

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 NEW JERSEY

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	138,597	71,488	66,785	300	16	8	1,463,626	731,091	731,118	1,221	136	60
Age												
5 and younger	5	0	5	0	0	0	34	0	34	0	0	0
6-14	17	1	13	0	3	0	170	4	130	0	36	0
15-20	170	0	162	2	6	0	1,687	0	1,614	17	56	0
21-44	16,864	0	16,648	208	7	1	178,359	0	177,522	781	44	12
45-64	25,256	12	25,164	77	0	3	274,703	140	274,188	348	0	27
65-74	35,664	18,904	16,745	11	0	4	379,594	192,397	187,116	60	0	21
75-84	35,345	28,630	6,713	2	0	0	378,418	302,605	75,798	15	0	0
85 and older	25,276	23,941	1,335	0	0	0	250,661	235,945	14,716	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	92,229	53,217	38,789	205	10	8	977,427	548,149	428,267	878	73	60
Male	46,368	18,271	27,996	95	6	0	486,199	182,942	302,851	343	63	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	71,309	38,485	32,683	132	5	4	744,162	383,518	360,097	472	41	34
African American	27,059	9,922	17,012	113	10	2	289,579	103,809	185,194	486	83	7
Other/unknown	40,229	23,081	17,090	55	1	2	429,885	243,764	185,827	263	12	19
Use of Nursing Facilities^c												
Entire year	21,943	17,375	4,568	0	0	0	224,462	173,370	51,092	0	0	0
Part year	10,993	8,637	2,356	0	0	0	106,154	81,697	24,457	0	0	0
None	105,661	45,476	59,861	300	16	8	1,133,010	476,024	655,569	1,221	136	60
Maintenance Assistance Status												
Cash	67,725	29,437	38,173	113	2	0	738,118	319,258	418,415	439	6	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	31,984	14,253	17,660	62	1	8	343,504	150,223	192,980	229	12	60
Other/unknown	38,888	27,798	10,952	125	13	0	382,004	261,610	119,723	553	118	0
Dual Medicare Status^d												
Full dual, all year	137,409	70,615	66,477	293	16	8	1,451,157	721,756	728,018	1,187	136	60
Full dual, part year	1,188	873	308	7	0	0	12,469	9,335	3,100	34	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	136,183	70,957	65,120	86	12	8	1,453,216	728,852	723,647	533	124	60
FFS part year, with Rx claims	2,061	467	1,452	140	2	0	9,236	2,019	6,726	485	6	0
FFS part year, no Rx claims	353	64	213	74	2	0	1,174	220	745	203	6	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

- 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 2004. 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 JERSEY, 2004

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	90.6 %	57.5	\$4,002	\$70	\$20,732	19.3 %	138,597
Age							
5 and younger	60.0	19.2	1,308	68	17,163	7.6	5
6-14	88.2	54.0	8,271	153	19,600	42.2	17
15-20	74.1	20.7	2,277	110	11,523	19.8	170
21-44	83.8	44.5	4,434	100	18,064	24.5	16,864
45-64	91.7	68.1	5,492	81	23,645	23.2	25,256
65-74	89.3	52.7	3,612	69	13,689	26.4	35,664
75-84	92.3	59.5	3,720	63	20,417	18.2	35,345
85 and older	93.4	59.7	3,179	53	30,040	10.6	25,276
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.7	53.8	3,229	60	20,793	15.5	71,488
Disabled	90.6	61.6	4,844	79	20,743	23.4	66,785
Adults	64.0	12.4	1,078	87	4,134	26.1	300
Children	62.5	15.6	2,105	135	8,668	24.3	16
Unknown	87.5	34.3	2,584	75	23,107	11.2	8
Gender							
Female	92.3	59.7	3,970	67	20,838	19.1	92,229
Male	87.2	53.2	4,066	77	20,520	19.8	46,368
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.4	64.2	4,181	65	26,714	15.7	71,309
African American	88.8	52.4	4,083	78	17,988	22.7	27,059
Other/unknown	90.3	49.1	3,630	74	11,973	30.3	40,229
Use of Nursing Facilities^f							
Entire year	98.0	87.7	4,524	52	50,219	9.0	21,943
