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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW YORK, 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	5005567 (A)	742789 (E)	4262778 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	4229978 (B)	618329 (F)	3611649 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	3563932 (C)	614986 (G)	2948946 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	95538 (D)	85872 (H)	9666 (L)

Source: Data for this table are from the MAX 2007 file for New York, 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 York in 2007 was \$3,113,873,636, of which \$29,600,671 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 YORK, 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	3,563,932	354,379	686,221	970,471	1,551,921	940	30,608,536	3,665,460	7,251,914	7,211,346	12,472,658	7,158
Age												
5 and younger	640,558	0	19,972	0	620,586	0	5,084,579	0	192,926	0	4,891,653	0
6-14	572,573	0	54,826	0	517,747	0	5,123,512	0	569,297	0	4,554,215	0
15-20	361,386	0	42,380	0	318,970	36	3,020,174	0	429,763	0	2,590,172	239
21-44	899,220	0	175,248	717,501	6,079	392	6,997,103	0	1,862,591	5,105,294	26,792	2,426
45-64	541,578	0	288,446	252,637	0	495	5,126,380	0	3,017,666	2,104,325	0	4,389
65-74	196,964	118,418	78,196	333	0	17	2,077,905	1,202,827	873,247	1,727	0	104
75-84	157,263	133,084	24,179	0	0	0	1,695,236	1,419,715	275,521	0	0	0
85 and older	105,792	102,824	2,968	0	0	0	1,073,613	1,042,748	30,865	0	0	0
Unknown	88,598	53	6	0	88,539	0	410,034	170	38	0	409,826	0
Gender												
Female	2,031,619	244,373	358,631	662,883	764,792	940	17,638,201	2,546,607	3,818,723	5,027,838	6,237,875	7,158
Male	1,458,343	110,005	327,585	307,588	713,165	0	12,619,262	1,118,841	3,433,165	2,183,508	5,883,748	0
Unknown	73,970	1	5	0	73,964	0	351,073	12	26	0	351,035	0
Race												
White	1,174,007	150,383	260,319	313,424	449,255	626	10,402,388	1,521,645	2,828,208	2,342,142	3,705,604	4,789
African American	812,343	49,353	155,163	274,172	333,562	93	6,715,753	500,287	1,595,955	1,990,338	2,628,459	714
Other/unknown	1,577,582	154,643	270,739	382,875	769,104	221	13,490,395	1,643,528	2,827,751	2,878,866	6,138,595	1,655
Use of Nursing Facilities^c												
Entire year	95,538	73,707	21,306	446	79	0	986,693	744,339	238,750	3,102	502	0
Part year	50,998	28,242	15,792	3,085	3,876	3	499,951	277,401	166,415	24,618	31,486	31
None	3,417,396	252,430	649,123	966,940	1,547,966	937	29,121,892	2,643,720	6,846,749	7,183,626	12,440,670	7,127
Maintenance Assistance Status												
Cash	1,624,456	166,246	547,572	252,345	658,293	0	15,150,102	1,875,691	5,875,993	1,951,140	5,447,278	0
Medically needy	778,773	175,697	129,084	181,781	292,211	0	6,516,652	1,673,474	1,278,383	1,329,574	2,235,221	0
Poverty-related	519,889	2,979	1,663	551	513,756	940	4,100,158	30,731	16,538	4,911	4,040,820	7,158
Other/unknown	640,814	9,457	7,902	535,794	87,661	0	4,841,624	85,564	81,000	3,925,721	749,339	0
Dual Medicare Status^d												
Full dual, all year	608,103	317,503	277,012	13,448	113	27	6,557,142	3,361,832	3,083,028	111,127	997	158
Full dual, part year	6,883	4,191	2,645	47	0	0	67,363	41,420	25,547	396	0	0
Non-dual, all year	2,948,946	32,685	406,564	956,976	1,551,808	913	23,984,031	262,208	4,143,339	7,099,823	12,471,661	7,000
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,474,977	328,500	491,840	261,762	391,948	927	13,681,665	3,480,154	5,488,237	1,837,158	2,869,037	7,079
FFS part year, with Rx claims	562,798	13,150	77,343	210,473	261,821	11	2,146,187	67,842	461,376	720,659	896,243	67
FFS part year, no Rx claims	303,171	4,550	12,749	108,371	177,499	2	1,004,037	22,813	66,917	338,999	575,296	12

Source: Data for this table are from the MAX 2007 file for New York, 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 YORK, 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	63.0	8.8	\$865	\$99	\$9,269	9.3	3,563,932
Age							
5 and younger	71.1	3.7	264	71	2,437	10.8	640,558
6-14	73.0	4.9	471	96	2,221	21.2	572,573
15-20	65.0	4.7	488	103	3,690	13.2	361,386
21-44	68.2	9.6	1,028	107	8,913	11.5	899,220
45-64	73.5	25.9	2,664	103	17,736	15.0	541,578
65-74	31.7	5.7	388	69	15,122	2.6	196,964
75-84	24.6	2.5	125	50	25,036	0.5	157,263
85 and older	21.1	1.6	54	34	40,638	0.1	105,792
Unknown	2.7	0.1	8	108	380	2.2	88,598
Basis of Eligibility^e							
Aged	25.6	3.2	186	58	26,717	0.7	354,379
Disabled	61.8	21.2	2,483	117	25,633	9.7	686,221
Adults	72.6	10.3	933	90	3,687	25.3	970,471
Children	66.1	3.6	263	74	1,542	17.0	1,551,921
Unknown	70.1	14.0	1,892	136	7,776	24.3	940
Gender							
Female	64.9	9.4	826	88	8,824	9.4	2,031,619
Male	63.4	8.3	963	115	10,336	9.3	1,458,343
Unknown	3.1	0.1	9	111	454	2.1	73,970
Race							
White	62.2	9.3	842	91	13,274	6.3	1,174,007
African American	64.5	8.8	965	110	8,363	11.5	812,343
Other/unknown	62.8	8.4	832	99	6,756	12.3	1,577,582
Use of Nursing Facilities^f							
Entire year	26.6	3.6	438	123	66,176	0.7	95,538
Part year	45.7	9.7	1,384	142	47,857	2.9	50,998
None	64.3	8.9	870	98	7,103	12.2	3,417,396
Maintenance Assistance Status							
Cash	64.6	11.4	1,203	105	10,251	11.7	1,624,456
Medically needy	54.8	5.6	439	78	16,343	2.7	778,773
Poverty related	70.0	3.6	250	69	1,320	18.9	519,889
Other/unknown	63.2	10.1	1,029	102	4,633	22.2	640,814

Source: Data for this table are from the MAX 2007 file for New York, 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 YORK, 2007

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 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
			None	None								
All	1.0	\$101	9.3	37.0	44.1	6.3	7.2	3.5	1.9	\$1,079	3,563,932	30,608,536
Age												
5 and younger	0.5	33	10.8	28.9	60.7	5.3	3.7	1.0	0.4	307	640,558	5,084,579
6-14	0.5	53	21.2	27.0	61.6	5.7	4.2	1.0	0.5	248	572,573	5,123,512
15-20	0.6	58	13.2	35.0	53.4	5.4	4.5	1.3	0.5	442	361,386	3,020,174
21-44	1.2	132	11.5	31.8	43.8	8.6	9.6	4.1	2.1	1,145	899,220	6,997,103
45-64	2.7	281	15.0	26.5	27.2	9.6	17.7	11.9	7.0	1,874	541,578	5,126,380
65-74	0.5	37	2.6	68.3	21.0	2.7	4.0	2.4	1.7	1,433	196,964	2,077,905
75-84	0.2	12	0.5	75.4	20.7	1.3	1.3	0.7	0.5	2,323	157,263	1,695,236
85 and older	0.2	5	0.1	78.9	19.3	0.9	0.5	0.3	0.1	4,004	105,792	1,073,613
Unknown	0.0	2	2.2	97.3	2.5	0.1	0.1	0.0	0.0	82	88,598	410,034
Basis of Eligibility^e												
Aged	0.3	18	0.7	74.4	19.7	1.7	2.1	1.2	0.9	2,583	354,379	3,665,460
Disabled	2.0	235	9.7	38.2	27.2	7.3	13.3	9.2	4.9	2,426	686,221	7,251,914
Adults	1.4	126	25.3	27.4	44.6	9.7	11.1	4.5	2.6	496	970,471	7,211,346
Children	0.4	33	17.0	33.9	56.9	4.7	3.3	0.9	0.4	192	1,551,921	12,472,658
Unknown	1.8	249	24.3	29.9	36.7	11.7	16.6	4.8	0.3	1,021	940	7,158
Gender												
Female	1.1	95	9.4	35.1	45.0	6.5	7.5	3.8	2.2	1,016	2,031,619	17,638,201
Male	1.0	111	9.3	36.6	45.1	6.3	7.1	3.2	1.7	1,195	1,458,343	12,619,262
Unknown	0.0	2	2.1	96.9	2.9	0.1	0.1	0.0	0.0	96	73,970	351,073
Race												
White	1.0	95	6.3	37.8	43.0	6.3	7.3	3.6	2.0	1,498	1,174,007	10,402,388
African American	1.1	117	11.5	35.5	44.7	6.6	7.7	3.7	1.9	1,012	812,343	6,715,753
Other/unknown	1.0	97	12.3	37.2	44.7	6.1	6.8	3.3	1.8	790	1,577,582	13,490,395
Use of Nursing Facilities^f												
Entire year	0.3	42	0.7	73.4	21.8	2.3	1.4	0.7	0.3	6,408	95,538	986,693
Part year	1.0	141	2.9	54.3	30.8	3.5	5.3	4.1	2.0	4,882	50,998	499,951
None	1.0	102	12.2	35.7	44.9	6.4	7.4	3.6	1.9	834	3,417,396	29,121,892
Maintenance Assistance Status												
Cash	1.2	129	11.7	35.4	43.3	6.2	8.1	4.6	2.5	1,099	1,624,456	15,150,102
Medically needy	0.7	52	2.7	45.2	40.8	5.5	5.2	2.0	1.2	1,953	778,773	6,516,652
Poverty related	0.5	32	18.9	30.0	60.1	5.0	3.5	1.0	0.4	167	519,889	4,100,158
Other/unknown	1.3	136	22.2	36.8	37.3	8.4	10.4	4.5	2.6	613	640,814	4,841,624

