

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 NEW JERSEY

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. 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. 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. 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. 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. 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. 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 TABLE

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

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW JERSEY, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	1,019,452 (A)	187,354 (E)	832,098 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	960,370 (B)	145,411 (F)	814,959 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	489,828 (C)	138,023 (G)	351,805 (K)
4. Benes who were all-year nursing facility residents ^f	26,355 (D)	23,717 (H)	2,638 (L)

Source: Data for this table are from the MAX 2002 file for New Jersey, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for New Jersey in 2002 was \$683,611,286, of which \$84,069,060 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) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 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. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 were excluded from the analysis 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 were excluded from the analysis.
- 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 0.4 percent were restricted benefit months without a pharmacy benefit in New Jersey, were used in the dual tables. 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 = Center for Medicare and 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 JERSEY, 2002

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	489,828	81,298	132,483	86,672	189,265	110	3,106,766	811,827	1,313,294	257,004	723,895	746					
Age																	
5 and younger	94,383	0	4,040	939	89,403	1	338,056	0	32,986	2,226	302,842	2					
6-14	83,233	0	9,170	539	73,524	0	381,902	0	82,837	1,555	297,510	0					
15-20	44,837	1	7,244	11,498	26,094	0	224,379	12	65,907	35,919	122,541	0					
21-44	106,104	2	38,779	67,046	241	36	577,560	20	380,288	196,049	984	219					
45-64	53,534	72	46,833	6,558	0	71	481,487	628	459,370	20,981	0	508					
65-74	40,814	21,885	18,853	74	0	2	424,207	216,707	207,261	222	0	17					
75-84	38,673	32,498	6,160	15	0	0	404,526	335,152	69,332	42	0	0					
85 and older	28,247	26,840	1,404	3	0	0	274,631	259,308	15,313	10	0	0					
Unknown	3	0	0	0	3	0	18	0	0	0	18	0					
Gender																	
Female	297,881	60,774	71,017	71,993	93,988	109	1,895,456	612,581	715,295	212,686	354,150	744					
Male	191,947	20,524	61,466	14,679	95,277	1	1,211,310	199,246	597,999	44,318	369,745	2					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	192,639	44,197	55,572	33,759	59,048	63	1,313,603	433,275	562,037	101,400	216,470	421					
African American	153,458	11,084	38,784	30,224	73,337	29	892,224	114,692	381,591	85,764	309,967	210					
Other/unknown	143,731	26,017	38,127	22,689	56,880	18	900,939	263,860	369,666	69,840	197,458	115					
Use of Nursing Facilities^c																	
Entire year	26,355	20,280	6,070	0	5	0	265,422	199,032	66,330	0	60	0					
Part year	12,558	9,135	3,409	7	7	0	116,979	83,135	33,744	33	67	0					
None	450,915	51,883	123,004	86,665	189,253	110	2,724,365	529,660	1,213,220	256,971	723,768	746					
Maintenance Assistance Status																	
Cash	215,913	32,538	100,050	25,500	57,825	0	1,545,699	346,987	974,902	68,978	154,832	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	154,439	16,262	18,933	15,357	103,778	109	748,169	166,238	198,258	48,847	334,082	744					
Other/unknown	119,476	32,498	13,500	45,815	27,662	1	812,898	298,602	140,134	139,179	234,981	2					
Dual Medicare Status^d																	
Full dual, all year	136,944	71,897	64,651	373	19	4	1,436,513	730,109	704,782	1,429	153	40					
Full dual, part year	1,079	822	253	4	0	0	10,774	8,316	2,420	38	0	0					
Non-dual, all year	351,805	8,579	67,579	86,295	189,246	106	1,659,479	73,402	606,092	255,537	723,742	706					
Managed Care Status																	
FFS all year	269,061	79,459	116,881	19,738	52,874	109	2,440,026	803,471	1,238,878	65,661	331,276	740					
FFS part year, with Rx claims	63,567	1,462	11,118	20,824	30,163	0	225,410	7,142	56,029	64,843	97,396	0					
FFS part year, no Rx claims	157,200	377	4,484	46,110	106,228	1	441,330	1,214	18,387	126,500	295,223	6					

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for New Jersey, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains 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 or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NEW JERSEY, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	50.8 %	18.5	\$1,224	\$66	\$8,296	14.8 %	489,828
Age							
5 and younger	26.8	1.2	67	55	2,157	3.1	94,383
6-14	27.4	2.4	205	85	2,668	7.7	83,233
15-20	32.8	3.1	252	80	5,142	4.9	44,837
21-44	46.0	12.9	1,099	85	7,219	15.2	106,104
45-64	77.2	43.2	3,220	75	15,839	20.3	53,534
65-74	87.0	43.4	2,634	61	11,144	23.6	40,814
75-84	89.6	47.9	2,683	56	16,746	16.0	38,673
85 and older	90.7	46.7	2,289	49	24,459	9.4	28,247
Unknown	0.0	0.0	0	0	392	0.0	3
Basis of Eligibility^c							
Aged	87.9	42.9	2,325	54	16,879	13.8	81,298
Disabled	79.0	39.5	2,939	74	15,560	18.9	132,483
Adults	29.6	1.1	63	55	2,384	2.7	86,672
Children	24.8	1.4	82	61	2,227	3.7	189,265
Unknown	52.7	7.5	716	95	13,693	5.2	110
Gender							
Female	53.6	20.4	1,271	62	8,489	15.0	297,881
Male	46.5	15.6	1,151	74	7,996	14.4	191,947
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	57.3	25.6	1,578	62	11,817	13.4	192,639
African American	45.0	12.6	956	76	6,503	14.7	153,458
Other/unknown	48.2	15.3	1,036	68	5,489	18.9	143,731
Use of Nursing Facilities^d							
Entire year	97.7	67.3	3,435	51	42,422	8.1	26,355
Part year	96.3	57.6	3,299	57	30,189	10.9	12,558
None	46.8	14.6	1,037	71	5,691	18.2	450,915