Part year	96.2	68.1	4,031	59	33,255	12.1	10,993
None	88.4	50.1	3,891	78	13,305	29.2	105,661
Maintenance Assistance Status							
Cash	89.5	49.5	3,866	78	11,861	32.6	67,725
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	90.3	49.9	4,257	85	11,053	38.5	31,984
Other/unknown	92.7	77.7	4,029	52	44,142	9.1	38,888

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	5.4	\$379	19.3 %	9.4 %	13.1 %	9.9 %	28.9 %	26.9 %	11.8 %	\$1,963	138,597	1,463,626
Age												
5 and younger	2.8	192	7.6	40.0	0.0	20.0	40.0	0.0	0.0	2,524	5	34
6-14	5.4	827	42.2	11.8	11.8	5.9	17.6	35.3	17.6	1,960	17	170
15-20	2.1	230	19.8	25.9	32.9	13.5	15.3	9.4	2.9	1,161	170	1,687
21-44	4.2	419	24.5	16.2	22.3	11.3	25.0	16.3	8.8	1,708	16,864	178,359
45-64	6.3	505	23.2	8.3	11.9	8.9	27.4	27.8	15.7	2,174	25,256	274,703
65-74	4.9	339	26.4	10.7	14.1	11.0	29.8	24.9	9.4	1,286	35,664	379,594
75-84	5.6	347	18.2	7.7	11.3	9.6	30.1	29.3	12.0	1,907	35,345	378,418
85 and older	6.0	321	10.6	6.6	9.1	8.9	29.8	32.6	13.0	3,029	25,276	250,661
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	5.3	316	15.5	9.3	12.5	10.3	30.0	27.2	10.7	2,033	71,488	731,091
Disabled	5.6	442	23.4	9.4	13.7	9.5	27.7	26.7	13.0	1,895	66,785	731,118
Adults	3.0	265	26.1	36.0	19.3	10.7	16.0	10.0	8.0	1,016	300	1,221
Children	1.8	248	24.3	37.5	37.5	0.0	6.3	18.8	0.0	1,020	16	136
Unknown	4.6	345	11.2	12.5	25.0	37.5	12.5	0.0	12.5	3,081	8	60
Gender												
Female	5.6	375	19.1	7.7	11.8	9.8	29.9	28.5	12.2	1,966	92,229	977,427
Male	5.1	388	19.8	12.8	15.6	10.2	26.7	23.6	11.0	1,957	46,368	486,199
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	6.1	401	15.7	8.6	11.4	8.7	27.4	28.9	15.1	2,560	71,309	744,162
African American	4.9	382	22.7	11.2	14.5	10.4	29.0	25.5	9.4	1,681	27,059	289,579
Other/unknown	4.6	340	30.3	9.7	15.2	11.8	31.4	24.4	7.6	1,120	40,229	429,885
use of nursing Facilities^f												
Entire year	8.6	442	9.0	2.0	4.1	4.9	24.1	38.7	26.2	4,909	21,943	224,462
Part year	7.1	418	12.1	3.8	6.9	7.0	28.5	36.0	17.9	3,444	10,993	106,154
None	4.7	363	29.2	11.6	15.6	11.3	29.9	23.5	8.2	1,241	105,661	1,133,010
Maintenance Assistance Status												
Cash	4.5	355	32.6	10.5	15.8	11.3	30.2	24.5	7.8	1,088	67,725	738,118
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	4.6	396	38.5	9.7	15.1	11.5	31.4	24.7	7.5	1,029	31,984	343,504
Other/unknown	7.9	410	9.1	7.3	6.8	6.2	24.5	32.9	22.3	4,494	38,888	382,004

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

- 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 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 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 JERSEY, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
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	5.4	\$379	\$70	2.6	\$293	\$111	0.3	\$17	\$63	2.5	\$68	\$27
Age												
5 and younger	2.8	192	68	1.3	166	132	0.1	2	13	1.4	24	17
6-14	5.4	827	153	2.4	749	306	0.2	8	45	2.8	70	25
15-20	2.1	230	110	1.1	193	181	0.1	6	80	0.9	31	33
21-44	4.2	419	100	2.1	330	160	0.3	27	103	1.9	63	34
45-64	6.3	505	81	3.1	393	128	0.3	29	87	2.8	83	29
65-74	4.9	339	69	2.6	268	105	0.2	13	55	2.1	58	27
75-84	5.6	347	63	2.7	268	98	0.3	12	47	2.5	67	26
85 and older	6.0	321	53	2.6	236	90	0.3	10	38	3.1	74	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.3	316	60	2.5	242	96	0.2	11	44	2.5	63	25
Disabled	5.6	442	79	2.8	345	124	0.3	23	78	2.5	74	29
