

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
NEW MEXICO**

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY

BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW MEXICO, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	528428 (A)	54453 (E)	473975 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	497082 (B)	39557 (F)	457525 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	267836 (C)	38836 (G)	229000 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	3470 (D)	3147 (H)	323 (L)

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for New Mexico in 2007 was \$13,313,499, of which \$125,224 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NEW MEXICO, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	267,836	16,521	33,915	73,927	143,099	374	1,659,409	172,350	328,788	466,519	688,134	3,618
Age												
5 and younger	55,747	0	623	0	55,124	0	243,841	0	4,453	0	239,388	0
6-14	60,525	0	1,229	0	59,296	0	314,312	0	11,162	0	303,150	0
15-20	35,491	0	1,201	5,622	28,668	0	185,369	0	9,801	30,003	145,565	0
21-44	72,206	1	9,285	62,819	11	90	489,762	12	87,170	401,724	31	825
45-64	19,159	4	13,412	5,468	0	275	161,524	29	124,092	34,666	0	2,737
65-74	10,289	4,692	5,574	14	0	9	112,172	49,205	62,809	102	0	56
75-84	8,769	6,671	2,094	4	0	0	95,332	71,505	23,803	24	0	0
85 and older	5,650	5,153	497	0	0	0	57,097	51,599	5,498	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	167,099	11,276	18,065	65,923	71,461	374	1,077,241	118,288	179,791	430,758	344,786	3,618
Male	100,737	5,245	15,850	8,004	71,638	0	582,168	54,062	148,997	35,761	343,348	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	55,419	6,427	10,932	16,185	21,733	142	308,743	64,639	103,085	86,510	53,165	1,344
African American	4,770	193	806	1,299	2,469	3	20,353	2,031	6,745	5,880	5,678	19
Other/unknown	207,647	9,901	22,177	56,443	118,897	229	1,330,313	105,680	218,958	374,129	629,291	2,255
Use of Nursing Facilities^c												
Entire year	3,470	2,734	736	0	0	0	36,100	27,922	8,178	0	0	0
Part year	2,414	1,725	684	5	0	0	23,220	16,503	6,677	40	0	0
None	261,952	12,062	32,495	73,922	143,099	374	1,600,089	127,925	313,933	466,479	688,134	3,618
Maintenance Assistance Status												
Cash	93,842	9,137	29,171	24,030	31,504	0	678,503	101,341	285,790	118,460	172,912	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	95,060	191	434	8,269	85,792	374	452,299	1,866	3,744	35,574	407,497	3,618
Other/unknown	78,934	7,193	4,310	41,628	25,803	0	528,607	69,143	39,254	312,485	107,725	0
Dual Medicare Status^d												
Full dual, all year	37,586	15,478	21,709	377	2	20	402,529	162,693	237,179	2,455	24	178
Full dual, part year	1,250	580	616	54	0	0	12,381	6,075	5,738	568	0	0
Non-dual, all year	229,000	463	11,590	73,496	143,097	354	1,244,499	3,582	85,871	463,496	688,110	3,440
Managed Care (MC) Status												
Fee-for-service (FFS) all year	147,611	16,399	28,378	43,594	58,876	364	1,313,137	171,895	307,401	348,994	481,302	3,545
FFS part year, with Rx claims	22,144	27	1,834	8,837	11,436	10	73,566	88	6,852	35,461	31,092	73
FFS part year, no Rx claims	98,081	95	3,703	21,496	72,787	0	272,706	367	14,535	82,064	175,740	0

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NEW MEXICO, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	20.1	1.1	\$49	\$47	\$4,583	1.1	267,836
Age							
5 and younger	19.0	0.4	15	34	2,619	0.6	55,747
6-14	16.1	0.4	19	44	1,434	1.3	60,525
15-20	21.9	0.7	29	42	1,963	1.5	35,491
21-44	25.3	1.3	61	47	4,237	1.4	72,206
45-64	24.4	4.4	253	58	12,552	2.0	19,159
65-74	7.4	1.0	41	41	10,684	0.4	10,289
75-84	10.5	1.0	29	29	16,071	0.2	8,769
85 and older	19.1	1.5	41	27	22,601	0.2	5,650
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	13.8	1.2	36	29	15,987	0.2	16,521
Disabled	18.5	3.1	203	66	15,450	1.3	33,915
Adults	26.5	1.1	40	35	2,365	1.7	73,927
Children	17.7	0.4	16	35	1,792	0.9	143,099
Unknown	86.9	21.9	1,451	66	21,447	6.8	374
Gender							
Female	21.6	1.1	48	43	4,512	1.1	167,099
Male	17.5	0.9	52	55	4,700	1.1	100,737
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	17.4	1.1	55	48	7,188	0.8	55,419
African American	13.9	0.6	27	44	4,516	0.6	4,770
Other/unknown	20.9	1.0	48	47	3,889	1.2	207,647
Use of Nursing Facilities^f							
Entire year	46.5	9.8	491	50	42,215	1.2	3,470
Part year	43.0	7.5	330	44	29,451	1.1	2,414
None	19.5	0.9	41	47	3,855	1.1	261,952
Maintenance Assistance Status							
Cash	21.0	1.5	82	54	5,987	1.4	93,842
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	19.8	0.6	24	41	2,234	1.1	95,060
Other/unknown	19.3	1.1	41	39	5,742	0.7	78,934

