	6	153	1,730
65-74	32	36.4	384	0.3	4	22	25.0	255	0.6	5	88	990
75-84	7	33.3	84	0.2	1	3	14.3	36	0.1	1	21	213
85 and older	2	28.6	20	0.2	2	1	14.3	12	0.6	3	7	73
Male, Other Eligibles												
All Ages	258	30.9	2,880	0.2	3	156	18.7	1,631	0.4	3	836	8,327
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	37	27.2	415	0.2	2	29	21.3	310	0.6	4	136	1,398
75-84	120	31.3	1,332	0.3	3	73	19.1	790	0.4	3	383	3,843
85 and older	101	31.9	1,133	0.2	2	54	17.0	531	0.4	3	317	3,086
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 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.
 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 2006. A total of 2,206 beneficiaries who were in nursing facilities for part of their enrollment and their 21,322 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW MEXICO, 2006

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	6,259	16.1	1.7	66,733	\$14	\$541,711	\$8	37.5	38,860	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	1	
6-14	3	50.0	1.5	9	64	384	43	4.0	6	
15-20	5	6.4	0.5	36	4	308	9	1.2	78	
21-44	369	5.7	0.5	3,344	4	25,331	8	12.6	6,441	
45-64	717	8.7	1.0	8,216	8	65,313	8	26.1	8,208	
65-74	1,326	13.2	1.4	14,442	11	105,695	7	29.0	10,028	
75-84	1,844	21.5	2.3	19,826	19	163,352	8	50.1	8,588	
85 and older	1,995	36.2	3.8	20,860	33	181,328	9	67.9	5,510	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	4,124	25.2	2.7	43,788	23	370,599	8	50.8	16,362	
Disabled	2,092	9.5	1.0	22,748	8	169,790	7	26.2	21,961	
Adults	37	7.1	0.3	149	2	1,032	7	3.1	524	
Children	1	33.3	0.7	2	7	21	11	1.9	3	
Unknown	5	50.0	4.6	46	27	269	6	0.8	10	
Gender										
Female	4,265	17.7	1.9	45,462	15	367,258	8	40.8	24,073	
Male	1,994	13.5	1.4	21,271	12	174,453	8	32.0	14,787	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	2,632	17.1	2.0	30,278	18	275,536	9	39.8	15,416	
African American	53	7.3	0.7	540	7	5,107	9	56.4	731	
Other/unknown	3,574	15.7	1.6	35,915	11	261,068	7	35.1	22,713	
Use of Nursing Facilities^d										
Entire year	2,580	74.5	9.5	33,068	84	292,256	9	55.5	3,465	
Part year	1,213	55.0	5.1	11,191	47	103,207	9	36.0	2,206	
None	2,466	7.4	0.7	22,474	4	146,248	7	23.1	33,189	
Maintenance Assistance Status										
Cash	2,252	8.2	0.7	19,808	5	125,774	6	26.2	27,604	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	85	5.4	0.2	386	2	3,045	8	3.3	1,576	
Other/unknown	3,922	40.5	4.8	46,539	43	412,892	9	47.4	9,680	

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

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

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

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW MEXICO, 2006

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	0.2	\$1	\$8	\$0	\$0	410,665
Age						
5 and younger	0.0	0	0	0	0	7
6-14	0.2	7	43	0	0	53
15-20	0.1	1	9	0	0	569
21-44	0.0	0	8	0	0	67,062
45-64	0.1	1	8	0	0	86,472
65-74	0.1	1	7	0	0	108,877
75-84	0.2	2	8	0	0	92,761
85 and older	0.4	3	9	0	0	54,864
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	2	8	0	0	169,612
Disabled	0.1	1	7	0	0	237,082
Adults	0.0	0	7	0	0	3,851
Children	0.1	1	11	0	0	36
Unknown	0.5	3	6	0	1	84
Gender						
Female	0.2	1	8	0	0	255,808
Male	0.1	1	8	0	0	154,857
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	9	0	0	158,753
African American	0.1	1	9	0	0	7,628
Other/unknown	0.1	1	7	0	0	244,284
Use of Nursing Facilities^d						
Entire year	0.9	8	9	0	1	35,372
Part year	0.5	5	9	0	1	21,322
None	0.1	0	7	0	0	353,971
Maintenance Assistance Status						
Cash	0.1	0	6	0	0	303,019
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	8	0	0	13,512
Other/unknown	0.5	4	9	0	1	94,134

