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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	625,497	330,281	281,352	13,729	104	31	6,710,699	3,479,386	3,116,064	114,148	867	234
Age												
5 and younger	24	0	19	0	5	0	221	0	185	0	36	0
6-14	40	0	39	0	1	0	429	0	417	0	12	0
15-20	784	0	694	0	90	0	8,194	0	7,424	0	770	0
21-44	75,476	0	69,748	5,717	8	3	816,870	0	768,619	48,172	49	30
45-64	120,331	0	112,478	7,843	0	10	1,294,030	0	1,229,265	64,671	0	94
65-74	177,742	103,895	73,662	167	0	18	1,926,088	1,094,428	830,267	1,283	0	110
75-84	149,515	127,534	21,979	2	0	0	1,630,581	1,379,467	251,092	22	0	0
85 and older	101,585	98,852	2,733	0	0	0	1,034,286	1,005,491	28,795	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	392,414	229,067	155,849	7,417	50	31	4,231,610	2,432,391	1,735,417	63,154	414	234
Male	233,083	101,214	125,503	6,312	54	0	2,479,089	1,046,995	1,380,647	50,994	453	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	284,937	149,227	130,297	5,353	45	15	3,014,157	1,518,210	1,450,989	44,439	385	134
African American	96,765	43,332	49,230	4,177	22	4	1,017,639	452,411	530,274	34,755	175	24
Other/unknown	243,795	137,722	101,825	4,199	37	12	2,678,903	1,508,765	1,134,801	34,954	307	76
Use of Nursing Facilities^c												
Entire year	88,540	74,660	13,825	55	0	0	913,180	756,795	155,831	554	0	0
Part year	37,361	28,861	8,410	90	0	0	371,310	279,672	90,858	780	0	0
None	499,596	226,760	259,117	13,584	104	31	5,426,209	2,442,919	2,869,375	112,814	867	234
Maintenance Assistance Status												
Cash	355,527	161,131	192,016	2,336	44	0	4,034,306	1,827,122	2,186,342	20,495	347	0
Medically needy	249,278	163,311	83,174	2,766	27	0	2,483,552	1,596,012	863,320	24,019	201	0
Poverty-related	3,554	2,312	1,197	2	12	31	37,126	24,570	12,203	23	96	234
Other/unknown	17,138	3,527	4,965	8,625	21	0	155,715	31,682	54,199	69,611	223	0
Dual Medicare Status^d												
Full dual, all year	621,279	327,604	279,832	13,708	104	31	6,665,938	3,450,488	3,100,415	113,934	867	234
Full dual, part year	4,218	2,677	1,520	21	0	0	44,761	28,898	15,649	214	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	594,286	320,578	266,565	7,056	56	31	6,484,967	3,408,376	3,009,552	66,256	549	234
FFS part year, with Rx claims	19,081	5,532	10,237	3,288	24	0	116,774	35,227	64,544	16,886	117	0
FFS part year, no Rx claims	4,640	2,009	1,751	871	9	0	26,379	11,464	10,598	4,279	38	0

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

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 2006

Beneficiary Characteristics	Percentage with at Least				Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
	One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx				
All	30.1	3.6	\$266	\$74	\$25,768	1.0	625,497	
Age								
5 and younger	79.2	26.8	4,247	158	15,604	27.2	24	
6-14	95.0	26.5	5,368	203	31,611	17.0	40	
15-20	74.7	15.9	2,345	148	25,164	9.3	784	
21-44	35.9	5.5	576	104	29,085	2.0	75,476	
45-64	39.0	6.1	496	82	30,986	1.6	120,331	
65-74	31.1	3.9	257	66	14,395	1.8	177,742	
75-84	24.2	1.7	69	41	24,334	0.3	149,515	
85 and older	21.7	1.4	48	34	39,137	0.1	101,585	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	24.8	2.0	97	50	26,249	0.4	330,281	
Disabled	34.7	4.8	387	80	26,148	1.5	281,352	
Adults	62.6	17.3	1,793	103	6,547	27.4	13,729	
Children	73.1	19.2	3,098	162	12,524	24.7	104	
Unknown	77.4	25.0	2,935	117	8,814	33.3	31	
Gender								
Female	30.4	3.6	240	67	24,822	1.0	392,414	
Male	29.5	3.6	308	85	27,361	1.1	233,083	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	31.9	3.7	247	67	34,800	0.7	284,937	
African American	30.7	4.2	367	88	23,545	1.6	96,765	
Other/unknown	27.7	3.3	247	75	16,094	1.5	243,795	
Use of Nursing Facilities^f								
Entire year	24.1	1.9	66	35	58,146	0.1	88,540	
Part year	31.8	2.4	143	59	37,799	0.4	37,361	
None	31.0	4.0	310	78	19,130	1.6	499,596	
Maintenance Assistance Status								
Cash	29.2	3.6	271	74	17,355	1.6	355,527	
Medically needy	29.8	2.9	183	63	39,087	0.5	249,278	
Poverty related	30.6	3.4	270	80	10,905	2.5	3,554	
Other/unknown	52.1	13.1	1,349	103	9,640	14.0	17,138	

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

a. Table 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 eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Benefit(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c		More than 0, but 1 or Less		More than 2, but 5 or Less		More than 5, but 10 or Less		Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			None	1 or Less	2 or Less	3 or Less	4 or Less	5 or Less	10 or Less				
All	0.3	\$25	1.0	69.9	24.1	2.2	2.2	1.0	0.6	\$2,402	625,497	6,710,699	
Age													
5 and younger	2.9	461	27.2	20.8	8.3	25.0	29.2	8.3	8.3	1,695	24	221	
6-14	2.5	501	17.0	5.0	37.5	27.5	20.0	5.0	5.0	2,947	40	429	
15-20	1.5	224	9.3	25.3	39.8	12.5	15.6	4.7	2.2	2,408	784	8,194	
21-44	0.5	53	2.0	64.1	25.6	3.4	4.0	1.8	1.1	2,687	75,476	816,870	
45-64	0.6	46	1.6	61.0	28.4	3.3	3.7	2.2	1.4	2,881	120,331	1,294,030	
65-74	0.4	24	1.8	68.9	24.1	2.4	2.7	1.2	0.7	1,328	177,742	1,926,088	
75-84	0.2	6	0.3	75.8	22.3	1.1	0.6	0.2	0.1	2,231	149,515	1,630,581	
85 and older	0.1	5	0.1	78.3	20.3	0.9	0.4	0.1	0.0	3,844	101,585	1,034,286	
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	0.2	9	0.4	75.2	21.9	1.4	1.0	0.3	0.2	2,492	330,281	3,479,386	
Disabled	0.4	35	1.5	65.3	26.7	2.8	3.0	1.4	0.8	2,361	281,352	3,116,064	
Adults	2.1	216	27.4	37.4	24.2	7.9	14.6	9.6	6.3	787	13,729	114,148	
Children	2.3	372	24.7	26.9	26.9	14.4	17.3	5.8	8.7	1,502	104	867	
Unknown	3.3	389	33.3	22.6	19.4	19.4	19.4	19.4	0.0	1,168	31	234	
Gender													
Female	0.3	22	1.0	69.6	24.6	2.1	2.1	1.0	0.6	2,302	392,414	4,231,610	
Male	0.3	29	1.1	70.5	23.3	2.3	2.4	1.1	0.6	2,572	233,083	2,479,089	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	0.3	23	0.7	68.1	26.3	2.3	2.0	0.9	0.5	3,290	284,937	3,014,157	
African American	0.4	35	1.6	69.3	22.9	2.4	3.0	1.4	0.9	2,239	96,765	1,017,639	
Other/unknown	0.3	23	1.5	72.3	22.1	1.9	2.1	1.0	0.6	1,465	243,795	2,678,903	
Use of Nursing Facilities^f													
Entire year	0.2	6	0.1	75.9	22.1	1.5	0.4	0.1	0.0	5,638	88,540	913,180	
Part year	0.2	14	0.4	68.2	28.8	1.5	1.0	0.4	0.1	3,803	37,361	371,310	
None	0.4	29	1.6	69.0	24.1	2.3	2.6	1.3	0.7	1,761	499,596	5,426,209	
Maintenance Assistance Status													
Cash	0.3	24	1.6	70.8	23.6	1.9	2.1	1.0	0.6	1,529	355,527	4,034,306	
Medically needy	0.3	18	0.5	70.2	24.9	2.2	1.7	0.7	0.4	3,923	249,278	2,483,552	
Poverty related	0.3	26	2.5	69.4	23.8	2.6	2.5	1.1	0.6	1,044	3,554	37,126	
Other/unknown	1.4	148	14.0	47.9	23.4	6.2	10.9	6.9	4.7	1,061	17,138	155,715	