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

All Medicaid Beneficiaries

TABLE 4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
NEW MEXICO, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c							Number of Rx, Percentage with:			Number	
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months			
All	0.2	\$8	1.1	79.9	16.9	1.7	1.2	0.3	0.1	\$740	267,836	1,659,409		
Age														
5 and younger	0.1	4	0.6	81.0	17.0	1.4	0.6	0.0	0.0	599	55,747	243,841		
6-14	0.1	4	1.3	83.9	14.5	1.1	0.5	0.1	0.0	276	60,525	314,312		
15-20	0.1	6	1.5	78.1	19.4	1.7	0.7	0.1	0.0	376	35,491	185,369		
21-44	0.2	9	1.4	74.7	21.3	2.0	1.6	0.3	0.1	625	72,206	489,762		
45-64	0.5	30	2.0	75.6	12.8	3.8	4.9	2.2	0.6	1,489	19,159	161,524		
65-74	0.1	4	0.4	92.6	5.5	0.6	0.9	0.3	0.2	980	10,289	112,172		
75-84	0.1	3	0.2	89.5	8.6	0.7	0.7	0.3	0.1	1,478	8,769	95,332		
85 and older	0.2	4	0.2	80.9	16.1	1.5	1.0	0.5	0.1	2,237	5,650	57,097		
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
Basis of Eligibility^e														
Aged	0.1	4	0.2	86.2	11.3	1.1	0.9	0.4	0.1	1,532	16,521	172,350		
Disabled	0.3	21	1.3	81.5	11.0	2.6	3.0	1.5	0.5	1,594	33,915	328,788		
Adults	0.2	6	1.7	73.5	22.7	2.0	1.5	0.3	0.0	375	73,927	466,519		
Children	0.1	3	0.9	82.3	15.8	1.3	0.5	0.0	0.0	373	143,099	688,134		
Unknown	2.3	150	6.8	13.1	33.2	17.9	28.3	7.0	0.5	2,217	374	3,618		
Gender														
Female	0.2	7	1.1	78.4	18.5	1.6	1.2	0.3	0.1	700	167,099	1,077,241		
Male	0.2	9	1.1	82.5	14.2	1.7	1.1	0.3	0.1	813	100,737	582,168		
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
Race														
White	0.2	10	0.8	82.6	12.9	2.0	1.6	0.6	0.2	1,290	55,419	308,743		
African American	0.1	6	0.6	86.1	10.1	1.8	1.4	0.5	0.0	1,059	4,770	20,353		
Other/unknown	0.2	8	1.2	79.1	18.1	1.6	1.0	0.2	0.1	607	207,647	1,330,313		
Use of Nursing Facilities^f														
Entire year	0.9	47	1.2	53.5	33.3	4.0	3.3	3.7	2.1	4,058	3,470	36,100		
Part year	0.8	34	1.1	57.0	29.5	3.2	4.8	4.1	1.5	3,062	2,414	23,220		
None	0.1	7	1.1	80.5	16.5	1.6	1.1	0.2	0.0	631	261,952	1,600,089		
Maintenance Assistance Status														
Cash	0.2	11	1.4	79.0	16.0	2.3	2.0	0.6	0.2	828	93,842	678,503		
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
Poverty related	0.1	5	1.1	80.2	17.6	1.5	0.6	0.1	0.0	470	95,060	452,299		
Other/unknown	0.2	6	0.7	80.7	17.0	1.2	0.8	0.2	0.1	857	78,934	528,607		

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

- a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-

term-care services, were included.