Adults	3.0	265	87	1.5	200	134	0.2	13	82	1.4	52	37
Children	1.8	248	135	1.1	227	211	0.1	1	15	0.7	20	28
Unknown	4.6	345	75	2.4	278	115	0.0	2	73	2.1	64	30
Gender												
Female	5.6	375	67	2.7	289	106	0.3	16	58	2.6	69	27
Male	5.1	388	77	2.5	302	121	0.3	19	74	2.3	66	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	6.1	401	65	2.9	303	106	0.3	20	63	2.9	78	27
African American	4.9	382	78	2.4	303	125	0.2	16	69	2.2	63	28
Other/unknown	4.6	340	74	2.4	272	111	0.2	13	59	1.9	55	29
Use of Nursing Facilities^e												
Entire year	8.6	442	52	3.6	319	89	0.4	16	40	4.6	107	23
Part year	7.1	418	59	3.0	310	102	0.3	15	46	3.7	93	25
None	4.7	363	78	2.4	287	118	0.2	17	73	2.0	58	29
Maintenance Assistance Status												
Cash	4.5	355	78	2.4	282	119	0.2	16	69	1.9	57	30
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	4.6	396	85	2.3	309	133	0.2	21	88	2.1	67	32
Other/unknown	7.9	410	52	3.5	302	87	0.4	16	43	4.0	91	23

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

- 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 other than the original patent holder. In New Jersey, 1.6 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.medispain.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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.1	\$48	\$40	\$2	\$6	\$131	\$193	\$138	\$40	309,132	\$40,634,586	76,603	55.3 %	851,698
Biologicals	0.1	0.0	0.0	0.1	28	2	1	25	264	44	349	412	3,590	947,822	3,031	2.2	33,736
Antineoplastic Agents	0.5	0.1	0.0	0.4	103	57	1	45	197	617	482	105	46,134	9,104,752	8,583	6.2	88,807
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.5	58	45	2	11	56	93	30	23	714,126	40,129,047	63,030	45.5	694,463
Cardiovascular Agents	1.9	0.9	0.0	1.0	88	64	2	22	46	73	40	23	1,972,274	91,668,931	95,660	69.0	1,043,819
Respiratory Agents	0.7	0.5	0.0	0.3	46	39	0	6	62	83	32	24	511,766	31,861,650	62,304	45.0	694,467
Gastrointestinal Agents	0.8	0.5	0.0	0.3	73	59	1	13	87	126	42	37	641,500	55,572,485	69,376	50.1	760,543
Genitourinary Agents	0.5	0.4	0.0	0.1	35	30	1	3	66	78	52	29	135,274	8,925,282	23,108	16.7	256,649
CNS Drugs	1.5	0.7	0.1	0.7	125	98	7	21	85	133	99	31	1,153,971	98,302,465	71,869	51.9	784,313
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	56	52	0	4	124	159	120	30	11,109	1,377,344	2,199	1.6	24,581
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.7	0.0	0.0	104	102	0	2	138	140	103	87	122,961	17,005,739	15,207	11.0	163,325
Analgesics and Anesthetics	0.8	0.4	0.0	0.4	62	50	2	10	82	126	229	29	616,014	50,420,783	73,600	53.1	811,504
Neuromuscular Agents	1.2	0.5	0.2	0.6	71	39	16	17	58	85	85	29	520,448	30,004,141	37,947	27.4	420,320
Nutritional Products	0.6	0.0	0.1	0.5	9	0	2	7	15	23	15	14	279,767	4,141,078	42,713	30.8	469,374
Hematological Agents	0.9	0.4	0.1	0.4	96	86	3	6	113	232	56	15	350,127	39,451,357	37,886	27.3	411,904
Topical Products	0.6	0.3	0.0	0.3	38	26	3	9	59	85	64	30	529,841	31,388,669	74,661	53.9	833,547
Miscellaneous Products	0.3	0.2	0.0	0.1	81	62	9	10	240	393	275	70	14,498	3,479,339	3,911	2.8	42,706
Unknown Therapeutic Category	0.9	0.0	0.0	0.0	6	0	0	0	7	0	0	0	35,174	248,380	3,575	2.6	40,224
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.	7,967,706	554,663,850	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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.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 Jersey, 1.6 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 2004.

