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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	38,836	16,058	22,325	431	2	20	414,910	168,768	242,917	3,023	24	178
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	6	0	5	0	1	0	61	0	49	0	12	0
15-20	65	0	62	2	1	0	497	0	469	16	12	0
21-44	6,354	1	6,064	288	0	1	66,911	12	64,759	2,128	0	12
45-64	8,493	3	8,352	127	0	11	89,865	28	88,955	765	0	117
65-74	9,984	4,609	5,356	11	0	8	109,276	48,589	60,546	92	0	49
75-84	8,505	6,484	2,018	3	0	0	92,864	69,895	22,947	22	0	0
85 and older	5,429	4,961	468	0	0	0	55,436	50,244	5,192	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,073	10,995	12,726	331	1	20	258,182	116,116	139,345	2,531	12	178
Male	14,763	5,063	9,599	100	1	0	156,728	52,652	103,572	492	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,998	6,259	8,598	131	2	8	157,579	63,568	93,095	840	24	52
African American	750	191	551	8	0	0	7,852	2,028	5,762	62	0	0
Other/unknown	23,088	9,608	13,176	292	0	12	249,479	103,172	144,060	2,121	0	126
Use of Nursing Facilities^c												
Entire year	3,147	2,649	498	0	0	0	32,682	27,075	5,607	0	0	0
Part year	2,164	1,684	480	0	0	0	21,168	16,112	5,056	0	0	0
None	33,525	11,725	21,347	431	2	20	361,060	125,581	232,254	3,023	24	178
Maintenance Assistance Status												
Cash	27,665	8,970	18,561	134	0	0	305,395	99,706	205,008	681	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	659	186	429	24	0	20	5,927	1,839	3,707	203	0	178
Other/unknown	10,512	6,902	3,335	273	2	0	103,588	67,223	34,202	2,139	24	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	37,322	15,967	21,013	320	2	20	406,982	168,395	235,750	2,635	24	178
FFS part year, with Rx claims	171	13	124	34	0	0	880	52	714	114	0	0
FFS part year, no Rx claims	1,343	78	1,188	77	0	0	7,048	321	6,453	274	0	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 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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 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	8.7	0.7	\$25	\$33	\$15,768	0.2	38,836
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	16.7	0.5	8	15	6,631	0.1	6
15-20	10.8	0.4	17	47	12,453	0.1	65
21-44	4.5	0.4	20	55	16,935	0.1	6,354
45-64	6.5	0.7	32	48	16,484	0.2	8,493
65-74	6.3	0.6	19	32	10,346	0.2	9,984
75-84	10.1	0.8	22	26	16,066	0.1	8,505
85 and older	19.1	1.4	33	24	22,835	0.1	5,429
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	13.5	1.1	28	26	16,006	0.2	16,058
Disabled	5.0	0.5	20	43	15,864	0.1	22,325
Adults	16.9	1.5	91	62	1,801	5.0	431
Children	0.0	0.0	0	0	3,352	0.0	2
Unknown	80.0	24.4	1,283	53	19,583	6.6	20
Gender							
Female	9.3	0.7	22	30	15,672	0.1	24,073
Male	7.7	0.7	28	39	15,924	0.2	14,763
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	11.2	1.0	31	30	18,254	0.2	14,998
African American	6.1	0.3	7	24	13,846	0.1	750
Other/unknown	7.1	0.6	21	38	14,216	0.1	23,088
Use of Nursing Facilities^f							
Entire year	42.3	3.9	97	25	40,292	0.2	3,147
Part year	37.8	3.4	98	29	25,838	0.4	2,164
None	3.6	0.3	13	49	12,816	0.1	33,525
Maintenance Assistance Status							
Cash	3.3	0.2	10	43	10,611	0.1	27,665
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	10.9	1.6	88	56	5,240	1.7	659
Other/unknown	22.7	2.0	59	29	30,000	0.2	10,512

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 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 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.

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

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
				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			
All	0.1	\$2	0.2	91.3	7.2	0.7	0.5	0.2	0.1	\$1,476	38,836	414,910
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	0.0	1	0.1	83.3	16.7	0.0	0.0	0.0	0.0	652	6	61
15-20	0.0	2	0.1	89.2	10.8	0.0	0.0	0.0	0.0	1,629	65	497
21-44	0.0	2	0.1	95.5	3.6	0.4	0.3	0.1	0.0	1,608	6,354	66,911
45-64	0.1	3	0.2	93.5	4.9	0.9	0.6	0.2	0.0	1,558	8,493	89,865
65-74	0.1	2	0.2	93.7	5.2	0.5	0.5	0.1	0.1	945	9,984	109,276
75-84	0.1	2	0.1	89.9	8.6	0.7	0.6	0.2	0.1	1,471	8,505	92,864
85 and older	0.1	3	0.1	80.9	16.4	1.4	0.8	0.3	0.1	2,236	5,429	55,436
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	3	0.2	86.5	11.3	1.0	0.7	0.3	0.1	1,523	16,058	168,768
Disabled	0.0	2	0.1	95.0	4.1	0.5	0.3	0.1	0.0	1,458	22,325	242,917
Adults	0.2	13	5.0	83.1	10.7	2.8	3.0	0.5	0.0	257	431	3,023
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	279	2	24
Unknown	2.7	144	6.6	20.0	15.0	10.0	45.0	10.0	0.0	2,200	20	178
Gender												
Female	0.1	2	0.1	90.7	7.8	0.7	0.5	0.2	0.0	1,461	24,073	258,182
Male	0.1	3	0.2	92.3	6.1	0.8	0.6	0.2	0.1	1,500	14,763	156,728
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.1	3	0.2	88.8	9.0	1.1	0.7	0.3	0.1	1,737	14,998	157,579
African American	0.0	1	0.1	93.9	5.6	0.3	0.1	0.1	0.0	1,323	750	7,852
Other/unknown	0.1	2	0.1	92.9	6.0	0.5	0.4	0.1	0.0	1,316	23,088	249,479
Use of Nursing Facilities^f												
Entire year	0.4	9	0.2	57.7	35.5	3.9	1.7	0.9	0.3	3,880	3,147	32,682
Part year	0.3	10	0.4	62.2	31.6	2.3	2.6	1.0	0.3	2,641	2,164	21,168
None	0.0	1	0.1	96.4	2.9	0.3	0.3	0.1	0.0	1,190	33,525	361,060
Maintenance Assistance Status												
Cash	0.0	1	0.1	96.7	2.8	0.3	0.2	0.0	0.0	961	27,665	305,395
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	10	1.7	89.1	7.3	0.6	2.6	0.5	0.0	583	659	5,927
Other/unknown	0.2	6	0.2	77.3	18.8	1.9	1.4	0.5	0.2	3,044	10,512	103,588

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 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 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.