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	59.0	21.5	1,585	74	7,619	20.8	215,913
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	35.0	9.8	724	74	3,383	21.4	154,439
Other/unknown	56.4	24.4	1,218	50	15,868	7.7	119,476

Source: Data for this table are from the MAX 2002 file for New Jersey, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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. 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 of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW JERSEY, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	2.9	\$193	14.8 %	49.2 %	19.1 %	6.7 %	12.7 %	9.2 %	3.1 %	\$1,308	489,828	3,106,766
Age												
5 and younger	0.3	19	3.1	73.2	21.2	3.4	1.9	0.3	0.0	602	94,383	338,056
6-14	0.5	45	7.7	72.6	20.0	3.7	2.9	0.6	0.1	581	83,233	381,902
15-20	0.6	50	4.9	67.2	24.2	4.1	3.3	0.9	0.2	1,028	44,837	224,379
21-44	2.4	202	15.2	54.0	21.9	6.6	9.7	5.3	2.5	1,326	106,104	577,560
45-64	4.8	358	20.3	22.8	14.2	9.4	23.7	20.7	9.1	1,761	53,534	481,487
65-74	4.2	253	23.6	13.0	16.8	12.4	30.0	21.8	6.0	1,072	40,814	424,207
75-84	4.6	257	16.0	10.4	13.5	11.4	31.7	25.9	7.2	1,601	38,673	404,526
85 and older	4.8	236	9.4	9.3	11.3	10.4	32.7	29.0	7.4	2,516	28,247	274,631
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	65	3	18
Basis of Eligibility^c												
Aged	4.3	233	13.8	12.1	15.0	11.8	31.1	23.8	6.3	1,690	81,298	811,827
Disabled	4.0	297	18.9	21.0	20.3	10.0	23.0	18.2	7.3	1,570	132,483	1,313,294
Adults	0.4	21	2.7	70.4	20.8	4.4	3.4	0.9	0.2	804	86,672	257,004
Children	0.4	22	3.7	75.2	19.3	3.2	2.0	0.3	0.0	582	189,265	723,895
Unknown	1.1	106	5.2	47.3	25.5	15.5	10.0	0.9	0.9	2,019	110	746
Gender												
Female	3.2	200	15.0	46.4	18.7	7.0	14.0	10.5	3.4	1,334	297,881	1,895,456
Male	2.5	182	14.4	53.5	19.7	6.2	10.9	7.1	2.6	1,267	191,947	1,211,310
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.8	231	13.4	42.7	16.9	7.1	15.4	12.9	5.0	1,733	192,639	1,313,603
African American	2.2	164	14.7	55.0	21.8	5.9	9.6	5.9	1.9	1,119	153,458	892,224
Other/unknown	2.4	165	18.9	51.8	19.3	6.9	12.6	7.6	1.8	876	143,731	900,939
Use of Nursing Facilities^d												
Entire year	6.7	341	8.1	2.3	6.1	7.3	29.9	37.7	16.7	4,212	26,355	265,422
Part year	6.2	354	10.9	3.7	8.2	9.0	31.7	33.9	13.5	3,241	12,558	116,979
None	2.4	172	18.2	53.2	20.2	6.6	11.2	6.8	2.0	942	450,915	2,724,365

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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				
Maintenance Assistance Status												
Cash	3.0	221	20.8	41.0	20.7	8.5	16.2	10.6	3.1	1,064	215,913	1,545,699
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.0	150	21.4	65.0	16.6	4.6	7.7	4.9	1.1	698	154,439	748,169
Other/unknown	3.6	179	7.7	43.6	19.6	6.0	13.0	12.1	5.7	2,332	119,476	812,898

Source: Data for this table are from the MAX 2002 file for New Jersey, released by CMS in 05/2006. This table was produced on 04/19/2007.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NEW JERSEY, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	2.9	\$193	1.4	\$149	0.2	\$13	1.3	\$31
		\$66		\$105		\$59		\$24
Age								
5 and younger	0.3	19	0.1	15	0.0	1	0.2	3
6-14	0.5	45	0.3	37	0.0	3	0.2	6
15-20	0.6	50	0.3	40	0.0	3	0.3	7
21-44	2.4	202	1.2	162	0.2	15	1.0	25
45-64	4.8	358	2.4	281	0.4	26	2.0	51
65-74	4.2	253	2.2	195	0.3	17	1.7	41
75-84	4.6	257	2.2	191	0.3	17	2.0	49
85 and older	4.8	236	2.0	166	0.4	15	2.4	55
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.3	233	2.0	173	0.3	14	2.0	46
Disabled	4.0	297	2.0	233	0.3	22	1.7	42
Adults	0.4	21	0.2	17	0.0	2	0.2	3
Children	0.4	22	0.2	17	0.0	1	0.2	3
Unknown	1.1	106	0.5	85	0.0	4	0.6	16
Gender								
Female	3.2	200	1.6	152	0.2	14	1.4	34
Male	2.5	182	1.2	143	0.2	12	1.1	27
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	3.8	231	1.8	174	0.3	17	1.7	41
African American	2.2	164	1.1	131	0.2	10	0.9	23
Other/unknown	2.4	165	1.3	130	0.2	12	1.0	24
Use of Nursing Facilities^e								
Entire year	6.7	341	2.7	242	0.4	17	3.5	81
Part year	6.2	354	2.6	262	0.4	17	3.1	75
None	2.4	172	1.2	135	0.2	13	1.0	24

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	3.0	221	1.5	174	0.2	16	1.2	32
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	2.0	150	1.0	116	0.2	11	0.8	23
Other/unknown	3.6	179	1.6	131	0.3	10	1.7	38

Source: Data for this table are from the MAX 2002 file for New Jersey, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 Jersey, 1.5 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.Medi-Span.com/products/product_mddeb.asp (May 13 2003).

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 = Center for Medicare and 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 JERSEY, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic					
Anti-infective Agents	0.4	0.2	0.0	\$50	\$46	\$2	\$130	\$190	\$83	\$19	\$65,654,479	136,701	27.9%	1,306,163
Biologics	0.1	0.1	0.0	43	26	1	334	273	2,045	493	3,618,456	7,694	1.6	84,815
Antineoplastic Agents	0.5	0.2	0.0	117	72	6	221	407	189	121	13,359,700	11,454	2.3	113,922
Endocrine/Metabolic Drugs	0.9	0.5	0.1	46	36	3	50	75	31	21	39,066,549	85,282	17.4	857,185
Cardiovascular Agents	1.6	0.7	0.1	69	44	5	43	66	49	23	83,643,067	116,454	23.8	1,217,818
Respiratory Agents	0.7	0.3	0.1	35	25	3	52	72	62	26	38,116,368	113,700	23.2	1,080,162
Gastrointestinal Agents	0.7	0.4	0.0	61	50	3	82	123	97	28	54,501,647	85,619	17.5	895,701
Genitourinary Agents	0.4	0.3	0.0	25	22	0	58	69	37	25	7,467,281	29,753	6.1	300,913
CNS Drugs	1.3	0.7	0.1	112	88	10	83	120	100	27	118,346,714	103,220	21.1	1,055,431
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	39	27	5	70	94	61	38	3,137,074	8,267	1.7	80,774
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	65	62	0	123	129	69	65	8,934,337	13,037	2.7	138,080
Analgesics and Anesthetics	0.7	0.3	0.1	47	37	4	70	119	73	20	51,842,057	109,842	22.4	1,105,040
Neuromuscular Agents	1.2	0.6	0.1	60	42	5	50	76	52	23	33,535,307	53,659	11.0	561,822
Nutritional Products	0.5	0.0	0.1	7	1	1	15	19	18	14	5,251,812	77,577	15.8	715,347
Hematological Agents	0.7	0.3	0.1	93	85	2	130	279	22	17	40,636,087	42,324	8.6	437,349
Topical Products	0.5	0.3	0.1	24	17	2	45	62	47	22	27,400,724	114,975	23.5	1,154,904
Miscellaneous Products	0.4	0.2	0.0	77	55	13	215	293	265	74	4,914,973	6,337	1.3	64,137
Unknown Therapeutic Category	0.3	0.0	0.0	6	0	0	19	0	0	0	115,594	1,706	0.3	18,257
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.	599,542,226	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New Jersey, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 6 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 therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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 Jersey, 1.5 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/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 JERSEY, 2002

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$67,334,094	11.3 %	591,113	0.8	\$136	\$114		
ULCER DRUGS	45,777,076	18.0	936,930	0.5	97	49		
ANTIVIRAL	41,082,837	3.7	187,569	0.5	421	219		
ANTIDEPRESSANTS	32,034,451	15.0	759,722	0.6	67	42		
ANTICONVULSANT	26,720,904	9.3	482,215	1.0	53	55		
ANTIDIABETIC	25,242,729	12.7	661,113	0.6	61	38		
ANALGESICS - ANTI-INFLAMMATORY	24,474,201	18.4	941,732	0.3	77	26		
ANTIHYPERTENSIVE	24,184,406	8.5	458,134	0.6	92	53		
ANALGESICS - Narcotic	22,949,930	18.6	955,705	0.4	64	24		
ANTIHYPERTENSIVE	22,482,009	16.9	887,753	0.6	43	25		
Total	332,282,637		6,861,986	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2002 file for New Jersey, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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