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 JERSEY, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		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	\$59,957,042	38,003	27.4 %	420,824	0.9	\$154	\$142
ULCER DRUGS	45,729,055	70,106	50.6	776,496	0.6	100	59
ANTIHYPERTENSIVE	31,888,793	48,374	34.9	547,723	0.6	97	58
ANTIDEPRESSANTS	26,308,273	53,541	38.6	586,138	0.7	63	45
ANTIDIABETIC	25,891,752	53,293	38.5	595,563	0.7	66	43
ANALGESICS - ANTI-INFLAMMATORY	24,162,611	60,285	43.5	687,753	0.4	93	35
ANTIHYPERTENSIVE	23,329,513	73,035	52.7	814,771	0.6	46	29
ANTIVIRAL	23,280,598	8,978	6.5	100,764	0.5	478	231
ANTICONVULSANT	23,181,064	31,934	23.0	356,126	1.1	60	65
ANALGESICS - Narcotic	21,974,877	67,126	48.4	743,877	0.4	74	30
Total	305,703,578	504,675		5,630,035	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. 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; 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 JERSEY, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	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
All	3,486,676	\$305,703,578	38,003	27.4 %	420,824	0.9	\$143	70,106	50.6 %	776,496	0.6	\$59
Female	2,330,006	194,381,529	23,052	25.0	253,906	0.8	121	50,318	54.6	558,095	0.6	59
Disabled	1,182,823	110,964,775	12,890	33.2	147,319	0.9	146	22,268	57.4	255,215	0.6	59
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	49	1,584	0	0.0	0	0.0	0	1	33.3	8	0.3	6
15-20	581	73,588	8	11.6	87	0.4	64	21	30.4	226	0.3	26
21-44	186,604	21,088,983	3,784	53.2	43,113	0.9	155	2,609	36.6	29,656	0.5	53
45-64	487,086	47,536,109	5,462	39.3	62,389	1.0	160	8,055	58.0	91,954	0.6	60
65-74	336,084	28,555,139	2,193	19.3	25,294	0.8	121	7,467	65.7	86,197	0.5	59
75-84	145,283	11,671,060	1,141	22.0	13,094	0.8	114	3,367	65.0	38,809	0.6	60
85 and older	27,136	2,038,312	302	25.8	3,342	0.7	99	748	63.9	8,365	0.6	61
Other Eligibles	1,147,183	83,416,754	10,162	19.0	106,587	0.7	85	28,050	52.5	302,880	0.6	60
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	32	9,886	0	0.0	0	0.0	0	1	33.3	12	0.2	21
15-20	11	101	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	626	66,239	16	9.9	124	0.7	112	18	11.1	115	0.4	46
45-64	722	85,006	5	9.4	47	0.4	71	22	41.5	206	0.5	67
65-74	224,586	18,325,272	1,127	9.2	12,244	0.7	93	5,810	47.4	64,504	0.5	53
75-84	489,023	36,482,691	3,728	18.0	39,441	0.7	89	11,472	55.4	126,446	0.6	60
85 and older	432,183	28,447,559	5,286	26.1	54,731	0.7	81	10,727	53.0	111,597	0.7	63
Male	1,156,670	111,322,049	14,951	32.2	166,918	1.0	176	19,788	42.7	218,401	0.6	58
Disabled	817,241	86,223,725	12,113	43.3	138,280	1.1	193	11,291	40.3	127,816	0.7	59
5 and younger	3	49	1	25.0	12	0.1	1	1	25.0	10	0.1	3
6-14	131	7,491	0	0.0	0	0.0	0	3	30.0	29	0.4	33
15-20	660	87,222	24	25.8	265	0.6	147	16	17.2	177	0.4	19
21-44	230,154	29,037,631	5,194	54.5	59,038	1.0	198	2,515	26.4	28,356	0.6	55