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 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
	0.1	\$2	\$33	0.0	\$2	\$126	0.0	\$0	\$66	0.1	\$1	\$11
All	0.1	\$2	\$33	0.0	\$2	\$126	0.0	\$0	\$66	0.1	\$1	\$11
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.0	1	15	0.0	1	17	0.0	0	0	0.0	0	12
15-20	0.0	2	47	0.0	1	138	0.0	0	58	0.0	1	24
21-44	0.0	2	55	0.0	1	194	0.0	0	71	0.0	0	16
45-64	0.1	3	48	0.0	2	159	0.0	0	79	0.0	1	15
65-74	0.1	2	32	0.0	1	121	0.0	0	62	0.0	1	11
75-84	0.1	2	26	0.0	1	101	0.0	0	58	0.1	1	9
85 and older	0.1	3	24	0.0	2	97	0.0	0	55	0.1	1	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.1	3	26	0.0	2	100	0.0	0	65	0.1	1	9
Disabled	0.0	2	43	0.0	1	156	0.0	0	68	0.0	0	14
Adults	0.2	13	62	0.0	10	275	0.0	1	42	0.2	3	17
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	2.7	144	53	0.7	111	163	0.1	7	83	2.0	26	13
Gender												
Female	0.1	2	30	0.0	1	116	0.0	0	64	0.1	1	10
Male	0.1	3	39	0.0	2	140	0.0	0	69	0.1	1	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.1	3	30	0.0	2	106	0.0	0	69	0.1	1	11
African American	0.0	1	24	0.0	0	85	0.0	0	61	0.0	0	11
Other/unknown	0.1	2	38	0.0	1	151	0.0	0	64	0.0	0	11
Use of Nursing Facilities^e												
Entire year	0.4	9	25	0.1	6	108	0.0	0	64	0.3	3	9
Part year	0.3	10	29	0.1	7	99	0.0	1	54	0.3	3	10
None	0.0	1	49	0.0	1	165	0.0	0	72	0.0	0	15
Maintenance Assistance Status												
Cash	0.0	1	43	0.0	1	159	0.0	0	62	0.0	0	13
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	10	56	0.0	7	170	0.0	1	106	0.1	2	16
Other/unknown	0.2	6	29	0.0	4	112	0.0	0	65	0.2	2	10

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

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

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

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 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	As a Percentage of Dual Benes	Number of Benefit Months			
		Generic	Generic		Generic	Generic											
Anti-infective Agents	0.2	0.0	0.0	0.2	\$14	\$10	\$1	\$4	\$63	\$253	\$107	\$20	724	\$45,740	376	1.0	3,164
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	30	30	0	0	44	1,303	41	0.1	376
Antineoplastic Agents	0.3	0.1	0.0	0.2	52	45	0	7	154	408	0	30	164	25,319	55	0.1	485
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	20	17	1	3	49	115	39	10	1,901	93,367	527	1.4	4,626
Cardiovascular Agents	0.6	0.1	0.0	0.5	15	6	3	6	24	83	61	12	3,865	93,328	739	1.9	6,216
Respiratory Agents	0.3	0.1	0.0	0.2	12	8	2	3	44	89	54	16	1,578	68,938	596	1.5	5,851
Gastrointestinal Agents	0.3	0.1	0.0	0.2	16	8	4	4	53	138	126	19	968	51,613	386	1.0	3,267
Genitourinary Agents	0.3	0.2	0.0	0.1	21	13	4	4	64	75	152	33	367	23,486	130	0.3	1,107
CNS Drugs	0.5	0.1	0.0	0.4	12	9	0	3	25	121	81	8	9,309	233,341	1,955	5.0	19,266
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	14	0	0	0	14	41	0	0	1	41	1	0.0	3
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	49	49	0	0	119	120	0	83	486	58,013	138	0.4	1,181
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	16	8	1	7	47	423	79	22	1,610	75,230	547	1.4	4,640
Neuromuscular Agents	0.4	0.1	0.0	0.3	14	9	0	4	33	146	58	11	1,857	61,351	482	1.2	4,507
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	11	13	20	10	1,353	14,494	421	1.1	4,180
Hematological Agents	0.5	0.0	0.0	0.5	8	6	0	3	17	154	16	6	3,510	59,695	689	1.8	7,027
Topical Products	0.3	0.1	0.0	0.2	10	7	1	3	40	79	69	17	556	22,068	247	0.6	2,112
Miscellaneous Products	0.2	0.1	0.0	0.0	31	29	0	2	182	226	161	38	113	20,592	66	0.2	662
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	71	0	0	0	43	3,033	27	0.1	242
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.	28,449	950,952	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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	
ULCER DRUGS	\$110,281	930	2.4	9,271	0.4	\$29	\$12	
ANTIPSYCHOTICS	85,617	205	0.5	1,762	0.3	151	49	
DIAGNOSTIC PRODUCTS	76,682	519	1.3	5,844	0.2	54	13	
ANTIDIABETIC	74,903	450	1.2	3,998	0.3	63	19	
HEMATOPOIETIC AGENTS	59,241	1,453	3.7	15,500	0.4	9	4	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	58,811	171	0.4	1,456	0.3	116	40	
HYPNOTICS	57,395	368	0.9	3,687	0.4	35	16	
MINERALS & ELECTROLYTES	56,159	1,614	4.2	17,204	0.5	7	3	
MULTIVITAMINS	52,715	1,840	4.7	19,879	0.5	5	3	
DERMATOLOGICAL	50,375	1,817	4.7	19,735	0.2	12	3	
Total	682,179	9,367	n.a.	98,336	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 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 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	All Top 10 Drug Groups							ULCER DRUGS							ANTIPSYCHOTICS						
	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	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	38,403	\$682,179	930	2.4	9,271	0.4	\$12	205	0.5	1,762	0.3	\$49									
Female																					
All Females	25,388	426,544	595	2.5	5,958	0.4	12	113	0.5	953	0.3	47									
Female, Disabled																					
All Ages	6,671	147,652	141	1.1	1,407	0.3	11	31	0.2	296	0.3	52									
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
6-14	5	67	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
15-20	3	276	1	3.3	7	0.1	3	0	0.0	0	0.0	0									
21-44	752	19,640	21	0.8	189	0.2	11	10	0.4	106	0.4	59									
45-64	2,602	70,036	73	1.5	707	0.3	13	16	0.3	148	0.3	50									
65-74	1,960	43,644	30	0.9	346	0.3	8	5	0.1	42	0.2	40									
75-84	1,072	11,478	14	1.0	138	0.4	9	0	0.0	0	0.0	0									
85 and older	277	2,511	2	0.5	20	0.8	23	0	0.0	0	0.0	0									
Female, Other Eligibles																					
All Ages	18,717	278,892	454	4.0	4,551	0.4	12	82	0.7	657	0.3	45									
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
21-44	63	2,692	8	3.3	62	0.4	20	2	0.8	15	0.1	8									
45-64	130	9,173	6	6.6	61	0.2	18	2	2.2	24	0.4	67									
65-74	2,068	39,042	38	1.4	354	0.4	13	15	0.6	119	0.3	35									
75-84	6,686	98,624	167	3.8	1,703	0.4	10	30	0.7	234	0.4	50									
85 and older	9,770	129,361	235	6.0	2,371	0.5	12	33	0.8	265	0.3	44									
Male																					
All Males	13,015	255,635	335	2.3	3,313	0.4	12	92	0.6	809	0.3	51									
Male, Disabled																					
All Ages	5,098	115,825	118	1.2	1,216	0.3	11	40	0.4	420	0.2	48									
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
15-20	1	6	1	3.1	12	0.1	1	0	0.0	0	0.0	0									
21-44	807	23,811	23	0.7	220	0.4	17	13	0.4	121	0.3	75									
45-64	2,152	52,461	62	1.7	622	0.3	10	21	0.6	232	0.2	32									
65-74	1,649	33,692	27	1.4	302	0.3	10	6	0.3	67	0.3	55									
75-84	350	4,451	2	0.3	24	0.3	13	0	0.0	0	0.0	0									
85 and older	139	1,404	3	3.0	36	0.6	17	0	0.0	0	0.0	0									
Male, Other Eligibles																					
All Ages	7,917	139,810	217	4.2	2,097	0.5	13	52	1.0	389	0.4	54									
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
21-44	23	1,448	1	2.1	3	0.3	7	3	6.3	16	0.4	57									
45-64	30	2,843	1	2.0	10	0.2	13	0	0.0	0	0.0	0									
65-74	1,499	28,556	52	2.7	515	0.5	14	14	0.7	85	0.3	44									
75-84	3,518	62,011	81	3.8	785	0.4	13	16	0.8	123	0.4	76									
85 and older	2,847	44,952	82	8.0	784	0.5	12	19	1.8	165	0.3	41									
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare &

TABLE D.7B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	DIAGNOSTIC PRODUCTS					ANTIDIABETIC					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
All	519	1.3	5,844	0.2	\$13	450	1.2	3,998	0.3	\$19	1,453	3.7	15,500	0.4	\$4
Female															
All Females	374	1.6	4,284	0.2	13	263	1.1	2,446	0.3	20	973	4.0	10,389	0.4	3
Female, Disabled															
All Ages	246	1.9	2,824	0.2	12	136	1.1	1,375	0.3	24	199	1.6	2,159	0.3	4
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	2	50.0	24	0.1	1
15-20	0	0.0	0	0.0	0	1	3.3	1	1.0	230	0	0.0	0	0.0	0
21-44	23	0.8	239	0.2	15	20	0.7	190	0.3	15	14	0.5	164	0.2	5
45-64	76	1.6	855	0.2	13	70	1.5	688	0.3	22	79	1.7	823	0.3	7
65-74	113	3.3	1,324	0.2	11	44	1.3	484	0.3	31	55	1.6	615	0.3	2
75-84	32	2.2	382	0.2	11	1	0.1	12	0.2	1	39	2.7	441	0.4	2
85 and older	2	0.5	24	0.4	17	0	0.0	0	0.0	0	10	2.7	92	0.5	3
Female, Other Eligibles															
All Ages	128	1.1	1,460	0.3	13	127	1.1	1,071	0.3	15	774	6.8	8,230	0.5	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	0.4	2	0.5	44	4	1.7	20	0.3	44	4	1.7	33	0.3	2
45-64	3	3.3	28	0.4	18	12	13.2	144	0.5	30	0	0.0	0	0.0	0
65-74	54	2.0	623	0.2	12	36	1.3	277	0.3	13	66	2.4	711	0.4	2
75-84	55	1.3	645	0.2	13	38	0.9	337	0.3	11	275	6.3	2,955	0.5	3
85 and older	15	0.4	162	0.3	18	37	0.9	293	0.3	12	429	10.9	4,531	0.5	3
Male															
All Males	145	1.0	1,560	0.2	15	187	1.3	1,552	0.3	17	480	3.3	5,111	0.5	5
Male, Disabled															
All Ages	106	1.1	1,167	0.2	15	90	0.9	806	0.3	16	138	1.4	1,544	0.5	9
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	16	0.5	167	0.2	13	16	0.5	142	0.3	21	12	0.4	121	0.4	2
45-64	45	1.3	469	0.2	13	45	1.3	362	0.3	16	60	1.7	649	0.5	19
65-74	34	1.7	399	0.3	17	29	1.5	302	0.3	13	44	2.2	514	0.5	3
75-84	9	1.5	108	0.3	19	0	0.0	0	0.0	0	17	2.9	200	0.4	3
85 and older	2	2.0	24	0.2	7	0	0.0	0	0.0	0	5	5.1	60	0.4	2
Male, Other Eligibles															
All Ages	39	0.8	393	0.2	14	97	1.9	746	0.3	17	342	6.6	3,567	0.5	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	2.1	10	0.3	15	3	6.3	28	0.1	3	1	2.1	10	0.1	1
45-64	1	2.0	3	0.3	2	10	20.0	89	0.2	30	2	4.0	16	0.3	2
65-74	23	1.2	232	0.3	15	35	1.8	230	0.3	14	74	3.9	784	0.4	4
75-84	12	0.6	124	0.2	14	41	1.9	329	0.4	18	139	6.6	1,494	0.5	2
85 and older	2	0.2	24	0.1	5	8	0.8	70	0.5	13	126	12.2	1,263	0.5	4
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare &

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					HYPNOTICS					MINERALS & ELECTROLYTES				
	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	171	0.4	1,456	0.3	\$40	368	0.9	3,687	0.4	\$16	1,614	4.2	17,204	0.5	\$3
Female															
All Females	104	0.4	824	0.4	40	247	1.0	2,520	0.4	16	1,217	5.1	12,992	0.5	3
Female, Disabled															
All Ages	12	0.1	115	0.2	36	65	0.5	657	0.5	11	327	2.6	3,727	0.4	3
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	1	25.0	12	0.2	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3.3	12	0.1	2
21-44	2	0.1	17	0.2	16	10	0.4	104	0.5	5	27	1.0	324	0.4	3
45-64	10	0.2	98	0.2	40	34	0.7	338	0.4	17	116	2.4	1,300	0.5	3
65-74	0	0.0	0	0.0	0	12	0.4	137	0.5	6	104	3.1	1,183	0.4	2
75-84	0	0.0	0	0.0	0	7	0.5	63	0.5	4	61	4.3	718	0.5	3
85 and older	0	0.0	0	0.0	0	2	0.5	15	0.3	2	17	4.6	178	0.5	3
Female, Other Eligibles															
All Ages	92	0.8	709	0.4	41	182	1.6	1,863	0.4	18	890	7.8	9,265	0.5	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	2.1	40	0.3	2
45-64	0	0.0	0	0.0	0	3	3.3	33	0.4	45	1	1.1	12	0.6	9
65-74	15	0.6	116	0.4	49	36	1.3	391	0.4	9	125	4.6	1,322	0.4	3
75-84	35	0.8	239	0.5	46	65	1.5	655	0.4	17	313	7.2	3,360	0.5	3
85 and older	42	1.1	354	0.3	35	78	2.0	784	0.5	22	446	11.3	4,531	0.5	4
Male															
All Males	67	0.5	632	0.3	40	121	0.8	1,167	0.4	14	397	2.7	4,212	0.5	3
Male, Disabled															
All Ages	17	0.2	192	0.3	28	57	0.6	563	0.4	12	169	1.8	1,858	0.5	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	0.1	24	0.2	7	14	0.4	135	0.4	10	17	0.5	192	0.5	4
45-64	9	0.3	97	0.3	34	27	0.8	265	0.4	6	74	2.1	770	0.5	3
65-74	5	0.3	59	0.3	32	16	0.8	163	0.5	23	56	2.8	649	0.4	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	2.9	192	0.5	3
85 and older	1	1.0	12	0.1	1	0	0.0	0	0.0	0	5	5.1	55	0.6	3
Male, Other Eligibles															
All Ages	50	1.0	440	0.4	46	64	1.2	604	0.5	17	228	4.4	2,354	0.5	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2.1	10	0.4	4
45-64	0	0.0	0	0.0	0	1	2.0	3	0.3	2	2	4.0	24	0.1	1
65-74	5	0.3	40	0.3	35	18	0.9	171	0.5	11	38	2.0	423	0.4	3
75-84	29	1.4	251	0.4	44	26	1.2	263	0.5	21	105	5.0	1,071	0.5	4
85 and older	16	1.6	149	0.4	52	19	1.8	167	0.3	16	82	8.0	826	0.5	4
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare &

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	MULTIVITAMINS					DERMATOLOGICAL						
	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 Beneficiaries	Number of Benefit Months
All	1,840	4.7	19,879	0.5	\$3	1,817	4.7	19,735	0.2	\$3	38,836	414,910
Female												
All Females	1,193	5.0	12,890	0.5	3	1,086	4.5	11,890	0.2	2	24,073	258,182
Female, Disabled												
All Ages	362	2.8	4,183	0.4	2	289	2.3	3,282	0.2	2	12,726	139,345
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	25.0	12	0.1	1	0	0.0	0	0.0	0	4	37
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	30	219
21-44	53	1.9	607	0.5	2	26	0.9	281	0.2	3	2,747	29,500
45-64	136	2.9	1,564	0.5	3	92	1.9	1,020	0.2	3	4,761	50,825
65-74	116	3.4	1,352	0.3	2	108	3.2	1,255	0.2	2	3,380	38,300
75-84	40	2.8	472	0.5	3	47	3.3	540	0.2	2	1,435	16,379
85 and older	16	4.3	176	0.4	2	16	4.3	186	0.2	2	369	4,085
Female, Other Eligibles												
All Ages	831	7.3	8,707	0.5	3	797	7.0	8,608	0.2	2	11,347	118,837
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	28
21-44	4	1.7	33	0.2	3	2	0.8	15	0.2	9	242	1,921
45-64	2	2.2	24	0.1	1	2	2.2	24	0.3	1	91	661
65-74	99	3.6	1,087	0.5	2	89	3.3	995	0.2	2	2,713	28,748
75-84	269	6.2	2,874	0.5	3	283	6.5	3,031	0.2	2	4,366	47,361
85 and older	457	11.6	4,689	0.5	3	421	10.7	4,543	0.2	2	3,932	40,118
Male												
All Males	647	4.4	6,989	0.5	3	731	5.0	7,845	0.2	3	14,763	156,728
Male, Disabled												
All Ages	277	2.9	3,103	0.5	3	288	3.0	3,215	0.2	3	9,599	103,572
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	32	250
21-44	51	1.5	574	0.6	3	46	1.4	509	0.2	3	3,317	35,259
45-64	132	3.7	1,437	0.5	3	118	3.3	1,293	0.2	3	3,591	38,130
65-74	77	3.9	898	0.5	2	96	4.9	1,108	0.2	5	1,976	22,246
75-84	13	2.2	146	0.5	2	21	3.6	226	0.2	2	583	6,568
85 and older	4	4.0	48	0.7	4	7	7.1	79	0.2	2	99	1,107
Male, Other Eligibles												
All Ages	370	7.2	3,886	0.5	3	443	8.6	4,630	0.3	3	5,164	53,156
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	0	0.0	0	0.0	0	3	6.3	25	0.1	9	48	231
45-64	1	2.0	4	0.3	1	1	2.0	12	0.1	0	50	249
65-74	67	3.5	721	0.4	2	82	4.3	840	0.2	3	1,915	19,982
75-84	189	8.9	1,962	0.6	3	174	8.2	1,857	0.3	3	2,121	22,556
85 and older	113	11.0	1,199	0.6	3	183	17.8	1,896	0.3	3	1,029	10,126
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare &

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

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	\$9	0.4	3,147	32,682
Age				
0-64	16	0.6	230	2,588
65-74	12	0.5	465	4,842
75-84	9	0.4	1,011	10,622
85 and older	8	0.3	1,441	14,630
Unknown	0	0.0	0	0
Gender				
Female	7	0.4	2,156	22,407
Male	14	0.4	991	10,275
Unknown	0	0.0	0	0
Race				
White	10	0.4	1,912	19,743
African American	3	0.3	41	414
Other/unknown	8	0.3	1,194	12,525
Basis of Eligibility^c				
Aged	9	0.4	2,649	27,075
Disabled	12	0.5	498	5,607
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 2,164 beneficiaries who were in nursing facilities for part of their enrollment and their 21,168 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 MEXICO, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx				Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$32	\$27	\$0	\$5	\$117	\$281	\$38	\$28	160	\$18,733	66	2.1	583
Biologicals	0.1	0.1	0.0	0.0	5	5	0	0	40	40	0	0	10	404	10	0.3	88
Antineoplastic Agents	0.4	0.1	0.0	0.3	54	37	0	17	141	420	0	59	22	3,096	9	0.3	57
Endocrine/Metabolic Drugs	0.5	0.1	0.0	0.3	18	14	0	3	37	96	27	11	451	16,887	104	3.3	948
Cardiovascular Agents	0.8	0.1	0.0	0.7	15	6	2	7	19	69	43	11	1,071	19,921	155	4.9	1,369
Respiratory Agents	0.3	0.1	0.0	0.2	10	6	2	3	36	80	52	16	700	25,437	231	7.3	2,492
Gastrointestinal Agents	0.4	0.1	0.0	0.3	12	5	1	5	30	83	89	17	289	8,690	87	2.8	751
Genitourinary Agents	0.5	0.3	0.1	0.2	40	21	13	7	77	76	172	38	177	13,556	37	1.2	336
CNS Drugs	0.6	0.1	0.0	0.5	11	7	0	3	20	110	60	7	5,156	101,489	870	27.6	9,196
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	57	57	0	0	128	128	0	0	263	33,742	68	2.2	596
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	11	6	0	6	28	247	0	15	313	8,810	89	2.8	790
Neuromuscular Agents	0.5	0.1	0.0	0.5	13	8	0	4	24	118	115	9	730	17,341	133	4.2	1,382
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	4	10	13	10	9	695	6,657	173	5.5	1,792
Hematological Agents	0.6	0.0	0.0	0.5	7	4	0	3	11	116	0	5	2,099	23,892	339	10.8	3,647
Topical Products	0.3	0.1	0.0	0.2	11	8	1	2	40	74	81	14	165	6,560	62	2.0	573
Miscellaneous Products	0.1	0.1	0.0	0.0	3	3	0	0	25	27	0	8	33	823	26	0.8	280
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	38	0	0	0	11	421	8	0.3	77
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.	12,345	306,459	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 2,164 beneficiaries who were in nursing facilities for part of their enrollment and their 21,168 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 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- In New Mexico, 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.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ULCER DRUGS	\$59,468	437	13.9	4,693	0.5	\$25	\$13	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	34,128	87	2.8	755	0.4	125	45	
HYPNOTICS	32,810	183	5.8	1,989	0.6	30	16	
HEMATOPOIETIC AGENTS	30,977	719	22.8	7,845	0.5	8	4	
MINERALS & ELECTROLYTES	30,821	743	23.6	8,078	0.6	7	4	
ANTIPSYCHOTICS	30,481	67	2.1	585	0.3	153	52	
MULTIVITAMINS	29,523	818	26.0	8,946	0.6	6	3	
DERMATOLOGICAL	24,444	868	27.6	9,648	0.2	10	3	
ANTIANKXIETY AGENTS	23,532	688	21.9	7,449	0.5	7	3	
OPHTHALMIC	21,724	542	17.2	6,073	0.3	11	4	
Total	317,908	5,152	n.a.	56,061	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 2,164 beneficiaries who were in nursing facilities for part of their enrollment and their 21,168 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ULCER DRUGS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	25,806	\$317,908	437	13.9	4,693	0.5	\$13	87	2.8	755	0.4	\$45
Female												
All Females	17,327	202,271	293	13.6	3,154	0.5	12	55	2.6	461	0.3	41
Female, Disabled												
All Ages	2,527	28,901	39	15.3	448	0.4	12	3	1.2	36	0.1	10
64 or younger	1,108	16,038	17	18.3	196	0.4	13	3	3.2	36	0.1	10
65-74	720	6,933	11	13.1	132	0.5	11	0	0.0	0	0.0	0
75-84	540	4,333	9	17.6	100	0.4	9	0	0.0	0	0.0	0
85 and older	159	1,597	2	7.4	20	0.8	23	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	14,800	173,370	254	13.4	2,706	0.5	12	52	2.7	425	0.4	44
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,118	14,037	12	7.8	137	0.5	12	12	7.8	88	0.4	49
75-84	5,223	60,901	94	15.3	1,031	0.4	11	14	2.3	105	0.4	38
85 and older	8,459	98,432	148	13.1	1,538	0.5	13	26	2.3	232	0.3	44
Male												
All Males	8,479	115,637	144	14.5	1,539	0.5	14	32	3.2	294	0.4	52
Male, Disabled												
All Ages	2,513	29,293	34	14.0	400	0.5	13	4	1.6	48	0.3	22
64 or younger	1,318	13,754	20	14.6	232	0.5	13	3	2.2	36	0.2	7
65-74	995	13,300	10	11.9	120	0.4	10	1	1.2	12	0.4	68
75-84	141	1,415	1	5.9	12	0.6	24	0	0.0	0	0.0	0
85 and older	59	824	3	60.0	36	0.6	17	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	5,966	86,344	110	14.7	1,139	0.6	14	28	3.7	246	0.4	58
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,165	17,319	30	21.0	309	0.6	16	1	0.7	12	0.4	68
75-84	2,573	34,665	38	11.6	424	0.5	14	15	4.6	125	0.4	53
85 and older	2,228	34,360	42	15.2	406	0.6	13	12	4.3	109	0.4	62
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 2,164 beneficiaries who were in nursing facilities for part of their enrollment and their 21,168 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

TABLE D.10B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	HYPNOTICS					HEMATOPOIETIC AGENTS					MINERALS & ELECTROLYTES				
	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	183	5.8	1,989	0.6	\$17	719	22.8	7,845	0.5	\$4	743	23.6	8,078	0.6	\$4
Female															
All Females	133	6.2	1,454	0.5	16	496	23.0	5,417	0.5	4	573	26.6	6,200	0.6	4
Female, Disabled															
All Ages	30	11.8	345	0.6	12	46	18.0	509	0.5	7	84	32.9	965	0.6	4
64 or younger	16	17.2	186	0.6	18	19	20.4	205	0.5	14	38	40.9	440	0.5	4
65-74	10	11.9	120	0.5	4	12	14.3	136	0.4	2	20	23.8	240	0.6	4
75-84	3	5.9	36	0.8	3	12	23.5	144	0.5	2	19	37.3	220	0.6	5
85 and older	1	3.7	3	0.7	7	3	11.1	24	0.5	3	7	25.9	65	0.5	3
Female, Other Eligibles															
All Ages	103	5.4	1,109	0.5	18	450	23.7	4,908	0.5	3	489	25.7	5,235	0.6	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19	12.3	216	0.5	9	32	20.8	348	0.4	3	41	26.6	440	0.6	3
75-84	37	6.0	392	0.5	18	163	26.5	1,794	0.5	4	178	29.0	1,933	0.6	4
85 and older	47	4.1	501	0.5	21	255	22.5	2,766	0.5	3	270	23.8	2,862	0.6	4
Male															
All Males	50	5.0	535	0.7	17	223	22.5	2,428	0.5	4	170	17.2	1,878	0.6	4
Male, Disabled															
All Ages	21	8.6	227	0.8	20	49	20.2	577	0.6	4	50	20.6	595	0.6	4
64 or younger	11	8.0	118	0.9	10	25	18.2	293	0.6	4	23	16.8	275	0.5	3
65-74	10	11.9	109	0.7	30	19	22.6	228	0.6	3	20	23.8	240	0.6	4
75-84	0	0.0	0	0.0	0	4	23.5	44	0.5	8	6	35.3	68	0.7	5
85 and older	0	0.0	0	0.0	0	1	20.0	12	0.2	1	1	20.0	12	0.5	2
Male, Other Eligibles															
All Ages	29	3.9	308	0.6	15	174	23.3	1,851	0.5	5	120	16.0	1,283	0.6	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12	8.4	118	0.6	14	36	25.2	393	0.5	6	20	14.0	227	0.6	4
75-84	12	3.6	132	0.6	10	66	20.1	733	0.5	3	56	17.0	596	0.5	4
85 and older	5	1.8	58	0.5	31	72	26.1	725	0.6	6	44	15.9	460	0.6	4
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 2,164 beneficiaries who were in nursing facilities for part of their enrollment and their 21,168 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					MULTIVITAMINS					DERMATOLOGICAL				
	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	67	2.1	585	0.3	\$52	818	26.0	8,946	0.6	\$3	868	27.6	9,648	0.2	\$3
Female															
All Females	36	1.7	309	0.3	44	511	23.7	5,539	0.6	3	519	24.1	5,788	0.2	2
Female, Disabled															
All Ages	4	1.6	48	0.1	34	73	28.6	845	0.6	3	72	28.2	840	0.2	2
64 or younger	2	2.2	24	0.1	37	33	35.5	388	0.6	3	30	32.3	350	0.2	2
65-74	2	2.4	24	0.1	30	23	27.4	266	0.5	2	18	21.4	216	0.1	3
75-84	0	0.0	0	0.0	0	10	19.6	120	0.8	5	16	31.4	184	0.2	2
85 and older	0	0.0	0	0.0	0	7	25.9	71	0.6	3	8	29.6	90	0.1	2
Female, Other Eligibles															
All Ages	32	1.7	261	0.4	46	438	23.0	4,694	0.6	3	447	23.5	4,948	0.2	2
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	2	1.3	13	0.4	25	37	24.0	395	0.5	3	30	19.5	352	0.2	2
75-84	14	2.3	115	0.5	49	138	22.5	1,473	0.6	4	160	26.1	1,758	0.3	2
85 and older	16	1.4	133	0.3	45	263	23.2	2,826	0.6	3	257	22.7	2,838	0.2	2
Male															
All Males	31	3.1	276	0.3	62	307	31.0	3,407	0.6	3	349	35.2	3,860	0.3	3
Male, Disabled															
All Ages	8	3.3	89	0.2	40	92	37.9	1,077	0.6	3	85	35.0	993	0.2	3
64 or younger	5	3.6	57	0.1	20	54	39.4	632	0.6	4	41	29.9	483	0.2	3
65-74	3	3.6	32	0.3	74	34	40.5	397	0.6	3	35	41.7	402	0.3	3
75-84	0	0.0	0	0.0	0	3	17.6	36	0.8	4	6	35.3	72	0.3	3
85 and older	0	0.0	0	0.0	0	1	20.0	12	0.8	7	3	60.0	36	0.3	2
Male, Other Eligibles															
All Ages	23	3.1	187	0.4	72	215	28.7	2,330	0.6	3	264	35.3	2,867	0.3	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	2.8	25	0.3	102	37	25.9	389	0.6	3	39	27.3	416	0.3	3
75-84	7	2.1	61	0.6	93	110	33.4	1,190	0.6	3	106	32.2	1,177	0.3	3
85 and older	12	4.3	101	0.3	52	68	24.6	751	0.6	3	119	43.1	1,274	0.3	3
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2007. A total of 2,164 beneficiaries who were in nursing facilities for part of their enrollment and their 21,168 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	ANTIANXIETY AGENTS					OPHTHALMIC					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	Year Nursing Facility Residents
All	688	21.9	7,449	0.5	\$3	542	17.2	6,073	0.3	\$4	3,147	32,682
Female												
All Females	505	23.4	5,423	0.5	3	370	17.2	4,166	0.3	4	2,156	22,407
Female, Disabled												
All Ages	65	25.5	750	0.6	4	50	19.6	580	0.4	4	255	2,841
64 or younger	29	31.2	327	0.7	5	19	20.4	213	0.3	4	93	1,024
65-74	23	27.4	268	0.6	4	12	14.3	144	0.5	5	84	955
75-84	9	17.6	108	0.8	5	12	23.5	144	0.3	3	51	593
85 and older	4	14.8	47	0.2	2	7	25.9	79	0.4	5	27	269
Female, Other Eligibles												
All Ages	440	23.1	4,673	0.4	3	320	16.8	3,586	0.3	4	1,901	19,566
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	37	24.0	404	0.4	3	18	11.7	192	0.3	3	154	1,548
75-84	149	24.3	1,594	0.5	4	86	14.0	987	0.3	3	614	6,446
85 and older	254	22.4	2,675	0.4	3	216	19.1	2,407	0.4	4	1,133	11,572
Male												
All Males	183	18.5	2,026	0.5	3	172	17.4	1,907	0.3	3	991	10,275
Male, Disabled												
All Ages	48	19.8	556	0.7	4	39	16.0	462	0.3	4	243	2,766
64 or younger	29	21.2	341	0.7	5	20	14.6	234	0.3	4	137	1,564
65-74	17	20.2	191	0.7	4	18	21.4	216	0.4	3	84	953
75-84	1	5.9	12	0.5	3	1	5.9	12	0.3	5	17	189
85 and older	1	20.0	12	0.7	3	0	0.0	0	0.0	0	5	60
Male, Other Eligibles												
All Ages	135	18.0	1,470	0.4	3	133	17.8	1,445	0.3	3	748	7,509
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	31	21.7	323	0.5	4	14	9.8	159	0.3	3	143	1,386
75-84	58	17.6	660	0.4	2	65	19.8	724	0.2	2	329	3,394
85 and older	46	16.7	487	0.4	3	54	19.6	562	0.3	4	276	2,729
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 2,164 beneficiaries who were in nursing facilities for part of their enrollment and their 21,168 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEW MEXICO, 2007