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table 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 f of Table 1 for methodology used to determine nursing facility residence.
 Beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	0.3	\$25	\$74	0.1	\$17	\$162	0.0	\$2	\$116	0.2	\$6	\$26
Age												
5 and younger	2.9	461	158	1.5	406	268	0.2	21	114	1.2	35	29
6-14	2.5	501	203	1.2	458	367	0.1	10	84	1.1	33	30
15-20	1.5	224	148	0.7	193	272	0.1	9	119	0.7	23	31
21-44	0.5	53	104	0.2	40	221	0.0	3	146	0.3	10	34
45-64	0.6	46	82	0.2	33	175	0.0	3	124	0.4	11	30
65-74	0.4	24	66	0.1	16	126	0.0	2	103	0.2	5	25
75-84	0.2	6	41	0.0	4	114	0.0	1	92	0.1	2	18
85 and older	0.1	5	34	0.0	3	121	0.0	0	89	0.1	2	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	9	50	0.1	6	120	0.0	1	95	0.1	3	20
Disabled	0.4	35	80	0.1	25	174	0.0	2	120	0.3	8	28
Adults	2.1	216	103	0.9	159	183	0.1	15	142	1.1	42	38
Children	2.3	372	162	1.1	319	291	0.1	16	140	1.1	36	33
Unknown	3.3	389	117	1.4	295	214	0.2	26	129	1.7	68	39
Gender												
Female	0.3	22	67	0.1	15	147	0.0	2	113	0.2	5	25
Male	0.3	29	85	0.1	21	185	0.0	2	122	0.2	6	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	23	67	0.1	15	160	0.0	2	122	0.2	6	26
African American	0.4	35	88	0.1	26	183	0.0	2	115	0.2	6	27
Other/unknown	0.3	23	75	0.1	16	153	0.0	2	111	0.2	5	26
Use of Nursing Facilities^e												
Entire year	0.2	6	35	0.0	4	171	0.0	0	79	0.2	2	15
Part year	0.2	14	59	0.1	10	172	0.0	1	101	0.2	4	21
None	0.4	29	78	0.1	20	161	0.0	2	117	0.2	6	28
Maintenance Assistance Status												
Cash	0.3	24	74	0.1	17	159	0.0	2	115	0.2	5	27
Medically needy	0.3	18	63	0.1	12	159	0.0	1	113	0.2	5	24
Poverty related	0.3	26	80	0.1	18	153	0.0	2	108	0.2	6	31
Other/unknown	1.4	148	103	0.6	112	182	0.1	10	131	0.8	27	38

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table 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 1 of Table 1 for methodology used to determine nursing facility residence.
 CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Therapeutic Category	Number of Rx per Benefit Month												Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e		
	Patented Brand-Name				Off-Patent Brand-Name				Generic				Total	Total Rx \$	Total Number of Rx	Total Rx \$	Number of Dual Benes	As a Percentage of Dual Benes	Number of Benefit Months					
	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												
Anti-infective Agents	0.3	0.1	0.0	0.2	\$75	\$67	\$1	\$7	\$224	\$450	\$180	\$40	87,576	\$19,645,266	26,989	4.3	261,180							
Biologicals	0.2	0.2	0.0	0.0	221	210	11	0	1224	1,283	2,650	28	407	498,170	219	0.0	2,252							
Antineoplastic Agents	0.4	0.2	0.0	0.2	160	137	2	21	450	858	412	111	6,156	2,767,842	1,784	0.3	17,309							
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	37	29	1	7	70	127	49	26	167,373	11,738,541	32,087	5.1	315,687							
Cardiovascular Agents	0.8	0.4	0.1	0.4	44	29	6	9	55	80	111	24	418,694	22,907,005	52,622	8.4	522,574							
Respiratory Agents	0.5	0.3	0.0	0.2	43	36	2	5	79	118	74	22	102,536	8,110,951	19,385	3.1	190,397							
Gastrointestinal Agents	0.3	0.2	0.0	0.2	34	28	3	4	99	162	429	25	69,686	6,904,926	20,378	3.3	200,264							
Genitourinary Agents	0.3	0.2	0.0	0.1	24	17	5	2	78	85	97	37	24,547	1,907,243	8,078	1.3	80,330							
CNS Drugs	0.6	0.2	0.0	0.4	42	28	4	10	70	173	126	25	568,097	39,542,264	88,055	14.1	950,643							
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	80	74	0	6	177	214	123	54	4,677	827,537	1,043	0.2	10,358							
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	85	85	0	0	281	283	112	83	10,459	2,934,984	3,407	0.5	34,523							
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	31	12	5	14	75	221	187	41	156,130	11,641,386	37,446	6.0	373,026							
Neuromuscular Agents	0.6	0.1	0.0	0.4	36	18	2	16	64	186	116	35	212,794	13,620,349	36,043	5.8	382,796							
Nutritional Products	0.3	0.1	0.0	0.2	6	1	0	4	21	14	17	24	33,315	684,773	10,762	1.7	116,984							
Hematological Agents	0.5	0.0	0.0	0.4	19	14	0	5	40	347	39	11	276,103	10,928,215	53,002	8.5	588,381							
Topical Products	0.4	0.2	0.0	0.2	30	23	1	7	78	123	67	35	104,725	8,183,773	27,273	4.4	269,770							
Miscellaneous Products	0.6	0.4	0.0	0.1	249	225	10	14	447	584	253	106	6,628	2,964,898	1,181	0.2	11,894							
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	67	0	0	0	4,534	305,796	2,435	0.4	24,896							
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.	2,254,437	166,113,919	n.a.	n.a.	n.a.							

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table 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 York, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	\$19,213,631	18,554	3.0	185,291	0.4	\$236	\$104
ANTIVIRAL	16,469,487	6,587	1.1	67,000	0.4	553	246
ANTICONVULSANT	12,305,481	32,779	5.2	352,269	0.5	67	35
ANTIHYPERTENSIVE	10,680,941	31,815	5.1	316,358	0.3	102	34
ANTI-DIABETIC	10,679,895	41,042	6.6	419,607	0.4	71	25
ULCER DRUGS	10,571,881	73,944	11.8	818,827	0.4	35	13
ANTIDEPRESSANTS	9,064,983	28,419	4.5	277,298	0.4	80	33
HEMATOPOIETIC AGENTS	7,685,073	67,546	10.8	764,990	0.4	25	10
ANTI-ANXIETY AGENTS	7,491,876	56,735	9.1	632,488	0.4	27	12
ANTI-ASTHMATIC	6,314,298	23,991	3.8	235,403	0.3	83	27
Total	110,477,546	381,412	n.a.	4,069,531	n.a.	n.a.	n.a.

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

a. Table 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>.