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
NEW MEXICO, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	7,932	\$68	\$541,711	100.0	66,733	\$8	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	209	50	10,462	1.9	403	26	0.6
Vitamins and minerals	405	31	12,674	2.3	1,008	13	1.5
Non-prescription drugs	5,536	80	444,837	82.1	57,106	8	85.6
Barbiturates	72	53	3,840	0.7	648	6	1.0
Benzodiazepines	1,598	43	68,513	12.6	7,399	9	11.1
Other Part D Excl Rx Drugs	112	12	1,385	0.3	169	8	0.3

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEW MEXICO, 2006

Total Number of Dual Eligible Beneficiaries: 38,860
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,445,485
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$37

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	34,865	89.7	\$0	0.0
1-500	3,349	8.6	325,262	22.5
501-1,000	286	0.7	199,216	13.8
1,001-1,500	110	0.3	134,169	9.3
1,501-2,000	92	0.2	159,618	11.0
2,001-2,500	39	0.1	85,876	5.9
2,501-3,000	34	0.1	92,045	6.4
3,001-3,500	17	0.0	54,717	3.8
3,501-4,000	14	0.0	52,563	3.6
4,001-4,500	13	0.0	55,124	3.8
4,501-5,000	8	0.0	38,198	2.6
5,001-5,500	6	0.0	31,299	2.2
5,501-6,000	8	0.0	46,366	3.2
6,001-6,500	3	0.0	18,294	1.3
6,501-7,000	5	0.0	33,576	2.3
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,809	0.5
8,001-8,500	2	0.0	16,189	1.1
8,501-9,000	1	0.0	8,763	0.6
9,001-9,500	2	0.0	18,227	1.3
9,501-10,000	2	0.0	19,280	1.3
10,001+	3	0.0	48,894	3.4

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEW MEXICO, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 14,216
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$438,328
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	13,365	94.0	\$0	0.0	
1-500	666	4.7	80,007	18.3	
501-1,000	86	0.6	60,248	13.7	
1,001-1,500	27	0.2	33,078	7.5	
1,501-2,000	21	0.1	36,216	8.3	
2,001-2,500	15	0.1	32,933	7.5	
2,501-3,000	7	0.0	19,539	4.5	
3,001-3,500	5	0.0	16,361	3.7	
3,501-4,000	5	0.0	18,700	4.3	
4,001-4,500	2	0.0	8,829	2.0	
4,501-5,000	2	0.0	9,308	2.1	
5,001-5,500	2	0.0	10,331	2.4	
5,501-6,000	1	0.0	5,821	1.3	
6,001-6,500	1	0.0	6,100	1.4	
6,501-7,000	3	0.0	20,394	4.7	
7,001-7,500	0	0.0	0	0.0	
7,501-8,000	1	0.0	7,809	1.8	
8,001-8,500	1	0.0	8,012	1.8	
8,501-9,000	1	0.0	8,763	2.0	
9,001-9,500	2	0.0	18,227	4.2	
9,501-10,000	2	0.0	19,280	4.4	
10,001+	1	0.0	18,372	4.2	

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEW MEXICO, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 24,126
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$958,251
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$39

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,065	87.3	\$0	0.0
1-500	2,621	10.9	234,889	24.5
501-1,000	190	0.8	131,644	13.7
1,001-1,500	80	0.3	97,827	10.2
1,501-2,000	71	0.3	123,402	12.9
2,001-2,500	21	0.1	46,282	4.8
2,501-3,000	26	0.1	69,959	7.3
3,001-3,500	12	0.0	38,356	4.0
3,501-4,000	8	0.0	30,229	3.2
4,001-4,500	11	0.0	46,295	4.8
4,501-5,000	4	0.0	18,992	2.0
5,001-5,500	3	0.0	15,756	1.6
5,501-6,000	7	0.0	40,545	4.2
6,001-6,500	2	0.0	12,194	1.3
6,501-7,000	2	0.0	13,182	1.4
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,177	0.9
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	30,522	3.2

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEW MEXICO, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 10,028
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$364,949
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$36

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,280	92.5	\$0	0.0
1-500	598	6.0	59,925	16.4
501-1,000	48	0.5	32,909	9.0
1,001-1,500	32	0.3	39,161	10.7
1,501-2,000	26	0.3	44,978	12.3
2,001-2,500	8	0.1	17,949	4.9
2,501-3,000	12	0.1	32,488	8.9
3,001-3,500	2	0.0	6,541	1.8
3,501-4,000	2	0.0	7,975	2.2
4,001-4,500	7	0.1	29,380	8.1
4,501-5,000	2	0.0	9,406	2.6
5,001-5,500	2	0.0	10,607	2.9
5,501-6,000	5	0.0	28,780	7.9
6,001-6,500	1	0.0	6,151	1.7
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,177	2.2
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	30,522	8.4

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEW MEXICO, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 8,588
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$326,374
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$38