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	5,364	13.8	1.4	56,108	\$12	\$471,095	\$8	49.5	38,836	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	
6-14	1	16.7	0.7	4	7	40	10	87.0	6	
15-20	4	6.2	0.2	10	1	79	8	7.0	65	
21-44	279	4.4	0.4	2,358	3	17,133	7	13.5	6,354	
45-64	655	7.7	0.9	7,252	7	61,232	8	22.9	8,493	
65-74	1,071	10.7	1.0	10,181	8	77,573	8	40.6	9,984	
75-84	1,546	18.2	2.0	17,312	17	144,609	8	77.7	8,505	
85 and older	1,808	33.3	3.5	18,991	31	170,429	9	95.4	5,429	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	3,650	22.7	2.4	38,317	21	333,688	9	74.1	16,058	
Disabled	1,673	7.5	0.8	17,666	6	136,504	8	31.3	22,325	
Adults	30	7.0	0.2	71	1	471	7	1.2	431	
Children	0	0.0	0.0	0	0	0	0	0.0	2	
Unknown	11	55.0	2.7	54	22	432	8	1.7	20	
Gender										
Female	3,609	15.0	1.6	37,576	13	317,833	8	59.8	24,073	
Male	1,755	11.9	1.3	18,532	10	153,262	8	36.6	14,763	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	2,474	16.5	2.0	29,409	18	271,586	9	59.2	14,998	
African American	53	7.1	0.5	403	6	4,817	12	87.0	750	
Other/unknown	2,837	12.3	1.1	26,296	8	194,692	7	40.0	23,088	
Use of Nursing Facilities^d										
Entire year	2,304	73.2	9.7	30,505	87	272,808	9	89.0	3,147	
Part year	1,207	55.8	5.1	10,967	47	101,241	9	48.0	2,164	
None	1,853	5.5	0.4	14,636	3	97,046	7	22.4	33,525	
Maintenance Assistance Status										
Cash	1,599	5.8	0.4	11,823	3	77,596	7	27.9	27,665	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	46	7.0	0.4	238	3	1,770	7	3.0	659	
Other/unknown	3,719	35.4	4.2	44,047	37	391,729	9	63.7	10,512	

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEW MEXICO, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$1	\$8	\$0	\$0	414,910
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.1	1	10	0	0	61
15-20	0.0	0	8	0	0	497
21-44	0.0	0	7	0	0	66,911
45-64	0.1	1	8	0	0	89,865
65-74	0.1	1	8	0	0	109,276
75-84	0.2	2	8	0	0	92,864
85 and older	0.3	3	9	0	1	55,436
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	9	0	0	168,768
Disabled	0.1	1	8	0	0	242,917
Adults	0.0	0	7	0	0	3,023
Children	0.0	0	0	0	0	24
Unknown	0.3	2	8	0	1	178
Gender						
Female	0.1	1	8	0	0	258,182
Male	0.1	1	8	0	0	156,728
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	9	0	0	157,579
African American	0.1	1	12	0	0	7,852
Other/unknown	0.1	1	7	0	0	249,479
Use of Nursing Facilities^d						
Entire year	0.9	8	9	0	2	32,682
Part year	0.5	5	9	0	1	21,168
None	0.0	0	7	0	0	361,060
Maintenance Assistance Status						
Cash	0.0	0	7	0	0	305,395
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	7	0	0	5,927
Other/unknown	0.4	4	9	0	1	103,588

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
NEW MEXICO, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	7,026	\$67	\$471,095	100.0	56,108	\$8	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	214	48	10,322	2.2	418	25	0.7
Vitamins and minerals	388	36	13,896	2.9	1,294	11	2.3
Non-prescription drugs	4,584	77	352,588	74.8	45,895	8	81.8
Barbiturates	51	52	2,661	0.6	483	6	0.9
Benzodiazepines	1,636	55	89,179	18.9	7,687	12	13.7
Other Part D Excl Rx Drugs	153	16	2,449	0.5	331	7	0.6

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEWMEXICO, 2007

Total Number of Dual Eligible Beneficiaries: 38,836
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$950,952
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$24

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	35,464	91.3	\$0	0.0
1-500	2,904	7.5	220,975	23.2
501-1,000	234	0.6	167,981	17.7
1,001-1,500	96	0.2	116,289	12.2
1,501-2,000	50	0.1	86,427	9.1
2,001-2,500	28	0.1	62,941	6.6
2,501-3,000	18	0.0	49,348	5.2
3,001-3,500	12	0.0	38,634	4.1
3,501-4,000	3	0.0	11,313	1.2
4,001-4,500	5	0.0	21,204	2.2
4,501-5,000	4	0.0	18,743	2.0
5,001-5,500	1	0.0	5,120	0.5
5,501-6,000	1	0.0	5,591	0.6
6,001-6,500	4	0.0	24,701	2.6
6,501-7,000	1	0.0	6,538	0.7
7,001-7,500	2	0.0	14,642	1.5
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,320	0.9
8,501-9,000	2	0.0	17,822	1.9
9,001-9,500	1	0.0	9,333	1.0
9,501-10,000	0	0.0	0	0.0
10,001+	5	0.0	65,030	6.8

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. 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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEWMEXICO,2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 14,483
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$335,987
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$23

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	13,724	94.8		\$0	0.0
1-500	609	4.2		62,718	18.7
501-1,000	67	0.5		47,427	14.1
1,001-1,500	29	0.2		34,914	10.4
1,501-2,000	21	0.1		36,045	10.7
2,001-2,500	9	0.1		20,435	6.1
2,501-3,000	5	0.0		13,122	3.9
3,001-3,500	3	0.0		10,298	3.1
3,501-4,000	1	0.0		3,643	1.1
4,001-4,500	3	0.0		12,874	3.8
4,501-5,000	1	0.0		4,694	1.4
5,001-5,500	1	0.0		5,120	1.5
5,501-6,000	0	0.0		0	0.0
6,001-6,500	3	0.0		18,291	5.4
6,501-7,000	0	0.0		0	0.0
7,001-7,500	2	0.0		14,642	4.4
7,501-8,000	0	0.0		0	0.0
8,001-8,500	0	0.0		0	0.0
8,501-9,000	2	0.0		17,822	5.3
9,001-9,500	0	0.0		0	0.0
9,501-10,000	0	0.0		0	0.0
10,001+	3	0.0		33,942	10.1

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. 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 2007.