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	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
All	1,628,798	\$110,477,546	18,554	3.0	185,291	0.4	\$104	6,587	1.1	67,000	0.4	\$246
Female												
All Females	1,021,580	60,488,997	10,003	2.5	98,852	0.4	91	2,460	0.6	25,152	0.4	222
Female, Disabled												
All Ages	574,212	39,273,233	5,812	3.7	59,237	0.5	107	1,757	1.1	18,447	0.4	230
5 and younger	62	5,499	0	0.0	0	0.0	0	1	16.7	12	0.4	234
6-14	257	24,913	0	0.0	0	0.0	0	7	26.9	70	0.5	164
15-20	2,346	366,934	95	34.1	1,011	0.6	110	37	13.3	412	0.3	216
21-44	112,268	10,396,590	2,334	7.7	23,077	0.5	123	569	1.9	5,900	0.5	245
45-64	240,313	16,301,882	2,195	3.8	21,840	0.4	102	878	1.5	9,135	0.4	243
65-74	181,779	11,181,207	1,111	2.3	12,472	0.4	94	258	0.5	2,834	0.3	166
75-84	34,106	923,674	59	0.4	666	0.2	37	7	0.0	84	0.1	31
85 and older	3,081	72,534	18	0.8	171	0.2	25	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	447,368	21,215,764	4,191	1.8	39,615	0.4	66	703	0.3	6,705	0.4	200
5 and younger	3	25	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	460	76,139	12	27.3	108	0.9	125	11	25.0	132	0.6	327
21-44	27,468	3,193,228	772	22.8	6,814	0.5	118	210	6.2	2,005	0.5	231
45-64	39,786	4,212,791	554	13.9	4,851	0.6	135	199	5.0	1,837	0.5	338
65-74	125,912	6,369,818	605	1.0	6,269	0.3	66	203	0.3	1,916	0.2	93
75-84	143,561	4,518,945	998	1.1	9,814	0.3	37	53	0.1	544	0.2	60
85 and older	110,178	2,844,818	1,250	1.6	11,759	0.3	32	27	0.0	271	0.1	9
Male												
All Males	607,218	49,988,549	8,551	3.7	86,439	0.5	118	4,127	1.8	41,848	0.5	260
Male, Disabled												
All Ages	394,857	35,398,512	6,058	4.8	63,342	0.5	127	3,163	2.5	32,762	0.4	250
5 and younger	111	12,311	0	0.0	0	0.0	0	1	7.7	12	0.3	117
6-14	118	19,361	0	0.0	0	0.0	0	4	30.8	45	0.9	383
15-20	3,314	618,821	150	36.1	1,691	0.6	168	29	7.0	307	0.3	199
21-44	113,101	13,298,459	3,266	8.3	33,908	0.5	133	1,192	3.0	12,273	0.4	238
45-64	187,218	15,681,226	2,040	3.7	20,895	0.5	121	1,655	3.0	17,076	0.5	262
65-74	79,999	5,486,948	584	2.3	6,647	0.4	110	274	1.1	2,953	0.4	242
75-84	10,292	265,585	15	0.3	179	0.4	64	8	0.1	96	0.1	55
85 and older	704	15,801	3	0.6	22	0.2	16	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	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	212,361	14,590,037	2,493	2.3	23,097	0.4	94	964	0.9	9,086	0.5	297
5 and younger	80	4,448	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	2,840	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	377	58,406	19	41.3	211	0.6	152	2	4.3	12	0.8	708
21-44	19,674	3,047,419	609	25.9	5,490	0.6	160	245	10.4	2,110	0.6	367
45-64	32,625	4,544,471	487	12.6	4,168	0.6	153	381	9.9	3,721	0.6	391
65-74	73,531	4,132,307	425	1.0	4,414	0.3	70	280	0.7	2,722	0.3	158
75-84	60,506	1,991,149	539	1.3	5,081	0.3	37	46	0.1	401	0.3	61
85 and older	25,563	808,997	414	2.1	3,733	0.3	32	10	0.1	120	0.5	57
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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.

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

Beneficiary Characteristics	ANTICONSULTANT					ANTIHYPERLIPIDEMIC					ANTIDIABETIC				
	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	32,779	5.2	352,269	0.5	\$35	31,815	5.1	316,358	0.3	\$34	41,042	6.6	419,607	0.4	\$26
Female															
All Females	19,801	5.0	213,062	0.5	32	19,252	4.9	192,625	0.3	33	26,127	6.7	270,642	0.4	25
Female, Disabled															
All Ages	13,265	8.5	144,915	0.5	35	9,814	6.3	99,303	0.4	37	13,775	8.8	143,483	0.4	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	33.3	24	0.2	16
6-14	2	7.7	17	0.5	29	1	3.8	1	1.0	230	0	0.0	0	0.0	0
15-20	71	25.4	768	0.7	99	10	3.6	115	0.2	11	11	3.9	124	0.5	41
21-44	4,065	13.3	43,397	0.6	47	700	2.3	6,762	0.4	38	1,071	3.5	10,654	0.5	34
45-64	6,167	10.7	67,025	0.6	32	3,866	6.7	37,094	0.4	39	5,256	9.1	52,132	0.4	31
65-74	2,535	5.2	28,839	0.5	25	4,863	10.0	51,135	0.4	38	6,588	13.6	70,797	0.4	28
75-84	390	2.4	4,493	0.4	12	352	2.1	3,979	0.2	21	813	4.9	9,354	0.3	17
85 and older	35	1.6	376	0.5	21	22	1.0	217	0.2	22	34	1.5	398	0.2	11
Female, Other Eligibles															
All Ages	6,536	2.8	68,147	0.4	26	9,438	4.0	93,322	0.3	29	12,352	5.2	127,159	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	11	25.0	110	0.6	66	0	0.0	0	0.0	0	2	4.5	17	0.2	22
21-44	830	24.6	7,395	0.6	73	220	6.5	1,941	0.5	45	346	10.2	3,024	0.5	48
45-64	826	20.7	7,262	0.6	70	1,000	25.1	8,186	0.5	53	1,049	26.3	8,573	0.6	43
65-74	1,801	2.9	19,720	0.4	16	4,910	7.8	47,601	0.3	30	6,013	9.6	61,071	0.3	21
75-84	1,915	2.2	21,384	0.4	11	2,453	2.8	26,369	0.2	21	3,662	4.2	40,395	0.3	15
85 and older	1,153	1.5	12,276	0.4	11	855	1.1	9,225	0.2	20	1,280	1.6	14,079	0.2	13
Male															
All Males	12,978	5.6	139,207	0.5	40	12,563	5.4	123,733	0.3	35	14,915	6.4	148,965	0.4	27
Male, Disabled															
All Ages	9,822	7.8	107,653	0.6	41	6,927	5.5	69,694	0.4	37	8,337	6.6	84,682	0.4	29
5 and younger	3	23.1	30	0.3	29	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	7.7	12	0.1	7	2	15.4	24	0.3	28
15-20	101	24.3	1,093	0.6	129	11	2.7	112	0.5	41	15	3.6	174	0.4	34
21-44	3,969	10.1	43,485	0.6	52	1,217	3.1	12,506	0.4	35	1,179	3.0	11,963	0.4	32
45-64	4,613	8.4	50,285	0.6	35	3,250	5.9	31,377	0.4	38	4,016	7.3	39,314	0.4	29
65-74	1,031	4.1	11,576	0.5	27	2,344	9.3	24,516	0.3	36	2,897	11.5	30,603	0.4	28
75-84	96	1.7	1,100	0.4	10	102	1.8	1,150	0.2	19	224	4.1	2,557	0.3	16
85 and older	9	1.9	84	0.7	28	2	0.4	21	0.3	40	4	0.8	47	0.3	25

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTICONSULSANT					ANTIHYPERLIPIDEMIC					ANTIDIABETIC				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
		of Dual Benes		of Dual Benes			of Dual Benes								
Male, Other Eligibles															
All Ages	3,156	2.9	31,554	0.5	35	5,636	5.2	54,039	0.3	33	6,578	6.1	64,283	0.3	24
5 and younger	2	66.7	20	0.7	13	1	33.3	12	0.1	4	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	19.6	98	0.7	78	1	2.2	5	0.2	24	3	6.5	26	0.8	67
21-44	497	21.2	4,593	0.6	86	336	14.3	3,106	0.5	47	305	13.0	2,745	0.6	61
45-64	605	15.7	5,141	0.6	68	1,003	26.0	8,005	0.5	57	1,063	27.5	8,270	0.6	48
65-74	976	2.4	10,261	0.4	22	2,965	7.2	28,624	0.3	29	3,523	8.5	34,671	0.3	21
75-84	772	1.9	8,369	0.4	11	1,086	2.7	11,634	0.2	22	1,386	3.4	15,335	0.2	16
85 and older	295	1.5	3,072	0.4	10	244	1.2	2,653	0.2	22	298	1.5	3,236	0.2	13
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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.