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,512	87.5	\$0	0.0
1-500	919	10.7	82,176	25.2
501-1,000	70	0.8	48,300	14.8
1,001-1,500	28	0.3	33,666	10.3
1,501-2,000	23	0.3	41,005	12.6
2,001-2,500	8	0.1	17,304	5.3
2,501-3,000	7	0.1	19,082	5.8
3,001-3,500	8	0.1	25,526	7.8
3,501-4,000	5	0.1	18,292	5.6
4,001-4,500	4	0.0	16,915	5.2
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,149	1.6
5,501-6,000	1	0.0	5,777	1.8
6,001-6,500	0	0.0	0	0.0
6,501-7,000	2	0.0	13,182	4.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEW MEXICO, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 5,510
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$266,928
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$48

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,273	77.5	\$0	0.0
1-500	1,104	20.0	92,788	34.8
501-1,000	72	1.3	50,435	18.9
1,001-1,500	20	0.4	25,000	9.4
1,501-2,000	22	0.4	37,419	14.0
2,001-2,500	5	0.1	11,029	4.1
2,501-3,000	7	0.1	18,389	6.9
3,001-3,500	2	0.0	6,289	2.4
3,501-4,000	1	0.0	3,962	1.5
4,001-4,500	0	0.0	0	0.0
4,501-5,000	2	0.0	9,586	3.6
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,988	2.2
6,001-6,500	1	0.0	6,043	2.3
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

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	39,298	16,389	22,278	618	3	10	425,099	170,286	249,044	5,649	36	84
Age												
5 and younger	1	0	1	0	0	0	7	0	7	0	0	0
6-14	6	0	5	0	1	0	72	0	60	0	12	0
15-20	96	0	94	0	2	0	1,093	0	1,069	0	24	0
21-44	6,645	2	6,232	411	0	0	73,052	16	69,186	3,850	0	0
45-64	8,331	1	8,136	189	0	5	91,128	12	89,403	1,660	0	53
65-74	10,113	4,703	5,391	14	0	5	111,885	49,768	61,972	114	0	31
75-84	8,594	6,642	1,948	4	0	0	92,933	70,693	22,215	25	0	0
85 and older	5,512	5,041	471	0	0	0	54,929	49,797	5,132	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,293	11,208	12,619	455	1	10	263,758	117,300	142,194	4,168	12	84
Male	15,005	5,181	9,659	163	2	0	161,341	52,986	106,850	1,481	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	15,603	6,580	8,794	223	2	4	164,163	65,073	97,059	1,982	24	25
African American	742	184	544	14	0	0	7,982	1,934	5,944	104	0	0
Other/unknown	22,953	9,625	12,940	381	1	6	252,954	103,279	146,041	3,563	12	59
Use of Nursing Facilities^c												
Entire year	3,465	2,931	534	0	0	0	35,372	29,464	5,908	0	0	0
Part year	2,206	1,773	433	0	0	0	21,356	16,856	4,500	0	0	0
None	33,627	11,685	21,311	618	3	10	368,371	123,966	238,636	5,649	36	84
Maintenance Assistance Status												
Cash	27,993	9,125	18,606	261	1	0	314,186	101,441	210,214	2,519	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	1,600	207	1,364	18	1	10	16,066	2,137	13,642	191	12	84
Other/unknown	9,705	7,057	2,308	339	1	0	94,847	66,708	25,188	2,939	12	0
Dual Status^d												
Full dual, all year	37,901	15,703	21,603	582	3	10	409,949	162,903	241,693	5,233	36	84
Full dual, part year	1,397	686	675	36	0	0	15,150	7,383	7,351	416	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	37,068	16,244	20,414	397	3	10	400,509	168,710	228,414	3,265	36	84
FFS part year, with Rx claims	197	9	149	39	0	0	2,065	84	1,551	430	0	0
FFS part year, no Rx claims	1,595	109	1,398	88	0	0	17,859	1,190	15,697	972	0	0
MC all year, with Rx claims	2	0	1	1	0	0	24	0	12	12	0	0
MC all year, no Rx claims	436	27	316	93	0	0	4,642	302	3,370	970	0	0

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	39,298	425,099	38,860	410,665	0	14,434
Fee-for-service (FFS) all year	37,068	400,509	37,068	400,509	0	0
FFS part year, with Rx claims	197	2,065	197	1,069	0	996
FFS part year, with no Rx claims	1,595	17,859	1,595	9,087	0	8,772
Managed care (MC) all year, with Rx claims	2	24	0	0	0	24
MC all year, with no Rx claims	436	4,642	0	0	0	4,642

Source: Data for this table are from the MAX 2006 file for New Mexico, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries