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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING

FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING
FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

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

APPENDIX TABLES

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

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW 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	614,986	321,694	279,657	13,495	113	27	6,624,505	3,403,252	3,108,575	111,523	997	158
Age												
5 and younger	28	0	25	0	3	0	309	0	285	0	24	0
6-14	49	0	43	0	6	0	533	0	466	0	67	0
15-20	767	0	676	0	91	0	7,983	0	7,168	0	815	0
21-44	72,876	0	67,237	5,622	13	4	790,415	0	743,250	47,053	91	21
45-64	120,734	0	112,948	7,773	0	13	1,305,575	0	1,241,736	63,751	0	88
65-74	174,007	101,191	72,706	100	0	10	1,887,537	1,066,750	820,019	719	0	49
75-84	146,152	122,915	23,237	0	0	0	1,603,599	1,337,318	266,281	0	0	0
85 and older	100,373	97,588	2,785	0	0	0	1,028,554	999,184	29,370	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	385,588	222,716	155,352	7,444	49	27	4,171,472	2,372,253	1,735,859	62,764	438	158
Male	229,398	98,978	124,305	6,051	64	0	2,453,033	1,030,999	1,372,716	48,759	559	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	277,880	142,813	129,806	5,194	46	21	2,954,297	1,460,432	1,450,209	43,120	425	111
African American	96,884	42,728	49,956	4,175	22	3	1,024,646	448,367	541,664	34,392	200	23
Other/unknown	240,222	136,153	99,895	4,126	45	3	2,645,562	1,494,453	1,116,702	34,011	372	24
Use of Nursing Facilities^c												
Entire year	85,872	71,786	14,036	50	0	0	883,196	725,058	157,640	498	0	0
Part year	35,736	27,205	8,416	114	1	0	359,880	267,574	91,209	1,085	12	0
None	493,378	222,703	257,205	13,331	112	27	5,381,429	2,410,620	2,859,726	109,940	985	158
Maintenance Assistance Status												
Cash	355,215	159,395	192,966	2,812	42	0	4,037,498	1,813,364	2,201,314	22,443	377	0
Medically needy	237,925	155,427	79,606	2,863	29	0	2,378,393	1,522,356	831,278	24,544	215	0
Poverty-related	4,659	2,959	1,656	4	13	27	47,307	30,525	16,484	26	114	158
Other/unknown	17,187	3,913	5,429	7,816	29	0	161,307	37,007	59,499	64,510	291	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	584,020	311,403	265,274	7,245	71	27	6,405,875	3,332,830	3,004,650	67,513	724	158
FFS part year, with Rx claims	19,479	6,320	9,886	3,247	26	0	112,017	36,641	60,830	14,394	152	0
FFS part year, no Rx claims	4,459	2,127	1,719	606	7	0	26,382	12,620	10,949	2,793	20	0

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 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 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	27.6	3.3	\$230	\$70	\$27,507	0.8	614,986
Age							
5 and younger	75.0	20.5	2,880	141	17,487	16.5	28
6-14	81.6	26.6	5,432	205	49,294	11.0	49
15-20	72.1	14.1	1,954	139	25,517	7.7	767
21-44	33.6	5.3	558	105	31,010	1.8	72,876
45-64	36.5	5.7	447	79	33,455	1.3	120,734
65-74	27.0	3.4	206	61	15,402	1.3	174,007
75-84	22.4	1.4	43	30	25,714	0.2	146,152
85 and older	20.7	1.2	28	23	41,409	0.1	100,373
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	22.3	1.7	74	42	27,968	0.3	321,694
Disabled	32.1	4.3	330	77	27,979	1.2	279,657
Adults	59.5	18.2	1,864	102	6,860	27.2	13,495
Children	69.9	14.9	2,091	141	15,056	13.9	113
Unknown	63.0	11.0	1,080	99	5,371	20.1	27
Gender							
Female	28.0	3.2	207	64	26,337	0.8	385,588
Male	26.8	3.3	268	81	29,473	0.9	229,398
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	30.7	3.5	221	64	37,422	0.6	277,880
African American	24.8	3.6	312	87	25,020	1.2	96,884
Other/unknown	25.1	2.9	207	71	17,041	1.2	240,222
Use of Nursing Facilities^f							
Entire year	23.9	1.8	50	27	61,770	0.1	85,872
Part year	31.1	2.2	114	52	40,294	0.3	35,736
None	28.0	3.6	270	75	20,617	1.3	493,378
Maintenance Assistance Status							
Cash	27.2	3.2	229	71	18,380	1.2	355,215
Medically needy	26.9	2.7	162	59	42,669	0.4	237,925
Poverty related	21.1	2.6	188	73	10,761	1.7	4,659
Other/unknown	46.6	12.0	1,200	100	10,779	11.1	17,187

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW 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	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.3	\$21	0.8	72.4	22.4	1.8	1.8	1.0	0.7	\$2,554	614,986	6,624,505
Age												
5 and younger	1.9	261	16.5	25.0	35.7	7.1	25.0	7.1	0.0	1,585	28	309
6-14	2.4	499	11.0	18.4	30.6	16.3	18.4	12.2	4.1	4,532	49	533
15-20	1.4	188	7.7	27.9	42.4	11.1	13.0	4.7	0.9	2,452	767	7,983
21-44	0.5	51	1.8	66.4	23.7	3.2	3.6	1.8	1.3	2,859	72,876	790,415
45-64	0.5	41	1.3	63.5	27.0	2.9	3.2	1.9	1.6	3,094	120,734	1,305,575
65-74	0.3	19	1.3	73.0	21.1	1.8	2.0	1.2	0.9	1,420	174,007	1,887,537
75-84	0.1	4	0.2	77.6	21.0	0.8	0.3	0.1	0.1	2,344	146,152	1,603,599
85 and older	0.1	3	0.1	79.3	19.7	0.8	0.2	0.0	0.0	4,041	100,373	1,028,554
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.2	7	0.3	77.7	19.8	1.1	0.7	0.3	0.3	2,644	321,694	3,403,252
Disabled	0.4	30	1.2	67.9	25.4	2.4	2.3	1.2	0.8	2,517	279,657	3,108,575
Adults	2.2	226	27.2	40.5	20.6	6.8	14.1	9.2	8.8	830	13,495	111,523
Children	1.7	237	13.9	30.1	34.5	16.8	12.4	4.4	1.8	1,707	113	997
Unknown	1.9	185	20.1	37.0	29.6	3.7	18.5	11.1	0.0	918	27	158
Gender												
Female	0.3	19	0.8	72.0	23.0	1.7	1.7	1.0	0.8	2,434	385,588	4,171,472
Male	0.3	25	0.9	73.2	21.3	2.0	1.9	0.9	0.7	2,756	229,398	2,453,033
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.3	21	0.6	69.3	25.7	2.0	1.6	0.8	0.6	3,520	277,880	2,954,297
African American	0.3	30	1.2	75.2	18.0	1.9	2.5	1.4	1.1	2,366	96,884	1,024,646
Other/unknown	0.3	19	1.2	74.9	20.2	1.5	1.7	0.9	0.8	1,547	240,222	2,645,562
Use of Nursing Facilities^f												
Entire year	0.2	5	0.1	76.1	22.0	1.6	0.3	0.0	0.0	6,006	85,872	883,196
Part year	0.2	11	0.3	68.9	28.7	1.2	0.8	0.3	0.1	4,001	35,736	359,880
None	0.3	25	1.3	72.0	22.0	1.9	2.1	1.2	0.9	1,890	493,378	5,381,429
Maintenance Assistance Status												
Cash	0.3	20	1.2	72.8	22.5	1.6	1.6	0.9	0.6	1,617	355,215	4,037,498
Medically needy	0.3	16	0.4	73.1	22.4	1.9	1.3	0.6	0.7	4,268	237,925	2,378,393
Poverty related	0.3	19	1.7	78.9	15.6	1.8	2.0	0.9	0.9	1,060	4,659	47,307
Other/unknown	1.3	128	11.1	53.4	21.3	5.3	10.1	5.9	4.1	1,149	17,187	161,307