Source: Data for this table are from the MAX 2007 file for New York, 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 YORK, 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	1.0	\$101	\$99	0.4	\$80	\$201	0.0	\$4	\$116	0.6	\$17	\$29
Age												
5 and younger	0.5	33	71	0.1	25	213	0.0	1	76	0.3	7	21
6-14	0.5	53	96	0.3	43	171	0.0	2	103	0.3	8	29
15-20	0.6	58	103	0.2	47	202	0.0	2	131	0.3	9	30
21-44	1.2	132	107	0.5	105	220	0.0	5	143	0.7	22	30
45-64	2.7	281	103	1.1	223	200	0.1	12	113	1.5	46	31
65-74	0.5	37	69	0.2	27	142	0.0	2	85	0.3	8	24
75-84	0.2	12	50	0.1	8	129	0.0	1	77	0.2	3	19
85 and older	0.2	5	34	0.0	3	127	0.0	0	72	0.1	2	16
Unknown	0.0	2	108	0.0	2	386	0.0	0	69	0.0	0	20
Basis of Eligibility^d												
Aged	0.3	18	58	0.1	13	133	0.0	1	79	0.2	4	21
Disabled	2.0	235	117	0.8	190	226	0.1	9	127	1.1	35	33
Adults	1.4	126	90	0.5	98	185	0.0	5	112	0.8	23	28
Children	0.4	33	74	0.2	25	163	0.0	1	91	0.3	7	25
Unknown	1.8	249	136	0.7	194	283	0.1	9	158	1.1	46	42
Gender												
Female	1.1	95	88	0.4	74	180	0.0	4	108	0.6	18	28
Male	1.0	111	115	0.4	90	231	0.0	4	127	0.5	17	31
Unknown	0.0	2	111	0.0	2	421	0.0	0	63	0.0	0	20
Race												
White	1.0	95	91	0.4	72	184	0.0	4	112	0.6	19	31
African American	1.1	117	110	0.4	95	231	0.0	4	124	0.6	17	28
Other/unknown	1.0	97	99	0.4	78	198	0.0	4	115	0.5	15	28
Use of Nursing Facilities^e												
Entire year	0.3	42	123	0.1	37	289	0.0	1	118	0.2	5	22
Part year	1.0	141	142	0.4	120	297	0.0	4	138	0.6	18	31
None	1.0	102	98	0.4	81	198	0.0	4	115	0.6	17	29
Maintenance Assistance Status												
Cash	1.2	129	105	0.5	103	211	0.0	5	122	0.7	21	30
Medically needy	0.7	52	78	0.2	40	168	0.0	2	99	0.4	11	26
Poverty related	0.5	32	69	0.1	23	162	0.0	1	87	0.3	7	24
Other/unknown	1.3	136	102	0.5	110	201	0.0	5	114	0.7	22	29

Source: Data for this table are from the MAX 2007 file for New York, 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 York, 0.9 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 YORK, 2007

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		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$53	\$45	\$1	\$7	\$172	\$541	\$157	\$33	3,682,728	\$633,255,910	1,258,117	35.3	11,966,621
Biologicals	0.5	0.5	0.0	0.0	724	724	0	0	1549	1,549	0	0	41,471	64,222,629	10,562	0.3	88,756
Antineoplastic Agents	0.6	0.2	0.0	0.4	213	181	2	29	377	893	518	81	87,660	33,010,669	15,805	0.4	155,335
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	45	35	1	9	77	149	45	27	3,044,401	234,469,242	555,086	15.6	5,224,945
Cardiovascular Agents	1.3	0.4	0.1	0.8	60	37	7	16	46	97	71	20	4,805,582	220,598,703	380,618	10.7	3,667,141
Respiratory Agents	0.5	0.4	0.0	0.2	45	41	1	4	85	112	81	23	3,534,674	298,776,011	674,891	18.9	6,599,290
Gastrointestinal Agents	0.4	0.2	0.0	0.2	49	40	3	6	113	174	195	30	1,358,212	153,802,819	324,802	9.1	3,158,561
Genitourinary Agents	0.3	0.1	0.0	0.1	18	12	1	6	65	91	90	40	417,996	27,044,055	161,682	4.5	1,480,549
CNS Drugs	1.0	0.5	0.0	0.5	124	105	3	17	126	219	157	34	4,754,053	598,486,665	485,211	13.6	4,811,938
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	84	80	1	4	135	152	68	41	401,224	54,074,227	64,134	1.8	643,411
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	70	69	0	0	250	254	160	69	143,782	36,011,384	54,022	1.5	515,786
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	22	11	3	9	59	272	559	26	2,775,320	164,333,090	785,219	22.0	7,411,220
Neuromuscular Agents	0.7	0.3	0.0	0.4	75	51	5	19	107	185	159	48	1,936,180	207,003,788	277,661	7.8	2,748,160
Nutritional Products	0.3	0.1	0.0	0.2	6	2	0	4	22	41	33	16	422,828	9,120,532	173,918	4.9	1,544,503
Hematological Agents	0.6	0.1	0.0	0.4	88	81	0	6	156	560	35	16	730,779	114,179,463	127,160	3.6	1,296,956
Topical Products	0.3	0.1	0.0	0.2	21	14	1	6	67	132	87	32	2,876,331	193,192,359	931,881	26.1	9,004,834
Miscellaneous Products	0.7	0.5	0.0	0.2	277	248	11	18	395	523	247	100	88,084	34,768,846	12,281	0.3	125,518
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	55	0	0	0	144,066	7,922,573	80,486	2.3	798,538
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	31,245,371	3,084,272,965	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New York, 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 York, 0.9 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.

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

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIVIRAL	\$519,812,634	121,543	3.4	1,251,509	0.7	\$596	\$415	
ANTIPSYCHOTICS	400,639,218	224,765	6.3	2,247,378	0.7	267	178	
ANTIASTHMATIC	239,514,329	818,934	23.0	8,031,180	0.3	88	30	
ANTICONVULSANT	187,979,299	216,531	6.1	2,188,913	0.7	131	86	
DERMATOLOGICAL	148,353,498	1,139,677	32.0	11,240,815	0.2	67	13	
ANTIDIABETIC	125,735,385	244,872	6.9	2,370,882	0.6	83	53	
ANTIDEPRESSANTS	125,461,548	349,569	9.8	3,376,542	0.5	68	37	
ULCER DRUGS	124,770,051	377,050	10.6	3,751,146	0.4	82	33	
ANTIHYPERLIPIDEMIC	96,371,397	214,450	6.0	2,113,751	0.6	80	46	
ANALGESICS - Narcotic	87,667,930	468,436	13.1	4,392,159	0.3	68	20	
Total	2,056,305,289	4,175,827	n.a.	40,964,275	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for New York, 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