45-64	395,325	41,923,658	5,441	48.2	62,287	1.2	202	4,888	43.3	55,045	0.7	60
65-74	146,206	11,806,788	1,070	19.9	12,325	1.0	145	2,853	53.0	32,626	0.6	58
75-84	41,229	3,103,013	346	22.6	3,930	1.0	128	910	59.5	10,390	0.6	61
85 and older	3,533	257,873	37	22.4	423	0.7	106	105	63.6	1,183	0.6	56
Other Eligibles	339,429	25,098,324	2,838	15.4	28,638	0.8	94	8,497	46.2	90,585	0.6	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	127	0	0.0	0	0.0	0	1	100.0	4	0.3	32
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	105	6,719	0	0.0	0	0.0	0	2	3.7	7	0.7	40
45-64	257	35,031	5	12.8	22	0.5	111	9	23.1	71	0.6	78
65-74	110,670	8,628,602	638	9.6	6,597	0.8	107	2,665	40.0	28,888	0.5	52
75-84	163,043	12,028,743	1,323	16.7	13,689	0.7	92	3,938	49.8	42,805	0.6	58
85 and older	65,353	4,399,102	872	23.6	8,330	0.7	85	1,882	50.9	18,810	0.6	60
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 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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 JERSEY, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					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	48,374	34.9 %	547,723	0.6	\$58	53,541	38.6 %	586,138	0.7	\$45	53,293	38.5 %	595,563	0.7	\$44
Female	33,469	36.3	379,725	0.6	58	38,030	41.2	416,212	0.7	45	36,754	39.9	412,099	0.7	43
Disabled	15,915	41.0	183,736	0.6	57	18,750	48.3	213,075	0.7	45	18,255	47.1	209,017	0.6	46
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	5.8	46	0.5	55	12	17.4	138	0.6	45	3	4.3	34	0.5	32
21-44	915	12.9	10,440	0.6	50	4,116	57.8	46,243	0.7	48	1,131	15.9	12,870	0.6	45
45-64	5,742	41.4	65,744	0.6	55	8,377	60.3	94,707	0.7	47	6,444	46.4	73,079	0.6	48
65-74	6,477	57.0	75,201	0.6	59	4,190	36.9	48,322	0.6	41	7,475	65.8	86,113	0.6	47
75-84	2,468	47.6	28,747	0.6	61	1,719	33.2	19,818	0.7	40	2,773	53.5	31,964	0.6	42
85 and older	309	26.4	3,558	0.6	57	336	28.7	3,847	0.7	41	429	36.7	4,957	0.7	37
Other Eligibles	17,554	32.8	195,989	0.6	59	19,280	36.1	203,137	0.7	45	18,499	34.6	203,082	0.7	40
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	1.0	72	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	20.0	12	0.2	2	1	20.0	12	0.3	3	1	20.0	12	0.3	3
21-44	6	3.7	30	1.0	96	40	24.7	257	0.5	43	10	6.2	81	0.5	34
45-64	15	28.3	157	0.5	52	20	37.7	165	0.5	32	16	30.2	134	0.7	50
65-74	5,708	46.6	63,612	0.5	55	2,952	24.1	32,375	0.6	39	5,318	43.4	58,040	0.6	43
75-84	8,411	40.6	95,190	0.6	61	7,406	35.7	79,375	0.7	44	8,607	41.5	96,189	0.7	41
85 and older	3,412	16.9	36,976	0.7	61	8,861	43.8	90,953	0.8	47	4,547	22.5	48,626	0.7	35
Male	14,905	32.1	167,998	0.6	59	15,511	33.5	169,926	0.7	45	16,539	35.7	183,464	0.7	44
Disabled	8,607	30.7	98,323	0.7	58	10,705	38.2	120,459	0.8	46	9,356	33.4	105,919	0.7	47
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	10.0	5	1.0	10	1	10.0	12	0.8	55	1	10.0	5	1.2	2