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

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

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

All Medicaid Beneficiaries

TABLE 5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NEW MEXICO, 2007

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	0.2	\$8	\$47	0.0	\$5	\$149	0.0	\$1	\$55	0.1	\$2	\$16
Age												
5 and younger	0.1	4	34	0.0	2	134	0.0	0	32	0.1	1	14
6-14	0.1	4	44	0.0	3	104	0.0	0	52	0.1	1	14
15-20	0.1	6	42	0.0	4	128	0.0	1	58	0.1	2	16
21-44	0.2	9	47	0.0	6	151	0.0	1	56	0.1	3	18
45-64	0.5	30	58	0.1	22	184	0.0	2	62	0.4	6	16
65-74	0.1	4	41	0.0	3	140	0.0	0	56	0.1	1	12
75-84	0.1	3	29	0.0	2	103	0.0	0	65	0.1	1	10
85 and older	0.2	4	27	0.0	3	100	0.0	0	58	0.1	1	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.1	4	29	0.0	2	104	0.0	0	69	0.1	1	10
Disabled	0.3	21	66	0.1	16	205	0.0	1	62	0.2	4	17
Adults	0.2	6	35	0.0	3	99	0.0	1	53	0.1	3	18
Children	0.1	3	35	0.0	2	107	0.0	0	40	0.1	1	14
Unknown	2.3	150	66	0.6	109	178	0.1	9	112	1.6	32	21
Gender												
Female	0.2	7	43	0.0	5	133	0.0	1	55	0.1	2	16
Male	0.2	9	55	0.0	7	178	0.0	1	57	0.1	2	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.2	10	48	0.0	7	135	0.0	0	77	0.1	3	18
African American	0.1	6	44	0.0	4	134	0.0	0	85	0.1	2	18
Other/unknown	0.2	8	47	0.0	5	155	0.0	1	53	0.1	2	15
Use of Nursing Facilities^e												
Entire year	0.9	47	50	0.2	35	150	0.0	2	85	0.7	10	15
Part year	0.8	34	44	0.2	24	137	0.0	2	71	0.6	8	14
None	0.1	7	47	0.0	4	150	0.0	1	53	0.1	2	16
Maintenance Assistance Status												
Cash	0.2	11	54	0.0	8	184	0.0	1	55	0.2	2	15
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.1	5	41	0.0	3	127	0.0	0	52	0.1	1	16
Other/unknown	0.2	6	39	0.0	4	106	0.0	1	59	0.1	2	17

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>

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

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

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

All Medicaid Beneficiaries

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
NEW MEXICO, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$6	\$3	\$1	\$3	\$29	\$196	\$45	\$16	33,738	\$974,169	21,930	8.2	160,904
Biologicals	0.1	0.1	0.0	0.0	15	15	0	0	138	138	0	0	3,632	502,322	3,163	1.2	34,000
Antineoplastic Agents	0.5	0.2	0.0	0.3	106	99	0	6	211	494	17	21	1,928	406,249	418	0.2	3,835
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	20	12	2	6	47	105	46	22	52,173	2,457,552	14,282	5.3	119,955
Cardiovascular Agents	0.8	0.1	0.1	0.6	21	11	3	7	27	105	60	12	27,703	754,267	4,500	1.7	35,470
Respiratory Agents	0.3	0.1	0.0	0.2	15	12	1	3	48	93	53	17	27,545	1,327,502	12,875	4.8	85,863
Gastrointestinal Agents	0.4	0.1	0.0	0.3	23	10	4	9	64	176	118	33	11,865	755,488	4,308	1.6	32,842
Genitourinary Agents	0.3	0.1	0.0	0.2	11	7	1	4	44	97	57	23	3,708	164,685	2,050	0.8	14,390
CNS Drugs	0.6	0.2	0.0	0.4	35	30	1	5	62	196	79	12	33,308	2,073,998	7,475	2.8	58,602
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	41	35	0	5	100	120	61	48	2,440	245,182	1,008	0.4	6,006
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	73	72	0	1	155	155	0	117	1,089	168,494	308	0.1	2,318
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	8	4	0	4	25	287	43	13	33,908	856,477	14,570	5.4	111,618
Neuromuscular Agents	0.5	0.1	0.0	0.4	36	26	3	7	67	190	86	19	15,202	1,014,914	3,713	1.4	28,250
Nutritional Products	0.3	0.0	0.0	0.2	3	1	0	2	12	32	42	10	9,105	107,593	4,775	1.8	34,114
Hematological Agents	0.5	0.1	0.1	0.4	51	47	1	3	102	573	19	7	7,727	788,317	1,719	0.6	15,403
Topical Products	0.2	0.0	0.0	0.2	5	3	0	2	25	90	42	13	14,698	371,533	9,300	3.5	70,704
Miscellaneous Products	0.2	0.1	0.0	0.0	21	19	1	1	111	130	413	26	1,344	148,888	904	0.3	7,143
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	10	0	0	0	75	0	0	0	940	70,645	693	0.3	6,841
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.	282,053	13,188,275	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users.

Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 0.7 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 2007.

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.

All Medicaid Beneficiaries

TABLE 7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
NEW MEXICO, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,383,392	1,606	0.6	12,843	0.5	\$222	\$108
CONTRACEPTIVES	1,305,997	9,282	3.5	82,790	0.4	42	16
ANTI-DIABETIC	1,048,373	3,897	1.5	34,692	0.4	78	30
ANTI-ASTHMATIC	973,932	8,804	3.3	63,867	0.2	65	15
ANTI-CONVULSANT	916,691	2,581	1.0	20,856	0.5	86	44
ULCER DRUGS	503,419	4,078	1.5	33,023	0.3	45	15
ANTI-DEPRESSANTS	496,101	4,537	1.7	34,288	0.4	39	14
MISC. HEMATOLOGICAL	440,833	211	0.1	1,448	0.4	724	304
ANALGESICS - ANTI-INFLAMMATORY	432,273	10,870	4.1	94,447	0.2	26	5
PASSIVE IMMUNIZING AGENTS	428,383	97	0.0	639	0.3	1,992	670
Total	7,929,394	45,963	n.a.	378,893	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

All Medicaid Beneficiaries