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

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS				
	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	73,944	11.8	818,827	0.4	\$13	28,419	4.5	277,298	0.4	\$33	67,546	10.8	764,990	0.4	\$10
Female															
All Females	49,074	12.5	545,961	0.4	13	18,549	4.7	180,786	0.4	32	44,239	11.3	503,243	0.4	9
Female, Disabled															
All Ages	24,921	16.0	277,378	0.4	14	11,958	7.7	118,141	0.4	33	17,996	11.5	206,789	0.4	11
5 and younger	2	33.3	19	0.4	20	0	0.0	0	0.0	0	10	166.7	97	0.3	13
6-14	16	61.5	158	0.5	19	1	3.8	10	0.1	8	23	88.5	261	0.5	37
15-20	50	17.9	549	0.4	24	74	26.5	815	0.5	33	49	17.6	560	0.3	48
21-44	3,219	10.6	34,893	0.4	17	3,488	11.4	33,324	0.4	36	3,105	10.2	35,186	0.4	15
45-64	9,419	16.3	102,111	0.4	16	5,311	9.2	50,432	0.4	34	6,499	11.2	73,858	0.4	11
65-74	9,622	19.8	109,315	0.4	14	2,940	6.1	32,025	0.4	28	5,833	12.0	67,728	0.4	10
75-84	2,419	14.7	28,346	0.3	9	121	0.7	1,327	0.2	13	2,263	13.8	26,659	0.4	4
85 and older	174	7.7	1,987	0.4	9	23	1.0	208	0.2	14	214	9.5	2,440	0.4	3
Female, Other Eligibles															
All Ages	24,153	10.2	268,583	0.3	11	6,591	2.8	62,645	0.4	31	26,243	11.1	296,454	0.4	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	4	0.8	6
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	10	22.7	102	0.4	19	15	34.1	124	0.7	46	9	20.5	105	0.3	12
21-44	683	20.2	6,214	0.4	27	1,576	46.6	14,077	0.5	46	391	11.6	3,737	0.3	10
45-64	1,173	29.4	10,419	0.4	29	1,775	44.5	15,167	0.6	51	420	10.5	3,925	0.4	30
65-74	8,596	13.7	94,122	0.3	11	1,554	2.5	15,749	0.3	19	5,803	9.2	65,928	0.4	9
75-84	8,924	10.2	103,175	0.3	9	1,023	1.2	10,855	0.2	14	10,552	12.1	121,509	0.4	6
85 and older	4,767	6.0	54,551	0.4	10	648	0.8	6,673	0.2	13	9,067	11.5	101,246	0.4	7
Male															
All Males	24,870	10.7	272,866	0.4	13	9,870	4.2	96,512	0.4	34	23,307	10.0	261,747	0.4	13
Male, Disabled															
All Ages	14,161	11.3	156,991	0.4	15	6,664	5.3	66,563	0.4	33	10,999	8.8	124,892	0.5	15
5 and younger	4	30.8	42	0.5	29	0	0.0	0	0.0	0	11	84.6	120	0.5	49
6-14	4	30.8	48	0.3	15	0	0.0	0	0.0	0	8	61.5	96	0.5	2
15-20	64	15.4	731	0.4	27	96	23.1	1,089	0.5	36	30	7.2	314	0.5	126
21-44	3,037	7.7	33,500	0.4	16	2,702	6.9	27,192	0.4	34	1,774	4.5	20,084	0.4	22
45-64	6,553	12.0	71,637	0.4	15	2,845	5.2	27,117	0.4	34	5,096	9.3	57,158	0.5	16
65-74	3,788	15.1	42,744	0.4	14	991	3.9	10,837	0.4	28	3,220	12.8	37,071	0.4	11
75-84	667	12.1	7,806	0.4	10	29	0.5	324	0.2	17	811	14.7	9,501	0.4	4
85 and older	44	9.2	483	0.4	11	1	0.2	4	1.8	203	49	10.3	548	0.5	5

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	10,709	10.0	115,875	0.3	12	3,206	3.0	29,949	0.4	35	12,308	11.4	136,855	0.4	11
5 and younger	4	133.3	34	0.5	26	0	0.0	0	0.0	0	6	200.0	56	0.8	47
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	24	0.2	118
15-20	5	10.9	41	0.7	11	11	23.9	125	0.6	52	3	6.5	36	0.3	2
21-44	400	17.0	3,647	0.4	30	915	39.0	8,445	0.5	45	109	4.6	1,023	0.4	40
45-64	844	21.9	7,121	0.5	27	1,160	30.0	9,985	0.6	48	362	9.4	3,109	0.5	95
65-74	4,555	11.0	49,107	0.3	11	667	1.6	6,688	0.3	20	3,982	9.7	44,509	0.4	10
75-84	3,714	9.2	42,546	0.3	9	322	0.8	3,354	0.2	14	5,222	12.9	59,553	0.4	7
85 and older	1,187	6.0	13,379	0.3	9	131	0.7	1,352	0.2	11	2,622	13.3	28,545	0.4	10
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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>.
 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.

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

Beneficiary Characteristics	ANTIANKXIETY AGENTS					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	56,735	9.1	632,488	0.4	\$12	23,991	3.8	235,403	0.3	\$27	625,497	6,710,699
Female												
All Females	39,104	10.0	435,652	0.4	11	15,900	4.1	156,407	0.3	26	392,414	4,231,610
Female, Disabled												
All Ages	20,240	13.0	229,465	0.4	13	10,285	6.6	102,828	0.3	28	155,849	1,735,417
5 and younger	0	0.0	0	0.0	0	5	83.3	60	0.3	11	6	58
6-14	1	3.8	12	0.1	0	2	7.7	24	0.1	1	26	264
15-20	34	12.2	361	0.3	11	62	22.2	641	0.3	21	279	2,970
21-44	4,083	13.4	45,631	0.4	14	2,076	6.8	20,235	0.3	25	30,488	335,843
45-64	8,946	15.5	100,786	0.5	14	4,071	7.0	38,821	0.4	30	57,830	634,048
65-74	5,314	11.0	61,207	0.4	12	3,842	7.9	40,530	0.3	28	48,514	549,848
75-84	1,659	10.1	19,364	0.4	11	207	1.3	2,329	0.1	10	16,449	188,513
85 and older	203	9.0	2,104	0.4	10	20	0.9	188	0.2	16	2,257	23,873
Female, Other Eligibles												
All Ages	18,864	8.0	206,187	0.4	9	5,615	2.4	53,579	0.3	24	236,565	2,496,193
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	5	11.4	27	0.6	12	11	25.0	87	0.4	31	44	371
21-44	550	16.3	5,037	0.4	14	839	24.8	7,254	0.4	31	3,380	29,193
45-64	628	15.7	5,735	0.5	14	1,159	29.0	9,724	0.4	37	3,992	33,597
65-74	4,265	6.8	47,728	0.4	9	2,054	3.3	20,042	0.3	22	62,832	668,859
75-84	7,038	8.1	79,540	0.4	9	1,050	1.2	11,227	0.2	16	87,167	951,316
85 and older	6,378	8.1	68,120	0.4	8	502	0.6	5,245	0.2	15	79,148	812,845
Male												
All Males	17,631	7.6	196,836	0.5	13	8,091	3.5	78,996	0.3	28	233,083	2,479,089
Male, Disabled												
All Ages	11,849	9.4	134,744	0.5	15	4,877	3.9	48,729	0.3	29	125,503	1,380,647
5 and younger	0	0.0	0	0.0	0	9	69.2	96	0.2	30	13	127
6-14	0	0.0	0	0.0	0	5	38.5	60	0.1	8	13	153
15-20	21	5.1	240	0.4	9	75	18.1	868	0.3	27	415	4,454
21-44	3,565	9.1	40,573	0.5	15	1,243	3.2	12,529	0.3	23	39,260	432,776
45-64	6,063	11.1	68,929	0.5	16	2,025	3.7	19,113	0.4	32	54,648	595,217
65-74	1,793	7.1	20,392	0.4	13	1,461	5.8	15,415	0.3	29	25,148	280,419
75-84	378	6.8	4,305	0.4	10	58	1.0	642	0.2	18	5,530	62,579
85 and older	29	6.1	305	0.5	7	1	0.2	6	0.2	12	476	4,922

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTIANKXIETY AGENTS					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	5,782	5.4	62,092	0.4	9	3,214	3.0	30,267	0.3	27	107,580	1,098,442
5 and younger	0	0.0	0	0.0	0	2	66.7	4	0.8	159	3	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	10	21.7	114	0.3	10	3	6.5	12	0.3	11	46	399
21-44	314	13.4	2,985	0.5	14	399	17.0	3,583	0.4	32	2,348	19,058
45-64	377	9.8	3,400	0.5	12	688	17.8	5,771	0.5	42	3,861	31,168
65-74	1,780	4.3	19,574	0.4	10	1,371	3.3	13,050	0.3	25	41,248	426,962
75-84	2,218	5.5	24,715	0.4	8	549	1.4	5,831	0.2	20	40,369	428,173
85 and older	1,083	5.5	11,304	0.4	8	202	1.0	2,016	0.2	17	19,704	192,646
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	\$6	0.2	88,540	913,180
Age				
0-64	20	0.4	6,899	77,658
65-74	13	0.3	11,753	127,146
75-84	5	0.2	27,697	288,305
85 and older	3	0.1	42,191	420,071
Unknown	0	0.0	0	0
Gender				
Female	5	0.2	62,460	647,387
Male	9	0.2	26,080	265,793
Unknown	0	0.0	0	0
Race				
White	5	0.2	65,352	661,725
African American	9	0.2	9,543	101,304
Other/unknown	9	0.2	13,645	150,151
Basis of Eligibility^c				
Aged	4	0.2	74,660	756,795
Disabled	16	0.3	13,825	155,831
Adults	231	1.0	55	554
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 37,361 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 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.

