STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
NEW YORK

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW YORK, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	4,668,672	(A)	642,527	(E)	4,026,145	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	4,305,847	(B)	634,061	(F)	3,671,786	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	3,811,153	(C)	627,810	(G)	3,183,343	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	100,448	(D)	91,751	(H)	8,697	(L)

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2003 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for New York in 2003 was $4,066,195,754, of which $10,102,249 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2003. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NEW YORK, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**3,811,153**	**385,712**	**691,387**	**1,016,697**	**1,717,357**	**0**	**31,963,327**	**3,959,855**	**7,575,555**	**7,217,445**	**13,210,472**	**0**
Age												
5 and younger	657,487	0	20,330	0	637,157	0	5,080,201	0	199,784	0	4,880,417	0
6-14	683,939	0	54,272	0	629,667	0	5,786,496	0	595,536	0	5,190,960	0
15-20	370,727	27	36,247	0	334,453	0	2,933,139	122	393,287	0	2,539,730	0
21-44	977,607	215	196,248	775,704	5,440	0	7,587,011	1,265	2,160,525	5,401,696	23,525	0
45-64	528,407	190	287,633	240,582	2	0	4,956,734	1,418	3,141,581	1,813,713	22	0
65-74	202,375	125,360	76,608	407	0	0	2,159,802	1,295,560	862,244	1,998	0	0
75-84	165,708	148,433	17,272	3	0	0	1,758,176	1,563,648	194,492	36	0	0
85 and older	113,915	111,142	2,772	1	0	0	1,124,524	1,096,437	28,085	2	0	0
Unknown	110,988	345	5	0	110,638	0	577,244	1,405	21	0	575,818	0
Gender												
Female	2,155,207	269,496	361,970	681,491	842,250	0	18,270,865	2,793,734	4,005,689	4,959,976	6,511,466	0
Male	1,583,081	116,098	329,414	335,206	802,363	0	13,248,084	1,165,540	3,569,855	2,257,469	6,255,220	0
Unknown	72,865	118	3	0	72,744	0	444,378	581	11	0	443,786	0
Race												
White	1,362,445	172,655	252,642	347,929	589,219	0	11,525,564	1,704,584	2,758,654	2,451,134	4,611,192	0
African American	913,461	49,383	141,202	298,673	424,203	0	7,325,186	505,598	1,522,537	2,129,651	3,167,400	0
Other/unknown	1,535,247	163,674	297,543	370,095	703,935	0	13,112,577	1,749,673	3,294,364	2,636,660	5,431,880	0
Use of Nursing Facilities[c]												
Entire year	100,448	80,946	19,297	166	39	0	1,045,051	825,695	217,387	1,545	424	0
Part year	46,586	30,743	14,841	903	99	0	466,230	298,260	158,315	8,703	952	0
None	3,664,119	274,023	657,249	1,015,628	1,717,219	0	30,452,046	2,835,900	7,199,853	7,207,197	13,209,096	0
Maintenance Assistance Status												
Cash	1,799,370	168,558	534,637	296,582	799,593	0	16,725,250	1,902,079	6,023,183	2,297,523	6,502,465	0
Medically needy	849,521	209,708	153,654	167,134	319,025	0	6,876,266	1,993,763	1,524,202	1,116,020	2,242,281	0
Poverty-related	504,460	701	161	4,697	498,901	0	3,622,471	5,551	1,596	27,812	3,587,512	0
Other/unknown	657,802	6,745	2,935	548,284	99,838	0	4,739,340	58,462	26,574	3,776,090	878,214	0
Dual Medicare Status[d]												
Full dual, all year	626,285	341,305	271,404	13,487	89	0	6,674,149	3,562,364	2,998,341	112,747	697	0
Full dual, part year	1,525	1,100	402	23	0	0	15,892	11,677	4,035	180	0	0
Non-dual, all year	3,183,343	43,307	419,581	1,003,187	1,717,268	0	25,273,286	385,814	4,573,179	7,104,518	13,209,775	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	2,031,586	373,881	609,283	433,824	614,598	0	18,500,883	3,872,239	6,783,075	3,091,222	4,754,347	0
FFS part year, with Rx claims	577,082	6,466	24,853	226,419	319,344	0	2,464,547	39,448	137,534	960,643	1,326,922	0
FFS part year, no Rx claims	343,789	1,764	3,188	106,437	232,400	0	1,275,920	6,742	14,386	381,843	872,949	0
MC all year, with FFS Rx claims	858,696	3,601	54,063	250,017	551,015	0	9,721,977	41,426	640,560	2,783,737	6,256,254	0

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

NEW YORK, 2003

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	**66.7 %**	**13.2**	**$1,064**	**$81**	**$7,973**	**13.3 %**	**3,811,153**
Age							
5 and younger	67.0	3.6	179	50	2,027	8.8	657,487
6-14	65.2	4.2	296	71	2,118	14.0	683,939
15-20	57.4	4.0	297	74	3,089	9.6	370,727
21-44	67.9	11.4	1,103	97	8,080	13.6	977,607
45-64	80.7	32.7	2,897	89	15,111	19.2	528,407
65-74	80.7	37.1	2,546	69	14,528	17.5	202,375
75-84	72.3	33.0	2,192	66	22,888	9.6	165,708
85 and older	50.8	18.2	1,195	66	33,115	3.6	113,915
Unknown	10.5	0.4	23	61	650	3.5	110,988
Basis of Eligibility[e]							
Aged	67.0	27.3	1,845	68	23,164	8.0	385,712
Disabled	82.9	36.1	3,390	94	22,624	15.0	691,387
Adults	66.6	9.0	695	77	3,406	20.4	1,016,697
Children	60.1	3.2	171	54	1,367	12.5	1,717,357
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	70.0	14.7	1,080	74	7,804	13.8	2,155,207
Male	64.5	11.7	1,090	93	8,525	12.8	1,583,081
Unknown	15.6	0.6	34	61	979	3.5	72,865
Race							
White	68.5	14.6	1,143	78	10,130	11.3	1,362,445
African American	65.4	10.7	939	88	6,422	14.6	913,461
Other/unknown	65.8	13.4	1,069	80	6,982	15.3	1,535,247
Use of Nursing Facilities[f]							
Entire year	39.8	10.2	1,197	118	56,854	2.1	100,448
Part year	68.4	27.8	2,638	95	47,063	5.6	46,586
None	67.4	13.1	1,041	80	6,136	17.0	3,664,119
Maintenance Assistance Status							
Cash	74.7	17.9	1,455	81	8,543	17.0	1,799,370
Medically needy	59.2	12.4	992	80	13,766	7.2	849,521
Poverty related	60.5	3.0	153	51	1,144	13.4	504,460
Other/unknown	59.2	9.0	787	87	4,171	18.9	657,802

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

NEW YORK, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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]	Number Beneficiaries	Benefit Months
All	**1.6**	**$127**	**13.3 %**	**33.3 %**	**40.9 %**	**7.4 %**	**10.7 %**	**5.8 %**	**1.8 %**	**$951**	**3,811,153**	**31,963,327**
Age												
5 and younger	0.5	23	8.8	33.0	57.0	5.1	3.5	1.0	0.4	262	657,487	5,080,201
6-14	0.5	35	14.0	34.8	55.3	5.0	3.6	0.9	0.4	250	683,939	5,786,496
15-20	0.5	38	9.6	42.6	47.6	4.8	3.7	1.0	0.4	390	370,727	2,933,139
21-44	1.5	142	13.6	32.1	41.6	9.0	10.9	4.6	1.7	1,041	977,607	7,587,011
45-64	3.5	309	19.2	19.3	23.0	11.4	24.3	16.3	5.7	1,611	528,407	4,956,734
65-74	3.5	239	17.5	19.3	19.1	11.8	27.5	18.4	4.0	1,361	202,375	2,159,802
75-84	3.1	207	9.6	27.7	18.4	10.4	23.8	16.7	3.0	2,157	165,708	1,758,176
85 and older	1.8	121	3.6	49.2	19.1	7.4	14.3	8.8	1.2	3,355	113,915	1,124,524
Unknown	0.1	4	3.5	89.5	9.4	0.7	0.3	0.1	0.0	125	110,988	577,244
Basis of Eligibility[e]												
Aged	2.7	180	8.0	33.0	19.9	10.2	21.3	13.3	2.3	2,256	385,712	3,959,855
Disabled	3.3	309	15.0	17.1	24.8	11.3	25.2	17.1	4.6	2,065	691,387	7,575,555
Adults	1.3	98	20.4	33.4	41.7	9.0	10.0	3.9	2.1	480	1,016,697	7,217,445
Children	0.4	22	12.5	39.9	51.7	4.4	2.9	0.8	0.3	178	1,717,357	13,210,472
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.7	127	13.8	30.0	41.6	7.9	11.8	6.6	2.0	921	2,155,207	18,270,865
Male	1.4	130	12.8	35.5	41.2	7.1	9.7	5.0	1.5	1,019	1,583,081	13,248,084
Unknown	0.1	6	3.5	84.4	14.0	1.1	0.5	0.1	0.0	161	72,865	444,378
Race												
White	1.7	135	11.3	31.5	40.9	7.6	11.2	6.7	2.1	1,198	1,362,445	11,525,564
African American	1.3	117	14.6	34.6	42.9	7.0	9.3	4.7	1.5	801	913,461	7,325,186
Other/unknown	1.6	125	15.3	34.2	39.8	7.6	11.1	5.8	1.6	817	1,535,247	13,112,577
Use of Nursing Facilities[f]												
Entire year	1.0	115	2.1	60.2	24.6	5.8	5.0	3.4	1.0	5,465	100,448	1,045,051
Part year	2.8	264	5.6	31.6	23.0	9.8	19.3	13.3	3.1	4,703	46,586	466,230
None	1.6	125	17.0	32.6	41.6	7.5	10.7	5.8	1.8	738	3,664,119	30,452,046
Maintenance Assistance Status												
Cash	1.9	157	17.0	25.3	43.0	8.2	13.4	8.0	2.2	919	1,799,370	16,725,250
Medically needy	1.5	123	7.2	40.8	34.6	7.1	10.2	5.7	1.6	1,701	849,521	6,876,266
Poverty related	0.4	21	13.4	39.5	51.4	4.6	3.1	0.9	0.4	159	504,460	3,622,471
Other/unknown	1.3	109	18.9	40.8	35.3	8.0	9.8	4.0	2.1	579	657,802	4,739,340

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, 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); 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NEW YORK, 2003

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.6**	**$127**	**$81**	**0.8**	**$104**	**$124**	**0.0**	**$3**	**$64**	**0.7**	**$20**	**$29**
Age												
5 and younger	0.5	23	50	0.2	18	101	0.0	0	55	0.3	4	17
6-14	0.5	35	71	0.3	28	113	0.0	1	87	0.2	6	25
15-20	0.5	38	74	0.3	30	118	0.0	1	84	0.2	7	28
21-44	1.5	142	97	0.8	119	154	0.0	4	80	0.7	20	30
45-64	3.5	309	89	1.9	256	134	0.1	6	66	1.5	46	31
65-74	3.5	239	69	2.0	194	98	0.1	4	45	1.4	41	29
75-84	3.1	207	66	1.7	167	96	0.1	3	41	1.3	36	28
85 and older	1.8	121	66	1.0	98	100	0.1	2	35	0.8	21	26
Unknown	0.1	4	61	0.0	4	152	0.0	0	39	0.0	1	14
Basis of Eligibility[d]												
Aged	2.7	180	68	1.5	146	97	0.1	3	41	1.1	30	28
Disabled	3.3	309	94	1.8	256	143	0.1	7	75	1.4	45	32
Adults	1.3	98	77	0.7	81	121	0.0	1	50	0.6	15	26
Children	0.4	22	54	0.2	17	93	0.0	1	70	0.2	4	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.7	127	74	0.9	103	112	0.0	3	55	0.8	21	28
Male	1.4	130	93	0.8	109	144	0.0	3	80	0.6	18	30
Unknown	0.1	6	61	0.0	5	154	0.0	0	39	0.1	1	14
Race												
White	1.7	135	78	0.9	109	120	0.1	3	65	0.8	22	29
African American	1.3	117	88	0.7	99	141	0.0	2	62	0.6	17	28
Other/unknown	1.6	125	80	0.9	104	120	0.0	2	63	0.7	19	29
Use of Nursing Facilities[e]												
Entire year	1.0	115	118	0.7	106	150	0.0	1	61	0.3	8	33
Part year	2.8	264	95	1.5	226	146	0.1	3	49	1.2	34	29
None	1.6	125	80	0.8	103	123	0.0	3	64	0.7	20	29
Maintenance Assistance Status												
Cash	1.9	157	81	1.0	129	124	0.0	3	66	0.8	24	29
Medically needy	1.5	123	80	0.8	100	123	0.0	3	61	0.7	20	30
Poverty related	0.4	21	51	0.2	16	87	0.0	1	69	0.2	4	20
Other/unknown	1.3	109	87	0.7	93	134	0.0	1	54	0.5	14	27

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In New York, 0.4 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

NEW YORK, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.1	$43	$39	$0	$4	$135	$223	$75	$25	4,745,352	$641,791,022	1,527,160	40.1 %	14,933,417
Biologicals	0.3	0.2	0.0	0.0	295	202	12	80	1039	826	2,635	2,352	45,972	47,757,890	16,163	0.4	162,080
Antineoplastic Agents	0.5	0.3	0.0	0.2	197	168	2	27	372	587	199	115	177,024	65,796,672	31,279	0.8	334,559
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	41	31	1	8	60	86	25	32	4,843,373	291,766,820	715,948	18.8	7,170,761
Cardiovascular Agents	1.5	0.8	0.0	0.7	71	53	1	17	47	69	43	23	10,606,018	496,386,793	661,668	17.4	7,037,990
Respiratory Agents	0.6	0.3	0.0	0.2	34	29	1	5	62	84	86	24	4,791,798	297,336,564	864,744	22.7	8,669,622
Gastrointestinal Agents	0.5	0.3	0.0	0.2	55	44	1	11	101	135	145	49	3,062,186	309,264,147	531,413	13.9	5,592,666
Genitourinary Agents	0.3	0.3	0.0	0.0	20	19	0	1	63	69	53	21	742,281	46,768,727	228,938	6.0	2,288,706
CNS Drugs	1.0	0.7	0.0	0.4	117	102	3	13	112	152	152	36	7,266,229	816,517,958	659,593	17.3	6,961,218
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	50	42	1	7	93	105	91	55	341,092	31,682,187	60,399	1.6	631,338
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.1	53	42	0	11	165	176	66	133	220,821	36,335,703	63,993	1.7	686,019
Analgesics and Anesthetics	0.4	0.2	0.0	0.3	27	21	0	5	64	133	112	20	4,458,371	285,082,200	1,076,731	28.3	10,741,217
Neuromuscular Agents	0.7	0.4	0.0	0.3	59	48	2	9	82	129	53	29	2,609,020	212,732,474	337,418	8.9	3,596,988
Nutritional Products	0.3	0.0	0.0	0.3	6	1	1	5	20	30	21	19	623,248	12,637,623	203,020	5.3	1,955,031
Hematological Agents	0.6	0.2	0.1	0.3	102	94	2	6	173	401	32	20	1,163,426	201,800,861	186,387	4.9	1,983,847
Topical Products	0.4	0.2	0.0	0.2	19	13	1	5	51	76	56	28	4,192,040	213,882,790	1,116,880	29.3	11,175,959
Miscellaneous Products	0.6	0.3	0.1	0.2	187	152	20	15	297	442	245	75	124,672	37,061,730	19,008	0.5	197,946
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	62	0	0	0	184,991	11,491,344	116,506	3.1	1,144,434
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.	50,197,914	4,056,093,505	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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, 0.4 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

NEW YORK, 2003

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$518,783,153	356,629	9.4 %	3,916,818	0.7	$199	$132
ANTIVIRAL	467,618,412	167,866	4.4	1,814,971	0.6	437	258
ULCER DRUGS	255,543,948	522,695	13.7	5,538,743	0.4	108	46
ANTIDEPRESSANTS	218,662,737	525,780	13.8	5,550,353	0.5	74	39
ANTIASTHMATIC	210,663,775	941,522	24.7	9,536,150	0.3	63	22
ANTIHYPERLIPIDEMIC	185,577,420	316,652	8.3	3,469,606	0.6	93	53
ANTICONVULSANT	184,003,717	261,015	6.8	2,844,551	0.7	98	65
ANTIDIABETIC	172,582,793	379,143	9.9	4,066,165	0.6	66	42
ANALGESICS - ANTI-INFLAMMATORY	158,173,946	1,009,721	26.5	10,176,282	0.3	62	16
DERMATOLOGICAL	144,411,911	1,404,816	36.9	14,398,036	0.2	50	10
Total	2,516,021,812	5,885,839		61,311,675	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New York, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.