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 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 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	0.3	\$21	\$70	0.1	\$15	\$181	0.0	\$1	\$110	0.2	\$5	\$25
Age												
5 and younger	1.9	261	141	0.9	223	242	0.1	10	68	0.8	28	35
6-14	2.4	499	205	1.1	441	399	0.1	10	90	1.2	47	39
15-20	1.4	188	139	0.6	155	239	0.1	9	144	0.6	23	37
21-44	0.5	51	105	0.2	39	235	0.0	2	158	0.3	10	32
45-64	0.5	41	79	0.2	30	190	0.0	2	117	0.4	10	28
65-74	0.3	19	61	0.1	13	140	0.0	1	88	0.2	5	23
75-84	0.1	4	30	0.0	2	114	0.0	0	82	0.1	2	17
85 and older	0.1	3	23	0.0	1	109	0.0	0	73	0.1	2	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	7	42	0.0	4	128	0.0	0	80	0.1	2	18
Disabled	0.4	30	77	0.1	21	194	0.0	2	119	0.3	7	27
Adults	2.2	226	102	0.9	174	197	0.1	8	119	1.2	43	34
Children	1.7	237	141	0.7	201	268	0.1	7	107	0.8	29	34
Unknown	1.9	185	99	0.6	125	211	0.2	24	152	1.1	35	31
Gender												
Female	0.3	19	64	0.1	13	166	0.0	1	105	0.2	5	24
Male	0.3	25	81	0.1	18	203	0.0	1	118	0.2	6	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	21	64	0.1	14	180	0.0	1	120	0.2	6	25
African American	0.3	30	87	0.1	23	204	0.0	1	107	0.2	6	25
Other/unknown	0.3	19	71	0.1	14	169	0.0	1	100	0.2	4	24
Use of Nursing Facilities^e												
Entire year	0.2	5	27	0.0	2	170	0.0	0	73	0.2	2	15
Part year	0.2	11	52	0.0	8	191	0.0	0	97	0.2	3	19
None	0.3	25	75	0.1	18	181	0.0	1	110	0.2	6	26
Maintenance Assistance Status												
Cash	0.3	20	71	0.1	14	181	0.0	1	109	0.2	5	25
Medically needy	0.3	16	59	0.1	11	172	0.0	1	109	0.2	5	23
Poverty related	0.3	19	73	0.1	13	163	0.0	1	103	0.2	5	28
Other/unknown	1.3	128	100	0.5	99	195	0.0	5	116	0.7	23	33

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 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 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 Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		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
	Total	Name	Name	Generic	Total	Name	Name	Generic	Total	Name	Name	Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$99	\$88	\$2	\$9	\$244	\$558	\$231	\$39	68,200	\$16,662,475	19,014	3.1	168,347
Biologicals	0.3	0.3	0.0	0.0	559	559	0	0	1606	1,606	0	0	291	467,475	90	0.0	836
Antineoplastic Agents	0.4	0.2	0.0	0.2	187	169	0	18	424	780	186	80	5,412	2,295,611	1,371	0.2	12,246
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.4	60	48	1	10	75	138	38	25	131,184	9,893,055	19,023	3.1	165,986
Cardiovascular Agents	1.3	0.4	0.1	0.8	62	38	8	16	49	101	72	21	302,373	14,918,389	27,932	4.5	240,380
Respiratory Agents	0.4	0.2	0.0	0.2	32	26	1	5	76	112	77	29	106,290	8,113,213	24,450	4.0	251,460
Gastrointestinal Agents	0.5	0.3	0.0	0.2	57	47	4	6	116	170	210	31	62,609	7,253,756	14,363	2.3	126,825
Genitourinary Agents	0.4	0.3	0.0	0.1	34	26	1	6	80	93	94	49	19,021	1,517,675	5,136	0.8	45,235
CNS Drugs	0.6	0.1	0.0	0.5	40	27	1	12	64	191	169	25	530,870	34,186,655	79,237	12.9	851,147
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	102	96	1	6	193	231	176	52	4,301	829,557	862	0.1	8,118
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	82	82	0	0	247	248	0	70	9,798	2,419,096	3,251	0.5	29,359
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	33	14	3	15	63	263	306	34	135,200	8,554,085	27,780	4.5	262,126
Neuromuscular Agents	0.6	0.1	0.0	0.5	41	22	3	16	66	198	163	33	216,657	14,260,039	33,010	5.4	345,617
Nutritional Products	0.3	0.1	0.0	0.2	6	2	0	4	19	15	94	21	42,111	793,629	11,596	1.9	126,664
Hematological Agents	0.5	0.0	0.0	0.5	16	10	0	5	31	368	32	11	270,989	8,399,073	48,651	7.9	538,087
Topical Products	0.5	0.2	0.0	0.3	41	31	1	9	84	145	95	33	76,169	6,376,652	17,521	2.8	154,177
Miscellaneous Products	0.9	0.7	0.1	0.1	165	153	5	7	188	212	86	71	22,019	4,143,952	2,304	0.4	25,123
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	65	0	0	0	5,130	333,839	2,436	0.4	23,940
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,008,624	141,418,226	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 0.9 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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
ANTIPSYCHOTICS	\$16,631,383	12,378	2.0	116,631	0.6	\$255	\$143
ANTIVIRAL	14,298,902	4,110	0.7	39,833	0.6	605	359
ANTICONVULSANT	13,066,875	31,147	5.1	330,450	0.6	68	40
ULCER DRUGS	10,338,464	53,238	8.7	574,610	0.4	41	18
ANTIDIABETIC	8,376,390	23,695	3.9	219,780	0.5	78	38
ANTI-ANXIETY AGENTS	7,545,680	57,956	9.4	644,009	0.4	27	12
ANTIDEPRESSANTS	7,050,457	19,994	3.3	181,044	0.5	74	39
ANTIHYPERLIPIDEMIC	6,158,780	17,938	2.9	154,640	0.5	81	40
HEMATOPOIETIC AGENTS	6,104,743	65,213	10.6	737,335	0.4	19	8
ANTI-ASTHMATIC	6,046,433	21,360	3.5	203,988	0.4	83	30
Total	95,618,107	307,029	n.a.	3,202,320	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 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 YORK, 2007

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTIVIRAL				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,484,571	\$95,618,107	12,378	2.0	116,631	0.6	\$143	4,110	0.7	39,833	0.6	\$359					
Female																	
All Females	934,634	52,796,231	6,533	1.7	60,799	0.5	129	1,716	0.4	16,742	0.5	302					
Female, Disabled																	
All Ages	520,195	34,092,379	4,132	2.7	39,813	0.6	140	1,196	0.8	12,308	0.5	303					
5 and younger	63	7,317	0	0.0	0	0.0	0	2	18.2	24	0.4	252					
6-14	229	22,613	0	0.0	0	0.0	0	2	9.1	21	0.6	279					
15-20	1,937	315,171	60	22.1	658	0.6	176	18	6.6	214	0.6	371					
21-44	102,426	9,059,463	1,811	6.1	17,139	0.6	145	389	1.3	3,904	0.5	277					
45-64	227,276	15,240,586	1,554	2.7	14,445	0.6	138	617	1.1	6,442	0.6	334					
65-74	152,787	8,662,651	682	1.4	7,337	0.5	133	168	0.4	1,703	0.5	241					
75-84	32,327	730,294	23	0.1	216	0.4	60	0	0.0	0	0.0	0					
85 and older	3,150	54,284	2	0.1	18	0.4	81	0	0.0	0	0.0	0					
Female, Other Eligibles																	
All Ages	414,439	18,703,852	2,401	1.0	20,986	0.5	108	520	0.2	4,434	0.5	298					
5 and younger	3	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	24	356	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	281	56,286	2	5.0	14	0.5	133	10	25.0	114	0.6	314					
21-44	30,479	3,813,166	735	21.7	6,475	0.6	142	211	6.2	1,834	0.5	266					
45-64	41,620	4,403,388	486	12.0	3,910	0.7	176	169	4.2	1,391	0.7	418					
65-74	114,282	5,485,536	354	0.6	3,261	0.5	110	107	0.2	876	0.4	203					
75-84	124,851	3,025,233	352	0.4	3,208	0.4	46	18	0.0	170	0.4	213					
85 and older	102,899	1,919,850	472	0.6	4,118	0.3	37	5	0.0	49	0.1	15					
Male																	
All Males	549,937	42,821,876	5,845	2.5	55,832	0.6	158	2,394	1.0	23,091	0.6	401					
Male, Disabled																	
All Ages	353,954	29,556,992	4,147	3.3	41,539	0.6	163	1,727	1.4	17,097	0.6	378					
5 and younger	157	11,460	0	0.0	0	0.0	0	2	14.3	24	0.4	55					
6-14	189	33,956	0	0.0	0	0.0	0	6	28.6	68	0.6	290					
15-20	3,334	599,463	149	36.8	1,693	0.6	170	23	5.7	265	0.6	287					
21-44	98,420	11,333,357	2,249	6.0	22,578	0.6	168	646	1.7	6,407	0.6	361					
45-64	172,236	12,954,325	1,352	2.5	13,038	0.6	162	862	1.6	8,415	0.6	398					
65-74	68,421	4,399,405	388	1.6	4,147	0.5	141	188	0.8	1,918	0.6	362					
75-84	10,552	212,829	7	0.1	72	0.3	46	0	0.0	0	0.0	0					
85 and older	645	12,197	2	0.4	11	1.6	48	0	0.0	0	0.0	0					
Male, Other Eligibles																	
All Ages	195,983	13,264,884	1,698	1.6	14,293	0.6	141	667	0.6	5,994	0.7	466					
5 and younger	2	59	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	38	7,235	0	0.0	0	0.0	0	1	33.3	12	0.3	95					
15-20	326	79,973	17	33.3	168	0.6	252	3	5.9	29	0.6	184					
21-44	20,852	3,427,856	624	27.8	5,273	0.7	193	192	8.5	1,686	0.9	554					
45-64	32,169	4,368,278	454	12.2	3,680	0.7	168	270	7.2	2,314	0.8	553					
65-74	65,244	3,557,302	221	0.5	2,047	0.5	104	184	0.5	1,778	0.5	316					
75-84	52,689	1,288,281	224	0.6	1,827	0.3	43	16	0.0	168	0.2	65					
85 and older	24,663	535,900	158	0.8	1,298	0.3	36	1	0.0	7	0.1	10					
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 York, 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 & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	31,147	5.1	330,450	0.6	\$40	53,238	8.7	574,610	0.4	\$18	23,695	3.9	219,780	0.5	\$38
Female															
All Females	18,867	4.9	199,958	0.6	36	35,150	9.1	380,116	0.4	18	14,802	3.8	139,218	0.5	38
Female, Disabled															
All Ages	12,779	8.2	138,027	0.6	37	18,143	11.7	197,888	0.4	19	8,139	5.2	78,960	0.5	39
5 and younger	0	0.0	0	0.0	0	2	18.2	24	0.3	14	0	0.0	0	0.0	0
6-14	2	9.1	15	1.0	107	7	31.8	49	0.8	28	1	4.5	3	0.7	57
15-20	56	20.7	621	0.6	94	36	13.3	409	0.3	31	6	2.2	72	0.6	47
21-44	3,851	13.0	40,326	0.6	53	2,388	8.0	25,061	0.4	23	799	2.7	7,565	0.5	38
45-64	6,025	10.4	65,003	0.6	34	7,121	12.2	75,919	0.5	22	3,179	5.5	29,300	0.5	43
65-74	2,382	5.0	26,654	0.5	24	6,788	14.2	75,363	0.4	18	3,821	8.0	38,260	0.5	39
75-84	425	2.5	5,000	0.4	10	1,695	9.8	19,856	0.4	10	317	1.8	3,581	0.4	21
85 and older	38	1.7	408	0.6	11	106	4.6	1,207	0.5	10	16	0.7	179	0.3	11
Female, Other Eligibles															
All Ages	6,088	2.6	61,931	0.5	34	17,007	7.4	182,228	0.4	16	6,663	2.9	60,258	0.5	35
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	1	33.3	12	0.2	2	0	0.0	0	0.0	0
15-20	6	15.0	48	0.6	51	5	12.5	40	0.8	59	3	7.5	26	0.2	18
21-44	907	26.7	7,957	0.7	104	677	20.0	6,072	0.5	39	308	9.1	2,534	0.6	61
45-64	891	22.0	7,417	0.7	82	1,178	29.1	9,293	0.5	45	1,002	24.7	7,663	0.7	60
65-74	1,636	2.7	17,131	0.5	20	6,226	10.2	64,487	0.4	16	3,452	5.6	29,652	0.5	36
75-84	1,666	2.0	18,955	0.5	11	5,788	6.9	66,480	0.4	11	1,421	1.7	15,218	0.4	22
85 and older	982	1.3	10,423	0.5	11	3,132	4.0	35,844	0.4	11	477	0.6	5,165	0.3	18
Male															
All Males	12,280	5.4	130,492	0.6	45	18,088	7.9	194,494	0.5	19	8,893	3.9	80,562	0.5	39
Male, Disabled															
All Ages	9,267	7.5	100,874	0.6	46	10,554	8.5	115,962	0.5	20	4,980	4.0	47,873	0.5	37
5 and younger	1	7.1	11	0.2	2	7	50.0	70	0.7	33	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	6	28.6	68	0.5	41	3	14.3	36	0.2	12
15-20	111	27.4	1,265	0.7	120	44	10.9	515	0.3	25	7	1.7	78	0.4	21
21-44	3,650	9.7	39,484	0.6	58	2,276	6.1	24,940	0.5	23	732	2.0	7,176	0.5	41
45-64	4,364	8.0	47,553	0.7	37	5,002	9.1	54,396	0.5	20	2,487	4.5	23,254	0.5	37
65-74	1,008	4.0	11,053	0.5	34	2,737	10.9	30,361	0.4	18	1,667	6.7	16,414	0.5	37
75-84	126	2.1	1,430	0.4	10	459	7.6	5,359	0.5	12	82	1.4	905	0.3	19
85 and older	7	1.4	78	0.7	12	23	4.6	253	0.5	16	2	0.4	10	0.4	14
Male, Other Eligibles															
All Ages	3,013	2.9	29,618	0.5	43	7,534	7.2	78,532	0.4	18	3,913	3.7	32,689	0.5	42
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	0.3	7	2	66.7	24	0.4	102	2	66.7	24	0.6	133
15-20	11	21.6	103	0.7	180	7	13.7	75	0.3	18	2	3.9	24	0.2	22
21-44	587	26.1	5,137	0.7	101	409	18.2	3,538	0.5	42	303	13.5	2,581	0.6	56
45-64	652	17.5	5,684	0.6	75	742	19.9	5,955	0.6	45	987	26.4	7,292	0.7	67
65-74	838	2.1	8,689	0.5	24	3,204	8.0	32,821	0.4	17	1,938	4.8	15,750	0.5	38
75-84	660	1.7	7,252	0.4	12	2,322	5.9	26,439	0.4	12	567	1.4	5,834	0.3	22
85 and older	264	1.3	2,741	0.4	10	848	4.3	9,680	0.4	11	114	0.6	1,184	0.3	15
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 York, 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>.

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIDEPRESSANTS					ANTIHYPERLIPIDEMIC				
	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	57,956	9.4	644,009	0.4	\$12	19,994	3.3	181,044	0.5	\$39	17,938	2.9	154,640	0.5	\$40
Female															
All Females	40,020	10.4	444,657	0.4	11	12,872	3.3	115,873	0.5	40	10,771	2.8	93,550	0.5	39
Female, Disabled															
All Ages	20,741	13.4	235,081	0.4	13	8,108	5.2	74,709	0.5	38	5,804	3.7	53,612	0.5	39
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	13.6	36	0.1	1	0	0.0	0	0.0	0	2	9.1	15	0.1	21
15-20	36	13.3	406	0.4	9	58	21.4	646	0.5	24	2	0.7	24	0.3	20
21-44	4,090	13.8	45,718	0.4	13	2,560	8.6	23,136	0.5	42	506	1.7	4,751	0.5	36
45-64	9,249	15.9	104,222	0.5	15	3,750	6.5	33,201	0.5	41	2,416	4.2	21,247	0.5	42
65-74	5,402	11.3	62,057	0.4	12	1,704	3.6	17,371	0.5	30	2,802	5.9	26,770	0.5	39
75-84	1,761	10.2	20,491	0.4	11	30	0.2	293	0.3	19	64	0.4	672	0.3	21
85 and older	200	8.8	2,151	0.4	10	6	0.3	62	0.4	16	12	0.5	133	0.3	19
Female, Other Eligibles															
All Ages	19,279	8.4	209,576	0.4	9	4,764	2.1	41,164	0.5	42	4,967	2.2	39,938	0.5	39
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	33.3	12	0.1	12
15-20	6	15.0	70	0.2	6	10	25.0	93	0.4	26	1	2.5	6	0.3	27
21-44	548	16.2	5,138	0.5	13	1,558	45.9	14,043	0.6	48	220	6.5	1,888	0.5	45
45-64	656	16.2	5,800	0.5	13	1,604	39.6	13,228	0.7	53	917	22.6	6,986	0.6	51
65-74	4,266	7.0	47,163	0.4	9	1,027	1.7	8,592	0.5	30	2,925	4.8	22,698	0.5	40
75-84	7,052	8.4	79,820	0.4	9	348	0.4	3,200	0.3	18	680	0.8	6,190	0.3	27
85 and older	6,751	8.7	71,585	0.4	8	217	0.3	2,008	0.3	13	223	0.3	2,158	0.3	24
Male															
All Males	17,936	7.8	199,352	0.5	13	7,122	3.1	65,171	0.5	38	7,167	3.1	61,090	0.5	41
Male, Disabled															
All Ages	12,017	9.7	136,375	0.5	15	4,654	3.7	43,964	0.5	36	3,845	3.1	35,140	0.5	39
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	3	14.3	36	0.3	8	0	0.0	0	0.0	0
15-20	39	9.6	445	0.4	8	81	20.0	885	0.6	35	5	1.2	53	0.2	13
21-44	3,434	9.2	39,077	0.5	16	1,879	5.0	18,330	0.5	35	666	1.8	6,385	0.5	37
45-64	6,258	11.4	70,915	0.5	16	2,006	3.7	17,742	0.6	39	1,856	3.4	16,264	0.5	40
65-74	1,796	7.2	20,414	0.4	12	674	2.7	6,888	0.5	32	1,295	5.2	12,210	0.5	40
75-84	459	7.6	5,228	0.4	9	8	0.1	67	0.3	12	21	0.3	213	0.2	23
85 and older	31	6.2	296	0.5	7	3	0.6	16	0.3	15	2	0.4	15	0.6	48
Male, Other Eligibles															
All Ages	5,919	5.6	62,977	0.4	9	2,468	2.3	21,207	0.6	42	3,322	3.2	25,950	0.5	43
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	7	0.6	5	1	33.3	7	0.1	4	1	33.3	12	0.2	26
15-20	0	0.0	0	0.0	0	10	19.6	83	0.3	23	2	3.9	19	0.2	21
21-44	290	12.9	2,592	0.5	15	854	38.0	7,598	0.6	44	333	14.8	2,771	0.5	41
45-64	381	10.2	3,400	0.5	13	1,037	27.8	8,446	0.7	52	933	25.0	6,865	0.6	53
65-74	1,839	4.6	20,006	0.4	10	417	1.0	3,696	0.4	26	1,654	4.1	12,698	0.5	42
75-84	2,219	5.7	24,589	0.4	8	105	0.3	985	0.3	17	336	0.9	3,000	0.3	27
85 and older	1,189	6.1	12,383	0.4	8	44	0.2	392	0.2	9	63	0.3	585	0.3	23
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 York, 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 & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	65,213	10.6	737,335	0.4	\$8	21,360	3.5	203,988	0.4	\$30	614,986	6,624,505
Female												
All Females	42,671	11.1	484,189	0.4	8	14,112	3.7	134,603	0.4	30	385,588	4,171,472
Female, Disabled												
All Ages	17,444	11.2	200,473	0.4	11	8,522	5.5	82,450	0.4	32	155,352	1,735,859
5 and younger	6	54.5	72	0.3	5	6	54.5	72	0.3	8	11	126
6-14	23	104.5	244	0.6	54	1	4.5	12	0.1	0	22	236
15-20	38	14.0	399	0.4	8	62	22.9	729	0.3	31	271	2,857
21-44	2,836	9.5	32,097	0.4	9	1,773	6.0	16,481	0.4	30	29,726	328,073
45-64	6,287	10.8	71,826	0.4	17	3,436	5.9	32,030	0.4	34	58,133	641,142
65-74	5,661	11.9	65,546	0.4	8	2,958	6.2	29,815	0.4	33	47,684	541,035
75-84	2,361	13.7	27,672	0.4	5	266	1.5	3,073	0.2	6	17,221	198,076
85 and older	232	10.2	2,617	0.5	3	20	0.9	238	0.2	5	2,284	24,314
Female, Other Eligibles												
All Ages	25,227	11.0	283,716	0.4	5	5,590	2.4	52,153	0.3	27	230,236	2,435,613
5 and younger	2	100.0	12	0.3	3	0	0.0	0	0.0	0	2	16
6-14	3	100.0	36	0.5	4	1	33.3	12	0.2	6	3	36
15-20	8	20.0	72	0.6	60	13	32.5	140	0.4	44	40	366
21-44	386	11.4	3,577	0.4	28	850	25.1	7,376	0.4	35	3,391	29,044
45-64	427	10.5	3,926	0.4	25	1,137	28.1	8,961	0.5	48	4,052	33,685
65-74	5,413	8.9	61,368	0.4	6	1,829	3.0	16,052	0.4	32	61,100	649,674
75-84	9,963	11.9	114,670	0.4	5	1,061	1.3	11,742	0.2	11	83,695	918,088
85 and older	9,025	11.6	100,055	0.5	4	699	0.9	7,870	0.2	8	77,953	804,704
Male												
All Males	22,542	9.8	253,146	0.5	10	7,248	3.2	69,385	0.4	30	229,398	2,453,033
Male, Disabled												
All Ages	10,597	8.5	120,472	0.5	12	4,149	3.3	40,749	0.4	30	124,305	1,372,716
5 and younger	14	100.0	151	0.5	40	7	50.0	84	0.3	21	14	159
6-14	18	85.7	208	0.4	50	4	19.0	48	0.2	10	21	230
15-20	25	6.2	268	0.5	39	69	17.0	782	0.4	30	405	4,311
21-44	1,559	4.2	17,619	0.5	18	1,003	2.7	10,214	0.3	27	37,511	415,177
45-64	4,948	9.0	55,940	0.5	14	1,777	3.2	16,366	0.4	34	54,815	600,594
65-74	3,064	12.2	35,065	0.4	8	1,142	4.6	11,577	0.4	31	25,022	278,984
75-84	918	15.3	10,669	0.5	4	135	2.2	1,541	0.2	9	6,016	68,205
85 and older	51	10.2	552	0.4	3	12	2.4	137	0.3	16	501	5,056
Male, Other Eligibles												
All Ages	11,945	11.4	132,674	0.4	8	3,099	2.9	28,636	0.4	29	105,093	1,080,317
5 and younger	2	200.0	16	0.1	4	0	0.0	0	0.0	0	1	8
6-14	1	33.3	12	0.1	0	0	0.0	0	0.0	0	3	31
15-20	1	2.0	8	0.3	3	15	29.4	145	0.5	66	51	449
21-44	109	4.8	984	0.4	35	401	17.8	3,483	0.4	41	2,248	18,121
45-64	314	8.4	2,782	0.5	69	633	17.0	4,827	0.5	51	3,734	30,154
65-74	3,923	9.8	43,647	0.4	7	1,081	2.7	9,450	0.4	31	40,201	417,844
75-84	4,956	12.6	56,240	0.4	5	680	1.7	7,476	0.3	14	39,220	419,230
85 and older	2,639	13.4	28,985	0.5	7	289	1.5	3,255	0.2	9	19,635	194,480
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 York, 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 & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	\$5	0.2	85,872	883,196
Age				
0-64	16	0.4	6,958	77,961
65-74	11	0.3	11,672	125,077
75-84	3	0.2	26,629	276,805
85 and older	2	0.1	40,613	403,353
Unknown	0	0.0	0	0
Gender				
Female	4	0.2	60,349	623,788
Male	7	0.2	25,523	259,408
Unknown	0	0.0	0	0
Race				
White	4	0.2	63,034	636,917
African American	7	0.1	9,755	103,060
Other/unknown	6	0.2	13,083	143,219
Basis of Eligibility^c				
Aged	3	0.1	71,786	725,058
Disabled	14	0.3	14,036	157,640
Adults	69	1.0	50	498
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 York, 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 35,736 beneficiaries who were in nursing facilities for part of their enrollment and their 359,880 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	1.0	0.8	0.0	0.2	\$371	\$365	\$0	\$6	\$387	\$455	\$130	\$37	1,093	\$422,876	110	0.1	1,141
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.4	0.2	0.0	0.3	51	38	0	14	122	226	0	55	71	8,689	16	0.0	169
Endocrine/Metabolic Drugs	0.9	0.4	0.0	0.4	68	56	1	11	74	131	25	24	840	62,439	94	0.1	924
Cardiovascular Agents	1.2	0.3	0.1	0.8	54	26	10	18	44	85	74	23	1,894	83,342	159	0.2	1,557
Respiratory Agents	0.2	0.0	0.0	0.2	9	4	0	5	44	88	58	30	1,348	59,220	542	0.6	6,400
Gastrointestinal Agents	0.5	0.3	0.0	0.2	69	64	0	4	146	212	65	25	366	53,512	74	0.1	777
Genitourinary Agents	0.4	0.3	0.0	0.1	31	23	1	7	77	91	98	51	147	11,341	36	0.0	370
CNS Drugs	0.6	0.1	0.0	0.6	18	8	0	10	29	131	126	18	74,186	2,134,164	11,108	12.9	118,379
Stimulants/Anti-obesity/Anorexia	0.4	0.4	0.0	0.0	130	130	0	0	334	334	0	0	14	4,672	3	0.0	36
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	129	128	0	0	304	307	0	44	216	65,615	53	0.1	510
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	13	7	0	6	38	350	16	18	1,429	54,965	368	0.4	4,244
Neuromuscular Agents	0.7	0.0	0.0	0.7	19	6	0	12	26	132	102	18	20,658	528,107	2,557	3.0	28,296
Nutritional Products	0.2	0.1	0.0	0.2	4	1	0	3	16	15	57	16	1,571	25,188	596	0.7	6,621
Hematological Agents	0.6	0.0	0.0	0.6	8	3	0	4	13	358	21	8	54,253	700,305	8,429	9.8	92,543
Topical Products	0.5	0.2	0.0	0.2	55	45	1	9	115	204	71	36	533	61,039	108	0.1	1,113
Miscellaneous Products	0.7	0.1	0.4	0.2	37	10	19	8	50	69	52	34	49	2,449	6	0.0	67
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	32	0	0	0	160	0	0	0	119	19,043	53	0.1	603
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.	158,787	4,296,966	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 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 35,736 beneficiaries who were in nursing facilities for part of their enrollment and their 359,880 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 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.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW YORK, 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	
ANTIANSXIETY AGENTS	\$1,150,208	9,064	10.6	97,601	0.6	\$20	\$12	
ANTIPSYCHOTICS	858,540	1,028	1.2	9,712	0.5	175	88	
HEMATOPOIETIC AGENTS	683,292	9,226	10.7	102,007	0.5	12	7	
ANTICONVULSANT	516,916	2,529	2.9	28,166	0.7	25	18	
ANTIVIRAL	415,098	88	0.1	977	0.9	458	425	
ULCER DRUGS	124,622	689	0.8	8,065	0.5	31	15	
HYPNOTICS	91,264	1,339	1.6	15,001	0.8	7	6	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	69,058	88	0.1	919	0.3	261	75	
ANTIDIABETIC	65,820	196	0.2	2,125	0.5	68	31	
LAXATIVES	61,743	3,101	3.6	36,733	0.5	4	2	
Total	4,036,561	27,348	n.a.	301,306	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 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 35,736 beneficiaries who were in nursing facilities for part of their enrollment and their 359,880 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.

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ANTI-PSYCHOTICS				
	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	172,461	\$4,036,561	9,064	10.6	97,601	0.6	\$12	1,028	1.2	9,712	0.5	\$88
Female												
All Females	117,198	2,418,837	6,682	11.1	71,921	0.6	11	610	1.0	5,841	0.5	88
Female, Disabled												
All Ages	30,379	971,837	1,192	15.8	13,656	0.6	16	113	1.5	1,314	0.9	198
64 or younger	15,198	504,431	583	18.6	6,732	0.7	18	48	1.5	564	0.9	189
65-74	9,454	386,817	351	15.1	4,054	0.6	15	62	2.7	721	0.8	209
75-84	4,706	68,672	192	13.5	2,166	0.6	14	3	0.2	29	0.7	104
85 and older	1,021	11,917	66	9.7	704	0.5	9	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	86,819	1,447,000	5,490	10.4	58,265	0.6	10	497	0.9	4,527	0.4	55
64 or younger	141	6,007	5	23.8	47	0.9	35	2	9.5	24	0.2	33
65-74	10,074	243,839	495	12.8	5,462	0.6	14	57	1.5	581	0.5	121
75-84	32,699	550,339	1,869	11.4	20,461	0.6	11	169	1.0	1,541	0.4	58
85 and older	43,905	646,815	3,121	9.6	32,295	0.5	9	269	0.8	2,381	0.4	38
Male												
All Males	55,263	1,617,724	2,382	9.3	25,680	0.6	13	418	1.6	3,871	0.5	90
Male, Disabled												
All Ages	24,665	985,190	898	13.9	10,245	0.7	18	139	2.1	1,488	0.7	149
64 or younger	16,277	652,119	580	15.4	6,691	0.7	19	89	2.4	919	0.7	141
65-74	6,638	313,358	237	12.3	2,677	0.6	16	50	2.6	569	0.7	162
75-84	1,582	17,764	69	10.8	757	0.5	10	0	0.0	0	0.0	0
85 and older	168	1,949	12	8.4	120	0.5	9	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	30,598	632,534	1,484	7.8	15,435	0.5	10	279	1.5	2,383	0.4	53
64 or younger	172	18,898	6	20.7	64	0.7	5	2	6.9	13	2.0	134
65-74	7,358	196,661	327	9.2	3,476	0.6	13	44	1.2	433	0.5	102
75-84	13,837	240,300	664	8.2	6,995	0.5	10	139	1.7	1,138	0.4	46
85 and older	9,231	176,675	487	6.6	4,900	0.5	8	94	1.3	799	0.3	34
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 York, 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 35,736 beneficiaries who were in nursing facilities for part of their enrollment and their 359,880 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 YORK, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTICONVULSANT					ANTIVIRAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	9,226	10.7	102,007	0.5	\$7	2,529	2.9	28,166	0.7	\$18	88	0.1	977	0.9	\$425
Female															
All Females	6,218	10.3	68,811	0.5	6	1,649	2.7	18,394	0.7	17	24	0.0	258	1.1	356
Female, Disabled															
All Ages	884	11.7	10,194	0.5	8	604	8.0	6,969	0.8	24	22	0.3	234	1.0	365
64 or younger	341	10.9	3,932	0.6	8	347	11.1	4,019	0.9	25	18	0.6	195	1.1	385
65-74	299	12.9	3,467	0.5	10	183	7.9	2,104	0.7	27	4	0.2	39	0.7	263
75-84	182	12.8	2,130	0.5	5	64	4.5	734	0.6	15	0	0.0	0	0.0	0
85 and older	62	9.1	665	0.6	4	10	1.5	112	0.9	14	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	5,334	10.1	58,617	0.5	6	1,045	2.0	11,425	0.7	12	2	0.0	24	1.6	268
64 or younger	1	4.8	11	1.0	11	4	19.0	40	0.5	20	0	0.0	0	0.0	0
65-74	406	10.5	4,637	0.5	7	195	5.0	2,136	0.7	15	2	0.1	24	1.6	268
75-84	1,782	10.8	20,076	0.5	6	442	2.7	5,004	0.7	12	0	0.0	0	0.0	0
85 and older	3,145	9.7	33,893	0.6	5	404	1.2	4,245	0.6	11	0	0.0	0	0.0	0
Male															
All Males	3,008	11.8	33,196	0.5	8	880	3.4	9,772	0.7	21	64	0.3	719	0.9	450
Male, Disabled															
All Ages	741	11.4	8,430	0.5	9	475	7.3	5,491	0.9	26	51	0.8	581	1.0	493
64 or younger	382	10.1	4,353	0.6	13	351	9.3	4,045	0.9	25	36	1.0	403	0.9	485
65-74	271	14.1	3,110	0.5	6	107	5.5	1,252	0.7	35	15	0.8	178	1.0	511
75-84	82	12.9	903	0.6	5	15	2.4	170	0.4	7	0	0.0	0	0.0	0
85 and older	6	4.2	64	0.7	4	2	1.4	24	0.9	13	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	2,267	11.9	24,766	0.5	8	405	2.1	4,281	0.6	15	13	0.1	138	0.5	268
64 or younger	1	3.4	12	0.4	2	2	6.9	24	0.3	48	6	20.7	72	0.4	154
65-74	460	12.9	5,122	0.5	10	126	3.5	1,389	0.7	19	5	0.1	54	0.7	442
75-84	962	11.8	10,639	0.5	6	187	2.3	2,005	0.6	14	2	0.0	12	0.4	168
85 and older	844	11.5	8,993	0.5	10	90	1.2	863	0.5	11	0	0.0	0	0.0	0
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 York, 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 35,736 beneficiaries who were in nursing facilities for part of their enrollment and their 359,880 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 YORK, 2007

Beneficiary Characteristics	ULCER DRUGS					HYPNOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	689	0.8	8,065	0.5	\$16	1,339	1.6	15,001	0.8	\$6	88	0.1	919	0.3	\$75
Female															
All Females	464	0.8	5,447	0.5	16	796	1.3	8,878	0.8	6	50	0.1	527	0.3	104
Female, Disabled															
All Ages	212	2.8	2,499	0.5	19	285	3.8	3,243	0.9	7	18	0.2	193	0.3	190
64 or younger	74	2.4	877	0.6	18	144	4.6	1,658	0.9	6	12	0.4	121	0.3	256
65-74	89	3.8	1,034	0.5	25	87	3.7	978	0.9	10	6	0.3	72	0.2	79
75-84	47	3.3	564	0.4	12	44	3.1	497	0.9	5	0	0.0	0	0.0	0
85 and older	2	0.3	24	0.5	11	10	1.5	110	0.8	5	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	252	0.5	2,948	0.5	13	511	1.0	5,635	0.8	6	32	0.1	334	0.3	54
64 or younger	2	9.5	21	0.4	17	2	9.5	24	0.3	4	2	9.5	24	0.5	17
65-74	57	1.5	658	0.5	16	73	1.9	823	0.8	7	3	0.1	36	0.7	92
75-84	124	0.8	1,473	0.5	14	225	1.4	2,470	0.8	6	16	0.1	163	0.3	73
85 and older	69	0.2	796	0.4	10	211	0.7	2,318	0.8	5	11	0.0	111	0.3	22
Male															
All Males	225	0.9	2,618	0.5	14	543	2.1	6,123	0.8	6	38	0.1	392	0.3	37
Male, Disabled															
All Ages	117	1.8	1,373	0.6	16	277	4.3	3,202	1.0	7	25	0.4	277	0.2	34
64 or younger	70	1.9	820	0.6	18	175	4.6	2,052	1.0	7	16	0.4	185	0.1	22
65-74	29	1.5	337	0.5	16	82	4.3	937	0.9	7	9	0.5	92	0.4	57
75-84	17	2.7	204	0.4	10	20	3.1	213	0.7	4	0	0.0	0	0.0	0
85 and older	1	0.7	12	0.8	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	108	0.6	1,245	0.5	12	266	1.4	2,921	0.7	5	13	0.1	115	0.3	44
64 or younger	1	3.4	12	0.8	17	3	10.3	26	0.7	29	1	3.4	12	0.3	18
65-74	22	0.6	242	0.5	13	87	2.4	985	0.7	5	2	0.1	15	0.3	16
75-84	65	0.8	752	0.4	12	119	1.5	1,335	0.7	5	6	0.1	53	0.4	61
85 and older	20	0.3	239	0.5	11	57	0.8	575	0.6	5	4	0.1	35	0.3	39
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 York, 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 35,736 beneficiaries who were in nursing facilities for part of their enrollment and their 359,880 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 YORK, 2007

Beneficiary Characteristics	ANTIDIABETIC					LAXATIVES						
	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	Benefit Months Among All-Year Nursing Facility Residents
All	196	0.2	2,125	0.5	\$31	3,101	3.6	36,733	0.5	\$2	85,872	883,196
Female												
All Females	147	0.2	1,641	0.4	31	2,086	3.5	24,682	0.5	2	60,349	623,788
Female, Disabled												
All Ages	78	1.0	904	0.5	38	784	10.4	9,298	0.5	2	7,559	85,205
64 or younger	23	0.7	264	0.4	22	260	8.3	3,051	0.6	2	3,139	35,322
65-74	46	2.0	532	0.6	52	280	12.0	3,326	0.4	1	2,325	26,672
75-84	8	0.6	96	0.3	9	235	16.6	2,813	0.4	2	1,417	16,145
85 and older	1	0.1	12	0.2	1	9	1.3	108	0.5	1	678	7,066
Female, Other Eligibles												
All Ages	69	0.1	737	0.4	23	1,302	2.5	15,384	0.4	2	52,790	538,583
64 or younger	5	23.8	60	0.4	31	2	9.5	21	0.4	1	21	209
65-74	16	0.4	188	0.6	32	179	4.6	2,102	0.5	2	3,862	40,206
75-84	30	0.2	330	0.3	21	750	4.6	8,917	0.4	2	16,449	172,226
85 and older	18	0.1	159	0.3	15	371	1.1	4,344	0.4	1	32,458	325,942
Male												
All Males	49	0.2	484	0.5	30	1,015	4.0	12,051	0.5	2	25,523	259,408
Male, Disabled												
All Ages	34	0.5	369	0.5	25	400	6.2	4,773	0.5	2	6,477	72,435
64 or younger	21	0.6	216	0.6	25	196	5.2	2,331	0.6	2	3,769	42,141
65-74	11	0.6	129	0.6	30	120	6.2	1,434	0.5	2	1,928	21,800
75-84	2	0.3	24	0.1	1	79	12.4	948	0.4	2	637	7,077
85 and older	0	0.0	0	0.0	0	5	3.5	60	0.4	1	143	1,417
Male, Other Eligibles												
All Ages	15	0.1	115	0.5	45	615	3.2	7,278	0.4	2	19,046	186,973
64 or younger	2	6.9	2	11.0	1,673	2	6.9	24	0.2	0	29	289
65-74	3	0.1	36	0.1	5	76	2.1	862	0.6	2	3,557	36,399
75-84	9	0.1	65	0.3	24	368	4.5	4,366	0.4	2	8,126	81,357
85 and older	1	0.0	12	0.7	3	169	2.3	2,026	0.4	1	7,334	68,928
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 York, 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 35,736 beneficiaries who were in nursing facilities for part of their enrollment and their 359,880 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 YORK, 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	315,755	51.3	5.6	3,415,973	\$46	\$28,149,110	\$8	19.9	614,986	
Age										
5 and younger	19	67.9	7.6	213	224	6,263	29	7.8	28	
6-14	41	83.7	14.1	689	262	12,831	19	4.8	49	
15-20	311	40.5	3.3	2,497	55	42,456	17	2.8	767	
21-44	31,672	43.5	4.1	299,205	49	3,588,283	12	8.8	72,876	
45-64	69,779	57.8	7.1	851,629	71	8,534,471	10	15.8	120,734	
65-74	101,052	58.1	5.9	1,027,668	44	7,726,458	8	21.5	174,007	
75-84	77,220	52.8	5.8	843,005	39	5,664,793	7	90.3	146,152	
85 and older	35,661	35.5	3.9	391,067	26	2,573,555	7	91.8	100,373	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	150,126	46.7	4.9	1,564,109	33	10,658,314	7	44.9	321,694	
Disabled	159,133	56.9	6.5	1,805,516	60	16,866,943	9	18.3	279,657	
Adults	6,446	47.8	3.4	46,005	46	620,524	13	2.5	13,495	
Children	41	36.3	2.7	309	25	2,873	9	1.2	113	
Unknown	9	33.3	1.3	34	17	456	13	1.6	27	
Gender										
Female	206,915	53.7	6.0	2,302,220	47	18,264,617	8	22.8	385,588	
Male	108,840	47.4	4.9	1,113,753	43	9,884,493	9	16.1	229,398	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	123,923	44.6	5.2	1,458,137	50	13,908,493	10	22.7	277,880	
African American	46,559	48.1	4.3	418,611	31	3,031,243	7	10.0	96,884	
Other/unknown	145,273	60.5	6.4	1,539,225	47	11,209,374	7	22.5	240,222	
Use of Nursing Facilities^d										
Entire year	16,269	18.9	1.9	159,599	22	1,902,980	12	44.3	85,872	
Part year	15,955	44.6	4.2	150,996	33	1,181,585	8	29.0	35,736	
None	283,531	57.5	6.3	3,105,378	51	25,064,545	8	18.8	493,378	
Maintenance Assistance Status										
Cash	220,002	61.9	6.9	2,457,933	53	18,909,538	8	23.3	355,215	
Medically needy	85,901	36.1	3.7	877,211	35	8,386,736	10	21.7	237,925	
Poverty related	1,474	31.6	2.1	9,823	20	93,096	9	10.6	4,659	
Other/unknown	8,378	48.7	4.1	71,006	44	759,740	11	3.7	17,187	

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 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 YORK, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$4	\$8	\$0	\$1	6,624,505
Age						
5 and younger	0.7	20	29	0	0	309
6-14	1.3	24	19	0	0	533
15-20	0.3	5	17	0	1	7,983
21-44	0.4	5	12	0	2	790,415
45-64	0.7	7	10	0	3	1,305,575
65-74	0.5	4	8	0	1	1,887,537
75-84	0.5	4	7	0	1	1,603,599
85 and older	0.4	3	7	0	1	1,028,554
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	3	7	0	1	3,403,252
Disabled	0.6	5	9	0	2	3,108,575
Adults	0.4	6	13	0	2	111,523
Children	0.3	3	9	0	0	997
Unknown	0.2	3	13	0	2	158
Gender						
Female	0.6	4	8	0	1	4,171,472
Male	0.5	4	9	0	1	2,453,033
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	5	10	0	2	2,954,297
African American	0.4	3	7	0	1	1,024,646
Other/unknown	0.6	4	7	0	1	2,645,562
Use of Nursing Facilities^d						
Entire year	0.2	2	12	0	2	883,196
Part year	0.4	3	8	0	1	359,880
None	0.6	5	8	0	1	5,381,429
Maintenance Assistance Status						
Cash	0.6	5	8	0	1	4,037,498
Medically needy	0.4	4	10	0	2	2,378,393
Poverty related	0.2	2	9	0	1	47,307
Other/unknown	0.4	5	11	0	2	161,307

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 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 YORK, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	380,108	\$74	\$28,149,110	100.0	3,415,973	\$8	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	25	49	0.0	2	25	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	9,212	74	682,016	2.4	15,753	43	0.5
Vitamins and minerals	10,673	67	718,524	2.6	38,892	18	1.1
Non-prescription drugs	277,187	59	16,444,973	58.4	2,887,714	6	84.5
Barbiturates	3,964	71	279,843	1.0	42,102	7	1.2
Benzodiazepines	71,994	130	9,354,658	33.2	405,382	23	11.9
Other Part D Excl Rx Drugs	7,076	95	669,047	2.4	26,128	26	0.8

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 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.

Dual Eligible Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 614,986
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$141,418,226
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$230

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	445,320	72.4	\$0	0.0
1-500	132,725	21.6	13,387,047	9.5
501-1,000	10,932	1.8	7,759,351	5.5
1,001-1,500	5,244	0.9	6,462,609	4.6
1,501-2,000	3,780	0.6	6,576,654	4.7
2,001-2,500	2,635	0.4	5,910,022	4.2
2,501-3,000	2,046	0.3	5,613,551	4.0
3,001-3,500	1,733	0.3	5,610,758	4.0
3,501-4,000	1,445	0.2	5,407,569	3.8
4,001-4,500	1,142	0.2	4,842,149	3.4
4,501-5,000	955	0.2	4,531,964	3.2
5,001-5,500	787	0.1	4,127,320	2.9
5,501-6,000	710	0.1	4,076,910	2.9
6,001-6,500	561	0.1	3,500,400	2.5
6,501-7,000	479	0.1	3,233,328	2.3
7,001-7,500	428	0.1	3,095,247	2.2
7,501-8,000	422	0.1	3,270,592	2.3
8,001-8,500	345	0.1	2,845,011	2.0
8,501-9,000	318	0.1	2,779,255	2.0
9,001-9,500	260	0.0	2,400,489	1.7
9,501-10,000	259	0.0	2,523,256	1.8
10,001+	2,460	0.4	43,464,744	30.7

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. 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.

All Medicaid Beneficiaries

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 180,929
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$71,069,712
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$392

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	119,822	66.2	\$0	0.0	
1-500	44,040	24.3	5,240,423	7.4	
501-1,000	4,889	2.7	3,478,345	4.9	
1,001-1,500	2,335	1.3	2,865,616	4.0	
1,501-2,000	1,648	0.9	2,866,740	4.0	
2,001-2,500	1,157	0.6	2,595,840	3.7	
2,501-3,000	932	0.5	2,557,420	3.6	
3,001-3,500	764	0.4	2,470,562	3.5	
3,501-4,000	605	0.3	2,262,467	3.2	
4,001-4,500	537	0.3	2,275,982	3.2	
4,501-5,000	449	0.2	2,131,262	3.0	
5,001-5,500	382	0.2	2,003,020	2.8	
5,501-6,000	354	0.2	2,034,380	2.9	
6,001-6,500	276	0.2	1,721,204	2.4	
6,501-7,000	240	0.1	1,620,835	2.3	
7,001-7,500	215	0.1	1,557,082	2.2	
7,501-8,000	222	0.1	1,722,972	2.4	
8,001-8,500	179	0.1	1,476,799	2.1	
8,501-9,000	157	0.1	1,371,701	1.9	
9,001-9,500	142	0.1	1,310,967	1.8	
9,501-10,000	141	0.1	1,372,594	1.9	
10,001+	1,443	0.8	26,133,501	36.8	

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. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 420,532
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$44,964,789
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$106

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	320,048	76.1	0	0.0
1-500	86,020	20.5	7,712,073	17.2
501-1,000	5,154	1.2	3,627,885	8.1
1,001-1,500	2,237	0.5	2,750,467	6.1
1,501-2,000	1,621	0.4	2,817,333	6.3
2,001-2,500	1,059	0.3	2,373,587	5.3
2,501-3,000	759	0.2	2,082,010	4.6
3,001-3,500	639	0.2	2,065,854	4.6
3,501-4,000	538	0.1	2,014,881	4.5
4,001-4,500	406	0.1	1,720,982	3.8
4,501-5,000	309	0.1	1,469,339	3.3
5,001-5,500	245	0.1	1,284,231	2.9
5,501-6,000	223	0.1	1,277,596	2.8
6,001-6,500	159	0.0	991,738	2.2
6,501-7,000	130	0.0	880,547	2.0
7,001-7,500	110	0.0	792,690	1.8
7,501-8,000	110	0.0	851,627	1.9
8,001-8,500	102	0.0	839,899	1.9
8,501-9,000	86	0.0	752,624	1.7
9,001-9,500	62	0.0	572,636	1.3
9,501-10,000	70	0.0	682,364	1.5
10,001+	445	0.1	7,404,426	16.5