15-20	3	3.2	26	0.9	76	12	12.9	144	0.7	74	4	4.3	48	0.7	63
21-44	1,596	16.7	18,190	0.6	51	3,886	40.8	43,593	0.7	47	1,397	14.7	15,663	0.7	46
45-64	3,803	33.7	43,141	0.7	59	4,899	43.4	54,993	0.8	48	4,143	36.7	46,505	0.7	47
65-74	2,589	48.1	29,751	0.6	61	1,445	26.8	16,438	0.7	41	3,023	56.1	34,634	0.7	47
75-84	587	38.4	6,883	0.6	63	418	27.3	4,786	0.7	42	743	48.6	8,555	0.6	43
85 and older	28	17.0	327	0.8	67	44	26.7	493	0.6	44	45	27.3	509	0.8	45
Other Eligibles	6,298	34.3	69,675	0.6	59	4,806	26.2	49,467	0.7	41	7,183	39.1	77,545	0.6	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4	7.4	12	0.4	38	10	18.5	24	0.9	55	8	14.8	22	0.5	18
45-64	7	17.9	33	0.8	74	7	17.9	25	0.5	26	7	17.9	41	0.9	73
65-74	2,680	40.2	29,619	0.6	57	1,190	17.8	12,642	0.6	38	2,922	43.8	31,517	0.6	43
75-84	2,948	37.3	33,096	0.6	61	2,263	28.6	23,934	0.7	41	3,300	41.7	36,296	0.6	40
85 and older	659	17.8	6,915	0.6	59	1,336	36.1	12,842	0.8	44	946	25.6	9,669	0.7	38
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 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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 JERSEY, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					ANTIVIRAL				
	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	60,285	43.5 %	687,753	0.4	\$35	73,035	52.7 %	814,771	0.6	\$29	8,978	6.5 %	100,764	0.5	\$231
Female	43,566	47.2	497,626	0.4	38	50,716	55.0	566,946	0.6	29	4,473	4.8	50,913	0.4	170
Disabled	21,880	56.4	253,280	0.4	38	20,984	54.1	240,928	0.6	29	3,213	8.3	36,779	0.5	221
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	21	30.4	218	0.2	8	8	11.6	72	0.6	20	10	14.5	93	0.4	159
21-44	2,893	40.6	33,051	0.3	24	1,220	17.1	13,837	0.5	21	1,028	14.4	11,739	0.5	238
45-64	8,253	59.4	95,014	0.4	39	6,913	49.8	78,519	0.6	28	1,595	11.5	18,192	0.5	257
65-74	7,263	63.9	84,676	0.4	40	8,467	74.5	97,981	0.6	30	431	3.8	5,024	0.3	105
75-84	2,934	56.6	34,313	0.4	42	3,667	70.8	42,453	0.6	30	126	2.4	1,468	0.2	62
85 and older	516	44.1	6,008	0.5	40	709	60.6	8,066	0.7	29	23	2.0	263	0.2	20
Other Eligibles	21,686	40.6	244,346	0.4	38	29,732	55.6	326,018	0.6	30	1,260	2.4	14,134	0.2	37
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	0.3	5	2	66.7	24	0.5	362
15-20	0	0.0	0	0.0	0	1	20.0	12	0.1	0	0	0.0	0	0.0	0
21-44	19	11.7	135	0.4	29	16	9.9	100	0.4	17	9	5.6	56	0.3	116
45-64	21	39.6	194	0.4	33	23	43.4	224	0.5	26	5	9.4	40	0.3	177
65-74	6,201	50.6	70,220	0.3	34	7,390	60.3	81,734	0.6	30	308	2.5	3,443	0.2	88
75-84	9,455	45.6	108,153	0.4	38	13,063	63.0	146,332	0.6	30	498	2.4	5,712	0.1	25
85 and older	5,990	29.6	65,644	0.5	42	9,238	45.6	97,604	0.7	29	438	2.2	4,859	0.1	13
Male	16,719	36.1	190,127	0.3	28	22,319	48.1	247,825	0.6	27	4,505	9.7	49,851	0.6	294
Disabled	10,202	36.4	117,177	0.3	27	11,728	41.9	132,668	0.6	27	4,056	14.5	44,914	0.6	315
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	10.0	7	0.3	3	7	70.0	74	1.1	28	2	20.0	24	0.5	147