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx		Users						
	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.4	0.0	0.1	\$207	\$201	\$1	\$5	\$379	\$459	\$107	\$52	1,209	\$458,260	203	0.2	2,212
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	23	17	0	33	5	117	5	0.0	54
Antineoplastic Agents	0.4	0.2	0.0	0.2	80	63	0	17	220	346	0	94	62	13,639	16	0.0	171
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	31	23	1	7	65	117	49	26	1,395	90,204	263	0.3	2,942
Cardiovascular Agents	0.7	0.3	0.0	0.3	39	26	5	9	54	78	97	25	3,965	213,186	498	0.6	5,467
Respiratory Agents	0.4	0.3	0.0	0.1	33	30	1	3	79	112	48	20	605	47,556	130	0.1	1,432
Gastrointestinal Agents	0.3	0.1	0.0	0.1	26	21	2	3	98	160	345	24	444	43,532	153	0.2	1,691
Genitourinary Agents	0.3	0.2	0.0	0.0	26	21	4	1	81	89	91	32	327	26,635	92	0.1	1,006
CNS Drugs	0.6	0.1	0.0	0.5	21	12	0	9	35	133	102	18	77,485	2,722,536	12,032	13.6	128,851
Stimulants/Anti-obesity/Anorexia	0.1	0.1	0.0	0.0	20	20	0	1	153	170	0	31	8	1,223	5	0.0	60
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	105	105	0	0	312	312	0	0	515	160,866	137	0.2	1,530
Analgesics and Anesthetics	0.3	0.1	0.0	0.2	21	13	2	6	65	167	92	26	2,047	133,397	566	0.6	6,381
Neuromuscular Agents	0.7	0.1	0.0	0.6	18	6	0	12	26	125	72	18	20,816	551,546	2,728	3.1	30,108
Nutritional Products	0.3	0.0	0.0	0.2	5	0	0	5	20	9	13	23	1,768	35,426	616	0.7	6,725
Hematological Agents	0.6	0.0	0.0	0.6	13	8	0	5	21	402	21	9	56,268	1,196,370	8,373	9.5	92,826
Topical Products	0.4	0.2	0.0	0.2	36	28	1	6	84	125	62	35	952	79,619	201	0.2	2,240
Miscellaneous Products	0.3	0.2	0.0	0.0	230	223	3	4	829	1,005	220	97	45	37,308	14	0.0	162
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	47	0	0	0	105	4,922	58	0.1	651
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.	168,021	5,816,342	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table 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 37,361 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 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 York, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 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 YORK, 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
ANTIPSYCHOTICS	\$1,429,386	2,542	2.9	25,303	0.3	\$166	\$56
HEMATOPOIETIC AGENTS	1,167,294	9,275	10.5	103,181	0.6	20	11
ANTIANKXIETY AGENTS	1,112,104	8,644	9.8	93,644	0.6	20	12
ANTICONVULSANT	541,667	2,711	3.1	29,974	0.7	26	18
ANTIVIRAL	436,275	121	0.1	1,320	0.7	483	331
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	165,236	206	0.2	2,321	0.2	289	71
ULCER DRUGS	150,172	1,131	1.3	13,241	0.4	28	11
HYPNOTICS	127,035	1,521	1.7	17,110	0.8	9	7
ANTIDIABETIC	102,122	432	0.5	4,950	0.3	62	21
ANTHYPERLIPIDEMIC	98,201	312	0.4	3,505	0.3	92	28
Total	5,329,492	26,895	n.a.	294,549	n.a.	n.a.	n.a.

Sources: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table 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 37,361 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 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.mc3-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.

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS				
	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	163,916	\$5,329,492	2,542	2.9	25,303	0.3	\$57	9,275	10.5	103,181	0.6	\$11
Female												
All Females	110,091	3,129,066	1,630	2.6	16,173	0.3	51	6,242	10.0	69,747	0.5	10
Female, Disabled												
All Ages	25,689	1,021,737	207	2.8	2,377	0.5	110	786	10.6	9,224	0.6	12
64 or younger	12,780	530,064	81	2.6	906	0.6	116	289	9.4	3,361	0.6	14
65-74	8,567	417,374	108	4.7	1,270	0.5	116	280	12.1	3,292	0.5	16
75-84	3,411	60,073	13	1.0	153	0.2	36	163	12.0	1,938	0.5	4
85 and older	931	14,226	5	0.7	48	0.4	48	54	7.8	633	0.6	5
Female, Other Eligibles												
All Ages	84,402	2,107,329	1,423	2.6	13,796	0.3	40	5,456	9.9	60,523	0.5	10
64 or younger	51	1,037	0	0.0	0	0.0	0	5	29.4	54	0.4	4
65-74	10,077	360,426	152	3.9	1,560	0.4	83	447	11.4	5,090	0.6	12
75-84	30,391	782,449	524	3.0	5,139	0.3	39	1,804	10.4	20,293	0.5	10
85 and older	43,883	963,417	747	2.2	7,097	0.3	32	3,200	9.5	35,086	0.6	10
Male												
All Males	53,825	2,200,426	912	3.5	9,130	0.4	67	3,033	11.6	33,434	0.6	13
Male, Disabled												
All Ages	23,097	1,149,494	222	3.5	2,559	0.5	128	718	11.3	8,207	0.6	13
64 or younger	15,528	809,113	129	3.4	1,487	0.5	121	411	10.9	4,685	0.6	16
65-74	6,194	316,517	89	4.7	1,025	0.6	142	222	11.8	2,542	0.6	11
75-84	1,217	21,401	3	0.5	35	0.2	76	75	12.9	865	0.5	6
85 and older	158	2,463	1	0.7	12	0.1	17	10	7.1	115	0.5	4
Male, Other Eligibles												
All Ages	30,728	1,050,932	690	3.5	6,571	0.3	43	2,315	11.7	25,227	0.5	13
64 or younger	258	95,081	1	2.8	9	0.1	19	4	11.1	48	0.5	392
65-74	8,153	273,370	137	3.8	1,373	0.4	76	476	13.1	5,325	0.6	9
75-84	13,361	396,056	284	3.4	2,778	0.3	38	1,014	12.0	11,208	0.5	12
85 and older	8,956	286,425	268	3.5	2,411	0.3	31	821	10.8	8,646	0.5	16
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 37,361 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 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.meds-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 YORK, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTICONVULSANT					ANTIVIRAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	8,644	9.8	93,644	0.6	\$12	2,711	3.1	29,974	0.7	\$18	121	0.1	1,320	0.7	\$331
Female															
All Females	6,373	10.2	68,983	0.6	11	1,758	2.8	19,489	0.7	17	28	0.0	298	0.6	287
Female, Disabled															
All Ages	1,100	14.8	12,565	0.6	15	603	8.1	6,984	0.8	24	22	0.3	236	0.8	359
64 or younger	512	16.6	5,908	0.7	17	341	11.1	3,943	0.9	28	11	0.4	120	0.7	493
65-74	332	14.3	3,829	0.6	16	198	8.5	2,302	0.7	21	11	0.5	116	0.9	220
75-84	186	13.7	2,139	0.6	13	55	4.0	631	0.7	12	0	0.0	0	0.0	0
85 and older	70	10.2	689	0.5	9	9	1.3	108	0.7	13	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	5,273	9.6	56,418	0.6	10	1,155	2.1	12,505	0.6	13	6	0.0	62	0.1	13
64 or younger	1	5.9	12	0.6	3	2	11.8	24	0.6	12	0	0.0	0	0.0	0
65-74	525	13.4	5,871	0.6	14	213	5.4	2,394	0.6	17	1	0.0	12	0.1	18
75-84	1,822	10.5	19,889	0.6	11	467	2.7	5,133	0.6	12	4	0.0	48	0.1	11
85 and older	2,925	8.7	30,646	0.5	9	473	1.4	4,954	0.6	12	1	0.0	2	0.5	47
Male															
All Males	2,271	8.7	24,661	0.6	14	953	3.7	10,485	0.7	20	93	0.4	1,022	0.7	343
Male, Disabled															
All Ages	869	13.6	9,986	0.7	20	471	7.4	5,470	0.8	25	72	1.1	800	0.7	357
64 or younger	601	16.0	6,940	0.7	21	338	9.0	3,926	0.9	27	59	1.6	644	0.6	395
65-74	205	10.9	2,335	0.7	19	116	6.1	1,359	0.7	22	13	0.7	156	0.7	201
75-84	53	9.1	593	0.5	12	14	2.4	158	0.6	10	0	0.0	0	0.0	0
85 and older	10	7.1	118	0.4	7	3	2.1	27	0.9	13	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,402	7.1	14,675	0.5	10	482	2.4	5,015	0.6	15	21	0.1	222	0.8	292
64 or younger	5	13.9	58	0.3	2	3	8.3	36	0.7	71	8	22.2	80	1.0	605
65-74	311	8.6	3,294	0.6	14	136	3.7	1,463	0.7	22	9	0.2	94	0.5	112
75-84	631	7.5	6,740	0.5	10	225	2.7	2,395	0.5	12	0	0.0	0	0.0	0
85 and older	455	6.0	4,583	0.5	9	118	1.6	1,121	0.4	11	4	0.1	48	1.1	124
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 37,361 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 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 YORK, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					HYPNOTICS				
	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	206	0.2	2,321	0.2	\$71	1,131	1.3	13,241	0.4	\$11	1,521	1.7	17,110	0.8	\$7
Female															
All Females	119	0.2	1,355	0.2	84	774	1.2	9,080	0.4	11	916	1.5	10,297	0.8	8
Female, Disabled															
All Ages	30	0.4	357	0.3	197	270	3.6	3,167	0.4	14	295	4.0	3,422	0.9	7
64 or younger	24	0.8	285	0.2	215	94	3.1	1,069	0.5	16	149	4.8	1,711	0.9	6
65-74	6	0.3	72	0.3	127	113	4.9	1,352	0.4	14	96	4.1	1,133	0.8	8
75-84	0	0.0	0	0.0	0	59	4.3	698	0.4	9	41	3.0	470	0.9	6
85 and older	0	0.0	0	0.0	0	4	0.6	48	0.4	9	9	1.3	108	0.6	4
Female, Other Eligibles															
All Ages	89	0.2	998	0.2	43	504	0.9	5,913	0.4	10	621	1.1	6,875	0.7	8
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	11	0.3	132	0.2	112	76	1.9	904	0.4	12	84	2.1	939	0.9	7
75-84	47	0.3	522	0.2	36	288	1.7	3,403	0.4	10	242	1.4	2,742	0.8	8
85 and older	31	0.1	344	0.2	29	140	0.4	1,606	0.4	10	295	0.9	3,194	0.6	8
Male															
All Males	87	0.3	966	0.3	53	357	1.4	4,161	0.4	11	605	2.3	6,813	0.8	7
Male, Disabled															
All Ages	34	0.5	386	0.2	30	136	2.1	1,595	0.5	13	315	4.9	3,655	0.9	6
64 or younger	22	0.6	251	0.2	33	65	1.7	761	0.6	16	211	5.6	2,455	0.9	7
65-74	10	0.5	111	0.2	27	39	2.1	456	0.4	12	81	4.3	940	0.8	5
75-84	1	0.2	12	0.1	4	30	5.2	354	0.3	8	22	3.8	255	0.9	9
85 and older	1	0.7	12	0.1	19	2	1.4	24	0.8	16	1	0.7	5	0.6	4
Male, Other Eligibles															
All Ages	53	0.3	580	0.3	69	221	1.1	2,566	0.4	10	290	1.5	3,158	0.8	8
64 or younger	4	11.1	48	0.3	351	5	13.9	60	0.3	10	2	5.6	24	0.7	33
65-74	10	0.3	110	0.4	49	45	1.2	519	0.4	11	88	2.4	981	0.9	6
75-84	29	0.3	321	0.3	43	127	1.5	1,484	0.4	11	130	1.5	1,455	0.7	8
85 and older	10	0.1	101	0.3	39	44	0.6	503	0.3	7	70	0.9	698	0.7	13
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 37,361 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 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.meds-span.com/master-drug-database.aspx>.
 Benefit Month(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					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-Year Nursing Facility Residents	Nursing Facility Residents
All	432	0.5	4,950	0.3	\$21	312	0.4	3,505	0.3	\$28	88,540	913,180
Female												
All Females	282	0.5	3,221	0.3	18	189	0.3	2,123	0.3	27	62,460	647,387
Female, Disabled												
All Ages	122	1.6	1,426	0.3	23	76	1.0	884	0.4	36	7,450	84,165
64 or younger	37	1.2	413	0.3	23	30	1.0	347	0.4	29	3,080	34,674
65-74	71	3.1	845	0.4	25	42	1.8	489	0.4	43	2,320	26,674
75-84	13	1.0	156	0.3	13	4	0.3	48	0.1	15	1,362	15,459
85 and older	1	0.1	12	0.3	2	0	0.0	0	0.0	0	688	7,358
Female, Other Eligibles												
All Ages	160	0.3	1,795	0.3	14	113	0.2	1,239	0.2	20	55,010	563,222
64 or younger	0	0.0	0	0.0	0	1	5.9	2	3.0	267	17	166
65-74	53	1.4	580	0.4	19	23	0.6	247	0.2	17	3,918	41,788
75-84	70	0.4	795	0.3	14	62	0.4	705	0.2	21	17,286	181,235
85 and older	37	0.1	420	0.2	9	27	0.1	285	0.2	16	33,789	340,033
Male												
All Males	150	0.6	1,729	0.4	25	123	0.5	1,382	0.3	30	26,080	265,793
Male, Disabled												
All Ages	76	1.2	884	0.4	25	49	0.8	566	0.3	33	6,375	71,666
64 or younger	31	0.8	368	0.3	18	27	0.7	314	0.3	31	3,766	42,436
65-74	41	2.2	468	0.5	32	22	1.2	252	0.4	35	1,887	21,228
75-84	4	0.7	48	0.2	9	0	0.0	0	0.0	0	582	6,489
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	140	1,513
Male, Other Eligibles												
All Ages	74	0.4	845	0.3	26	74	0.4	816	0.3	29	19,705	194,127
64 or younger	4	11.1	48	0.9	95	3	8.3	25	0.8	89	36	382
65-74	17	0.5	204	0.3	25	26	0.7	280	0.4	33	3,628	37,456
75-84	48	0.6	533	0.3	21	36	0.4	406	0.2	22	8,467	85,122
85 and older	5	0.1	60	0.3	9	9	0.1	105	0.3	30	7,574	71,167
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 York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 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 37,361 beneficiaries who were in nursing facilities for part of their enrollment and their 371,310 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.meds-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 YORK, 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	330,990	52.9	5.8		3,609,771	\$49	\$30,667,862	\$8	18.5	625,497
Age										
5 and younger	17	70.8	9.3	224	410	9,845	44	9.7	24	
6-14	33	82.5	14.8	592	265	10,613	18	4.9	40	
15-20	320	40.8	3.2	2,537	62	48,578	19	2.6	784	
21-44	34,800	46.1	4.5	337,301	55	4,166,179	12	9.6	75,476	
45-64	72,562	60.3	7.4	891,950	77	9,289,088	10	15.6	120,331	
65-74	107,023	60.2	6.2	1,095,595	48	8,443,077	8	18.5	177,742	
75-84	80,211	53.6	5.9	880,811	40	6,027,266	7	58.7	149,515	
85 and older	36,024	35.5	3.9	400,761	26	2,673,216	7	55.1	101,585	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	157,440	47.7	5.0	1,637,300	34	11,373,728	7	35.3	330,281	
Disabled	166,758	59.3	6.8	1,924,447	66	18,578,722	10	17.1	281,352	
Adults	6,737	49.1	3.5	47,593	50	689,972	14	2.8	13,729	
Children	43	41.3	3.4	350	226	23,548	67	7.3	104	
Unknown	12	38.7	2.6	81	61	1,892	23	2.1	31	
Gender										
Female	216,094	55.1	6.2	2,434,655	51	19,933,887	8	21.2	392,414	
Male	114,896	49.3	5.0	1,175,116	46	10,733,975	9	14.9	233,083	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	129,780	45.5	5.4	1,543,778	53	15,164,573	10	21.6	284,937	
African American	49,442	51.1	4.7	457,491	36	3,480,156	8	9.8	96,765	
Other/unknown	151,768	62.3	6.6	1,608,502	49	12,023,133	7	20.0	243,795	
Use of Nursing Facilities^d										
Entire year	16,310	18.4	1.9	165,331	23	1,994,777	12	34.3	88,540	
Part year	16,710	44.7	4.3	159,458	34	1,257,675	8	23.5	37,361	
None	297,970	59.6	6.6	3,284,982	55	27,415,410	8	17.7	499,596	
Maintenance Assistance Status										
Cash	227,501	64.0	7.3	2,583,743	57	20,309,930	8	21.1	355,527	
Medically needy	93,696	37.6	3.8	946,331	38	9,419,077	10	20.6	249,278	
Poverty related	1,229	34.6	2.4	8,393	24	85,387	10	8.9	3,554	
Other/unknown	8,564	50.0	4.2	71,304	50	853,468	12	3.7	17,138	

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table D.11 includes the beneficiaries represented by Cell Q 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 1 on Table 1 for methodology used to determine use of nursing facilities.
 Beneficiaries = 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^{1,2}
NEW YORK, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month			Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
		\$5	\$8	\$0			
All	0.5	\$5	\$8	\$0	\$1	6,710,699	
Age							
5 and younger	1.0	45	44	0	2	221	
6-14	1.4	25	18	0	0	429	
15-20	0.3	6	19	0	1	8,194	
21-44	0.4	5	12	0	2	816,870	
45-64	0.7	7	10	0	3	1,294,030	
65-74	0.6	4	8	0	1	1,926,088	
75-84	0.5	4	7	0	1	1,630,581	
85 and older	0.4	3	7	0	1	1,034,286	
Unknown	0.0	0	0	0	0	0	
Basis of Eligibility^c							
Aged	0.5	3	7	0	1	3,479,386	
Disabled	0.6	6	10	0	2	3,116,064	
Adults	0.4	6	14	0	2	114,148	
Children	0.4	27	67	0	1	867	
Unknown	0.3	8	23	0	1	234	
Gender							
Female	0.6	5	8	0	1	4,231,610	
Male	0.5	4	9	0	1	2,479,089	
Unknown	0.0	0	0	0	0	0	
Race							
White	0.5	5	10	0	2	3,014,157	
African American	0.4	3	8	0	1	1,017,639	
Other/unknown	0.6	4	7	0	1	2,678,903	
Use of Nursing Facilities^d							
Entire year	0.2	2	12	0	2	913,180	
Part year	0.4	3	8	0	1	371,310	
None	0.6	5	8	0	1	5,426,209	
Maintenance Assistance Status							
Cash	0.6	5	8	0	1	4,034,306	
Medically needy	0.4	4	10	0	2	2,483,552	
Poverty related	0.2	2	10	0	1	37,126	
Other/unknown	0.5	5	12	0	2	155,715	

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
a. Table 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 1 on Table 1 for methodology used to determine use of nursing facilities.
Benef(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Number Rx as a Percentage of All Part D Excluded Rx	
				Total Number Rx.	\$ per Rx	Total Number Rx.	\$ per Rx
All	389,033	\$79	\$30,667,862	100.0	3,609,771	\$8	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	115	230	0.0	3	77	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	1,656	80	132,872	0.4	2,788	48	0.1
Vitamins and minerals	10,351	63	649,974	2.1	32,138	20	0.9
Non-prescription drugs	295,148	63	18,579,715	60.6	3,107,397	6	86.1
Barbiturates	4,318	70	301,574	1.0	44,396	7	1.2
Benzodiazepines	70,476	140	9,893,079	32.3	399,037	25	11.1
Other Part D Excl Rx Drugs	7,082	157	1,110,418	3.6	24,012	46	0.7

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table 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 D.11.
 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.
 Benef(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 625,497
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$166,113,919
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$265

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	437,318	69.9	\$0	0.0
1-500	138,760	22.2	16,671,394	10.0
501-1,000	16,815	2.7	11,896,758	7.2
1,001-1,500	7,485	1.2	9,192,845	5.5
1,501-2,000	4,945	0.8	8,577,839	5.2
2,001-2,500	3,442	0.6	7,714,283	4.6
2,501-3,000	2,638	0.4	7,228,612	4.4
3,001-3,500	2,093	0.3	6,774,223	4.1
3,501-4,000	1,657	0.3	6,204,417	3.7
4,001-4,500	1,382	0.2	5,863,705	3.5
4,501-5,000	1,141	0.2	5,417,932	3.3
5,001-5,500	909	0.1	4,770,184	2.9
5,501-6,000	822	0.1	4,721,216	2.8
6,001-6,500	673	0.1	4,200,486	2.5
6,501-7,000	587	0.1	3,955,176	2.4
7,001-7,500	543	0.1	3,934,215	2.4
7,501-8,000	440	0.1	3,405,104	2.0
8,001-8,500	395	0.1	3,258,851	2.0
8,501-9,000	352	0.1	3,075,560	1.9
9,001-9,500	294	0.0	2,719,440	1.6
9,501-10,000	255	0.0	2,487,405	1.5
10,001+	2,551	0.4	44,044,274	26.5

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

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 182,978
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$80,456,155
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$439

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	116,928	63.9		\$0	0.0
1-500	44,925	24.6		5,869,350	7.3
501-1,000	6,411	3.5		4,554,009	5.7
1,001-1,500	2,994	1.6		3,676,732	4.6
1,501-2,000	2,109	1.2		3,660,772	4.6
2,001-2,500	1,464	0.8		3,281,639	4.1
2,501-3,000	1,114	0.6		3,052,364	3.8
3,001-3,500	908	0.5		2,938,437	3.7
3,501-4,000	733	0.4		2,742,177	3.4
4,001-4,500	648	0.4		2,751,092	3.4
4,501-5,000	503	0.3		2,392,924	3.0
5,001-5,500	446	0.2		2,339,801	2.9
5,501-6,000	414	0.2		2,377,518	3.0
6,001-6,500	342	0.2		2,135,441	2.7
6,501-7,000	290	0.2		1,952,269	2.4
7,001-7,500	296	0.2		2,144,164	2.7
7,501-8,000	254	0.1		1,965,044	2.4
8,001-8,500	219	0.1		1,806,576	2.2
8,501-9,000	184	0.1		1,607,779	2.0
9,001-9,500	162	0.1		1,499,500	1.9
9,501-10,000	129	0.1		1,258,020	1.6
10,001+	1,505	0.8		26,450,547	32.9

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

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65+ 428,842
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$60,760,466
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$141

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	315,334	73.5	0	0.0
1-500	90,882	21.2	10,273,188	16.9
501-1,000	9,252	2.2	6,493,014	10.7
1,001-1,500	3,798	0.9	4,658,610	7.7
1,501-2,000	2,282	0.5	3,950,600	6.5
2,001-2,500	1,536	0.4	3,441,178	5.7
2,501-3,000	1,144	0.3	3,132,695	5.2
3,001-3,500	876	0.2	2,838,333	4.7
3,501-4,000	670	0.2	2,510,650	4.1
4,001-4,500	509	0.1	2,160,445	3.6
4,501-5,000	428	0.1	2,026,228	3.3
5,001-5,500	321	0.1	1,684,246	2.8
5,501-6,000	272	0.1	1,559,160	2.6
6,001-6,500	208	0.0	1,298,268	2.1
6,501-7,000	184	0.0	1,240,849	2.0
7,001-7,500	156	0.0	1,129,876	1.9
7,501-8,000	110	0.0	851,531	1.4
8,001-8,500	117	0.0	964,307	1.6
8,501-9,000	106	0.0	928,882	1.5
9,001-9,500	79	0.0	729,698	1.2
9,501-10,000	64	0.0	624,276	1.0
10,001+	514	0.1	8,264,432	13.6

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

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 177,742
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$45,633,130
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$256

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	122,497	68.9	\$0	0.0
1-500	39,074	22.0	5,055,287	11.1
501-1,000	5,701	3.2	4,044,511	8.9
1,001-1,500	2,710	1.5	3,332,105	7.3
1,501-2,000	1,737	1.0	3,012,868	6.6
2,001-2,500	1,183	0.7	2,654,300	5.8
2,501-3,000	925	0.5	2,535,560	5.6
3,001-3,500	700	0.4	2,269,265	5.0
3,501-4,000	563	0.3	2,110,923	4.6
4,001-4,500	426	0.2	1,806,462	4.0
4,501-5,000	376	0.2	1,781,098	3.9
5,001-5,500	264	0.1	1,386,470	3.0
5,501-6,000	236	0.1	1,352,208	3.0
6,001-6,500	185	0.1	1,153,925	2.5
6,501-7,000	151	0.1	1,018,341	2.2
7,001-7,500	132	0.1	957,390	2.1
7,501-8,000	100	0.1	774,121	1.7
8,001-8,500	104	0.1	856,880	1.9
8,501-9,000	93	0.1	815,307	1.8
9,001-9,500	69	0.0	637,203	1.4
9,501-10,000	57	0.0	556,270	1.2
10,001+	459	0.3	7,522,636	16.5

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

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 149,515
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$10,272,337
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$68

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	113,306	75.8	\$0	0.0
1-500	31,817	21.3	3,340,989	32.5
501-1,000	2,381	1.6	1,641,334	16.0
1,001-1,500	739	0.5	905,024	8.8
1,501-2,000	371	0.2	641,278	6.2
2,001-2,500	244	0.2	545,151	5.3
2,501-3,000	155	0.1	421,852	4.1
3,001-3,500	128	0.1	412,647	4.0
3,501-4,000	73	0.0	273,327	2.7
4,001-4,500	52	0.0	222,485	2.2
4,501-5,000	42	0.0	198,556	1.9
5,001-5,500	42	0.0	220,034	2.1
5,501-6,000	25	0.0	142,995	1.4
6,001-6,500	20	0.0	125,972	1.2
6,501-7,000	22	0.0	148,389	1.4
7,001-7,500	19	0.0	136,009	1.3
7,501-8,000	7	0.0	54,235	0.5
8,001-8,500	8	0.0	65,762	0.6
8,501-9,000	11	0.0	95,965	0.9
9,001-9,500	4	0.0	36,913	0.4
9,501-10,000	5	0.0	48,488	0.5
10,001+	44	0.0	594,932	5.8

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

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 101,585
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$4,854,999
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$47

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	79,531	78.3	\$0	0.0
1-500	19,991	19.7	1,876,912	38.7
501-1,000	1,170	1.2	807,169	16.6
1,001-1,500	349	0.3	421,481	8.7
1,501-2,000	174	0.2	296,454	6.1
2,001-2,500	109	0.1	241,727	5.0
2,501-3,000	64	0.1	175,283	3.6
3,001-3,500	48	0.0	156,421	3.2
3,501-4,000	34	0.0	126,400	2.6
4,001-4,500	31	0.0	131,498	2.7
4,501-5,000	10	0.0	46,574	1.0
5,001-5,500	15	0.0	77,742	1.6
5,501-6,000	11	0.0	63,957	1.3
6,001-6,500	3	0.0	18,371	0.4
6,501-7,000	11	0.0	74,119	1.5
7,001-7,500	5	0.0	36,477	0.8
7,501-8,000	3	0.0	23,175	0.5
8,001-8,500	5	0.0	41,665	0.9
8,501-9,000	2	0.0	17,610	0.4
9,001-9,500	6	0.0	55,582	1.1
9,501-10,000	2	0.0	19,518	0.4
10,001+	11	0.0	146,864	3.0

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

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL BENEFICIARIES, NEW YORK, 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	627,056	331,016	281,824	14,073	112	31	6,849,484	3,526,517	3,182,607	139,017	1,109	234
Age												
5 and younger	25	0	19	0	6	0	257	0	205	0	52	0
6-14	41	0	39	0	2	0	455	0	431	0	24	0
15-20	792	0	698	0	94	0	8,956	0	7,977	0	979	0
21-44	75,749	0	69,896	5,840	10	3	843,741	0	786,390	57,267	54	30
45-64	120,712	0	112,646	8,066	0	10	1,337,927	0	1,257,772	80,061	0	94
65-74	178,421	104,429	73,799	175	0	18	1,984,616	1,133,865	848,974	1,667	0	110
75-84	149,684	127,688	21,994	2	0	0	1,637,581	1,385,524	252,035	22	0	0
85 and older	101,632	98,899	2,733	0	0	0	1,035,951	1,007,128	28,823	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	393,265	229,530	156,073	7,576	55	31	4,315,261	2,461,739	1,776,280	76,450	558	234
Male	233,791	101,486	125,751	6,497	57	0	2,534,223	1,064,778	1,406,327	62,567	551	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	285,301	149,377	130,421	5,442	46	15	3,052,904	1,526,551	1,472,254	53,491	474	134
African American	97,240	43,545	49,381	4,287	23	4	1,053,900	463,517	548,257	41,883	219	24
Other/unknown	244,515	138,094	102,022	4,344	43	12	2,742,680	1,536,449	1,162,096	43,643	416	76
Use of Nursing Facilities^c												
Entire year	88,544	74,664	13,825	55	0	0	913,376	756,899	155,909	568	0	0
Part year	37,361	28,861	8,410	90	0	0	372,397	280,180	91,316	901	0	0
None	501,151	227,491	259,589	13,928	112	31	5,563,711	2,489,438	2,935,382	137,548	1,109	234
Maintenance Assistance Status												
Cash	356,124	161,399	192,299	2,379	47	0	4,100,767	1,846,662	2,229,331	24,314	460	0
Medically needy	249,867	163,651	83,360	2,825	31	0	2,531,029	1,616,638	885,237	28,857	297	0
Poverty related	3,555	2,312	1,197	2	13	31	38,259	24,978	12,895	23	129	234
Other/unknown	17,510	3,654	4,968	8,867	21	0	179,429	38,239	55,144	85,823	223	0
Dual Status^d												
Full dual, all year	622,838	328,339	280,304	14,052	112	31	6,803,515	3,497,198	3,166,181	138,793	1,109	234
Full dual, part year	4,218	2,677	1,520	21	0	0	45,969	29,319	16,426	224	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	594,286	320,578	266,565	7,056	56	31	6,484,967	3,408,376	3,009,552	66,256	549	234
FFS part year, with Rx claims	19,081	5,532	10,237	3,288	24	0	217,312	63,897	118,089	35,061	265	0
FFS part year, no Rx claims	4,640	2,009	1,751	871	9	0	50,346	22,537	19,236	8,482	91	0
MC all year, with Rx claims	7,490	2,162	2,799	2,514	15	0	82,579	24,319	31,370	26,727	163	0
MC all year, no Rx claims	1,559	735	472	344	8	0	14,280	7,388	4,360	2,491	41	0

Source: Data for this table are from the MAX 2006 file for New York, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table 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 1 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 BENEFICIARIES, NEW YORK, 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	627,056	6,849,484	625,497	6,710,699	0	138,785
Fee-for-service (FFS) all year	594,286	6,484,967	594,286	6,484,967	0	0
FFS part year, with Rx claims	19,081	217,312	19,081	116,774	0	100,538
FFS part year, with no Rx claims	4,640	50,346	4,640	26,379	0	23,967
Managed care (MC) all year, with Rx claims	7,490	82,579	7,490	82,579	0	0
MC all year, with no Rx claims	1,559	14,280	0	0	0	14,280

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

All Medicaid Beneficiaries