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. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 174,007
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$35,887,753
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$206

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	126,991	73.0	\$0	0.0
1-500	35,611	20.5	3,605,215	10.0
501-1,000	3,483	2.0	2,487,661	6.9
1,001-1,500	1,775	1.0	2,188,124	6.1
1,501-2,000	1,350	0.8	2,347,976	6.5
2,001-2,500	888	0.5	1,990,751	5.5
2,501-3,000	655	0.4	1,796,442	5.0
3,001-3,500	568	0.3	1,838,624	5.1
3,501-4,000	467	0.3	1,747,637	4.9
4,001-4,500	368	0.2	1,560,419	4.3
4,501-5,000	269	0.2	1,279,229	3.6
5,001-5,500	214	0.1	1,120,682	3.1
5,501-6,000	197	0.1	1,128,350	3.1
6,001-6,500	144	0.1	897,945	2.5
6,501-7,000	114	0.1	772,459	2.2
7,001-7,500	97	0.1	699,245	1.9
7,501-8,000	101	0.1	782,582	2.2
8,001-8,500	95	0.1	782,347	2.2
8,501-9,000	80	0.0	700,158	2.0
9,001-9,500	55	0.0	508,184	1.4
9,501-10,000	64	0.0	623,895	1.7
10,001+	421	0.2	7,029,828	19.6

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. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 146,152
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$6,273,114
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$42

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	113,433	77.6	\$0	0.0
1-500	30,551	20.9	2,585,683	41.2
501-1,000	1,155	0.8	792,447	12.6
1,001-1,500	327	0.2	399,140	6.4
1,501-2,000	191	0.1	330,347	5.3
2,001-2,500	133	0.1	296,680	4.7
2,501-3,000	73	0.0	200,637	3.2
3,001-3,500	52	0.0	166,711	2.7
3,501-4,000	54	0.0	202,676	3.2
4,001-4,500	26	0.0	109,638	1.7
4,501-5,000	30	0.0	143,386	2.3
5,001-5,500	23	0.0	121,042	1.9
5,501-6,000	23	0.0	131,821	2.1
6,001-6,500	12	0.0	75,583	1.2
6,501-7,000	10	0.0	67,927	1.1
7,001-7,500	10	0.0	71,721	1.1
7,501-8,000	8	0.0	61,536	1.0
8,001-8,500	4	0.0	33,321	0.5
8,501-9,000	6	0.0	52,466	0.8
9,001-9,500	5	0.0	46,229	0.7
9,501-10,000	5	0.0	48,675	0.8
10,001+	21	0.0	335,448	5.3

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. 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.

All Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 100,373
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$2,803,922
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$27

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	79,624	79.3	\$0	0.0
1-500	19,858	19.8	1,521,175	54.3
501-1,000	516	0.5	347,777	12.4
1,001-1,500	135	0.1	163,203	5.8
1,501-2,000	80	0.1	139,010	5.0
2,001-2,500	38	0.0	86,156	3.1
2,501-3,000	31	0.0	84,931	3.0
3,001-3,500	19	0.0	60,519	2.2
3,501-4,000	17	0.0	64,568	2.3
4,001-4,500	12	0.0	50,925	1.8
4,501-5,000	10	0.0	46,724	1.7
5,001-5,500	8	0.0	42,507	1.5
5,501-6,000	3	0.0	17,425	0.6
6,001-6,500	3	0.0	18,210	0.6
6,501-7,000	6	0.0	40,161	1.4
7,001-7,500	3	0.0	21,724	0.8
7,501-8,000	1	0.0	7,509	0.3
8,001-8,500	3	0.0	24,231	0.9
8,501-9,000	0	0.0	0	0.0
9,001-9,500	2	0.0	18,223	0.6
9,501-10,000	1	0.0	9,794	0.3
10,001+	3	0.0	39,150	1.4

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. 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.

All 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 BENEFICIARIES, NEW YORK, 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	618,329	323,427	280,797	13,960	118	27	6,791,303	3,467,872	3,181,871	140,191	1,211	158
Age												
5 and younger	28	0	25	0	3	0	315	0	291	0	24	0
6-14	50	0	43	0	7	0	559	0	490	0	69	0
15-20	780	0	687	0	93	0	8,904	0	7,883	0	1,021	0
21-44	73,274	0	67,487	5,768	15	4	819,766	0	762,351	57,297	97	21
45-64	121,463	0	113,368	8,082	0	13	1,352,877	0	1,270,881	81,908	0	88
65-74	175,579	102,359	73,100	110	0	10	1,962,505	1,118,576	842,894	986	0	49
75-84	146,634	123,332	23,302	0	0	0	1,614,941	1,347,259	267,682	0	0	0
85 and older	100,521	97,736	2,785	0	0	0	1,031,436	1,002,037	29,399	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	387,580	223,846	155,998	7,657	52	27	4,272,711	2,413,406	1,780,307	78,326	514	158
Male	230,749	99,581	124,799	6,303	66	0	2,518,592	1,054,466	1,401,564	61,865	697	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	278,631	143,161	130,067	5,334	48	21	2,998,958	1,472,111	1,473,602	52,618	516	111
African American	97,953	43,265	50,340	4,323	22	3	1,068,865	463,818	561,685	43,104	235	23
Other/unknown	241,745	137,001	100,390	4,303	48	3	2,723,480	1,531,943	1,146,584	44,469	460	24
Use of Nursing Facilities^c												
Entire year	85,878	71,791	14,037	50	0	0	883,460	725,193	157,758	509	0	0
Part year	35,745	27,212	8,418	114	1	0	361,192	268,158	91,778	1,244	12	0
None	496,706	224,424	258,342	13,796	117	27	5,546,651	2,474,521	2,932,335	138,438	1,199	158
Maintenance Assistance Status												
Cash	356,700	160,116	193,675	2,864	45	0	4,119,576	1,838,165	2,250,581	30,376	454	0
Medically needy	239,354	156,318	80,025	2,980	31	0	2,440,765	1,556,046	853,227	31,179	313	0
Poverty related	4,663	2,961	1,658	4	13	27	48,957	31,059	17,567	34	139	158
Other/unknown	17,612	4,032	5,439	8,112	29	0	182,005	42,602	60,496	78,602	305	0
Dual Status^d												
Full dual, all year	611,446	319,236	278,152	13,913	118	27	6,721,738	3,425,784	3,154,800	139,785	1,211	158
Full dual, part year	6,883	4,191	2,645	47	0	0	69,565	42,088	27,071	406	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	584,020	311,403	265,274	7,245	71	27	6,405,875	3,332,830	3,004,650	67,513	724	158
FFS part year, with Rx claims	19,479	6,320	9,886	3,247	26	0	221,963	72,099	114,068	35,500	296	0
FFS part year, no Rx claims	4,459	2,127	1,719	606	7	0	47,441	22,983	18,500	5,890	68	0
MC all year, with Rx claims	7,028	1,844	2,778	2,397	9	0	80,231	21,161	32,146	26,823	101	0
MC all year, no Rx claims	3,343	1,733	1,140	465	5	0	35,793	18,799	12,507	4,465	22	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 York, 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.

All Medicaid Beneficiaries

APPENDIX TABLE A.4
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
DUAL BENEFICIARIES, NEW YORK, 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	618,329	6,791,303	614,986	6,624,505	0	166,798
Fee-for-service (FFS) all year	584,020	6,405,875	584,020	6,405,875	0	0
FFS part year, with Rx claims	19,479	221,963	19,479	112,017	0	109,946
FFS part year, with no Rx claims	4,459	47,441	4,459	26,382	0	21,059
Managed care (MC) all year, with Rx claims	7,028	80,231	7,028	80,231	0	0
MC all year, with no Rx claims	3,343	35,793	0	0	0	35,793

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

All Medicaid Beneficiaries