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.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEWMEXICO, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 23,918
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$555,738
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$23

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,389	89.4	\$0	0.0
1-500	2,236	9.3	151,759	27.3
501-1,000	158	0.7	113,985	20.5
1,001-1,500	61	0.3	74,087	13.3
1,501-2,000	27	0.1	46,906	8.4
2,001-2,500	16	0.1	35,474	6.4
2,501-3,000	11	0.0	30,838	5.5
3,001-3,500	7	0.0	21,668	3.9
3,501-4,000	2	0.0	7,670	1.4
4,001-4,500	2	0.0	8,330	1.5
4,501-5,000	3	0.0	14,049	2.5
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,591	1.0
6,001-6,500	1	0.0	6,410	1.2
6,501-7,000	1	0.0	6,538	1.2
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,320	1.5
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,333	1.7
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	14,780	2.7

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. 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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEWMEXICO,2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 9,984
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$191,133
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$19

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,352	93.7	\$0	0.0
1-500	541	5.4	43,787	22.9
501-1,000	44	0.4	33,249	17.4
1,001-1,500	23	0.2	28,060	14.7
1,501-2,000	7	0.1	12,327	6.4
2,001-2,500	3	0.0	6,803	3.6
2,501-3,000	4	0.0	10,851	5.7
3,001-3,500	1	0.0	3,036	1.6
3,501-4,000	1	0.0	3,860	2.0
4,001-4,500	2	0.0	8,330	4.4
4,501-5,000	3	0.0	14,049	7.4
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,591	2.9
6,001-6,500	1	0.0	6,410	3.4
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	14,780	7.7

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. 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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEWMEXICO,2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 8,505
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$185,996
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$21

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,643	89.9	\$0	0.0
1-500	761	8.9	49,761	26.8
501-1,000	52	0.6	36,180	19.5
1,001-1,500	21	0.2	25,191	13.5
1,501-2,000	12	0.1	21,296	11.4
2,001-2,500	6	0.1	12,965	7.0
2,501-3,000	4	0.0	11,412	6.1
3,001-3,500	3	0.0	9,510	5.1
3,501-4,000	1	0.0	3,810	2.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	1	0.0	6,538	3.5
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,333	5.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEWMEXICO,2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 5,429
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$178,609
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$32

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,394	80.9	\$0	0.0
1-500	934	17.2	58,211	32.6
501-1,000	62	1.1	44,556	24.9
1,001-1,500	17	0.3	20,836	11.7
1,501-2,000	8	0.1	13,283	7.4
2,001-2,500	7	0.1	15,706	8.8
2,501-3,000	3	0.1	8,575	4.8
3,001-3,500	3	0.1	9,122	5.1
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,320	4.7
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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

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 2007.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	39,557	16,096	22,838	601	2	20	431,065	169,590	255,864	5,409	24	178
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	7	0	6	0	1	0	84	0	72	0	12	0
15-20	90	0	87	2	1	0	1,009	0	981	16	12	0
21-44	6,702	1	6,309	391	0	1	73,929	12	70,288	3,617	0	12
45-64	8,703	3	8,498	191	0	11	95,247	28	93,476	1,626	0	117
65-74	10,107	4,635	5,450	14	0	8	112,200	49,137	62,886	128	0	49
75-84	8,515	6,492	2,020	3	0	0	93,065	70,077	22,966	22	0	0
85 and older	5,433	4,965	468	0	0	0	55,531	50,336	5,195	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,453	11,012	12,993	427	1	20	267,163	116,540	146,549	3,884	12	178
Male	15,104	5,084	9,845	174	1	0	163,902	53,050	109,315	1,525	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	15,276	6,266	8,803	197	2	8	163,503	63,747	97,976	1,704	24	52
African American	766	191	563	12	0	0	8,285	2,033	6,135	117	0	0
Other/unknown	23,515	9,639	13,472	392	0	12	259,277	103,810	151,753	3,588	0	126
Use of Nursing Facilities^c												
Entire year	3,147	2,649	498	0	0	0	32,682	27,075	5,607	0	0	0
Part year	2,166	1,685	481	0	0	0	21,229	16,119	5,110	0	0	0
None	34,244	11,762	21,859	601	2	20	377,154	126,396	245,147	5,409	24	178
Maintenance Assistance Status												
Cash	28,283	9,001	19,007	275	0	0	317,679	100,273	214,871	2,535	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	659	186	429	24	0	20	6,918	1,898	4,624	218	0	178
Other/unknown	10,615	6,909	3,402	302	2	0	106,468	67,419	36,369	2,656	24	0
Dual Status^d												
Full dual, all year	38,307	15,516	22,222	547	2	20	417,665	163,446	249,193	4,824	24	178
Full dual, part year	1,250	580	616	54	0	0	13,400	6,144	6,671	585	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	37,322	15,967	21,013	320	2	20	406,982	168,395	235,750	2,635	24	178
FFS part year, with Rx claims	171	13	124	34	0	0	1,726	100	1,311	315	0	0
FFS part year, no Rx claims	1,343	78	1,188	77	0	0	14,533	670	13,123	740	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	721	38	513	170	0	0	7,824	425	5,680	1,719	0	0
	0	0	0	0	0	0	0	0	0	0	0	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	39,557	431,065	38,836	414,910	0	16,155
Fee-for-service (FFS) all year	37,322	406,982	37,322	406,982	0	0
FFS part year, with Rx claims	171	1,726	171	880	0	846
FFS part year, with no Rx claims	1,343	14,533	1,343	7,048	0	7,485
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	721	7,824	0	0	0	7,824

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. 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.