15-20	10	10.8	119	0.2	3	9	9.7	101	0.4	19	7	7.5	74	0.3	138
21-44	2,601	27.3	29,747	0.2	17	1,876	19.7	20,901	0.6	25	1,610	16.9	17,760	0.6	298
45-64	4,345	38.5	49,560	0.3	28	5,066	44.9	56,905	0.7	27	2,143	19.0	23,647	0.7	346
65-74	2,499	46.4	29,047	0.4	33	3,656	67.9	41,804	0.6	28	254	4.7	2,933	0.5	213
75-84	694	45.4	8,091	0.4	32	1,034	67.6	11,976	0.6	28	37	2.4	440	0.3	120
85 and older	52	31.5	606	0.4	45	80	48.5	907	0.7	30	3	1.8	36	0.1	7
Other Eligibles	6,517	35.5	72,950	0.4	30	10,591	57.6	115,157	0.6	28	449	2.4	4,937	0.3	98
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	9.3	16	0.4	24	9	16.7	29	0.4	13	0	0.0	0	0.0	0
45-64	9	23.1	60	0.3	37	14	35.9	62	0.5	22	2	5.1	24	0.8	440
65-74	2,538	38.1	28,250	0.3	27	3,924	58.8	42,574	0.6	28	172	2.6	1,907	0.4	169
75-84	2,998	37.9	34,137	0.4	32	5,000	63.2	55,416	0.6	28	204	2.6	2,263	0.2	62
85 and older	967	26.2	10,487	0.4	35	1,644	44.5	17,076	0.7	26	71	1.9	743	0.1	13
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 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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 JERSEY, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	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	31,934	23.0 %	356,126	1.1	\$65	67,126	48.4 %	743,877	0.4	\$30	138,597	1,463,626
Female	20,219	21.9	225,367	1.0	60	47,976	52.0	532,263	0.4	27	92,229	977,427
Disabled	12,427	32.0	142,177	1.1	73	25,508	65.8	292,502	0.4	33	38,789	428,267
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
5 and younger	1	33.3	12	0.9	110	1	33.3	12	3.0	18	3	32
6-14	18	26.1	206	1.0	160	22	31.9	245	0.2	6	69	686
15-20	3,241	45.5	36,995	1.2	95	4,363	61.3	49,511	0.4	43	7,119	76,219
21-44	5,413	39.0	61,862	1.2	78	10,566	76.1	120,649	0.4	41	13,885	152,179
45-64	2,537	22.3	29,259	0.8	48	7,005	61.7	81,393	0.3	22	11,359	127,568
65-74	1,047	20.2	11,977	0.9	44	3,007	58.0	34,665	0.4	18	5,183	58,637
75-84	170	14.5	1,866	0.7	32	544	46.5	6,027	0.4	20	1,170	12,945
85 and older	7,792	14.6	83,190	0.8	38	22,468	42.0	239,761	0.4	21	53,440	549,160
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.3	2	3	36
6-14	1	20.0	12	0.1	1	1	20.0	12	0.1	0	5	37
15-20	29	17.9	171	0.4	52	36	22.2	201	0.5	47	162	657
21-44	9	17.0	89	0.6	126	24	45.3	223	0.5	78	53	334
45-64	1,526	12.5	16,811	0.7	38	4,778	39.0	53,135	0.3	16	12,250	126,490
65-74	3,353	16.2	36,441	0.8	39	9,233	44.6	101,241	0.4	20	20,723	220,323
75-84	2,874	14.2	29,666	0.9	36	8,395	41.5	84,937	0.5	24	20,244	201,283
85 and older												
Male	11,715	25.3	130,759	1.3	74	19,150	41.3	211,614	0.4	35	46,368	486,199
Disabled	9,280	33.1	105,171	1.4	82	13,003	46.4	146,660	0.4	43	27,996	302,851
	0	0.0	0	0.0	0	1	25.0	12	0.1	1	4	33
5 and younger	1	10.0	12	0.1	14	0	0.0	0	0.0	0	10	98
6-14	20	21.5	228	0.7	66	17	18.3	189	0.2	9	93	928
15-20	3,370	35.4	38,125	1.3	94	3,916	41.1	44,087	0.4	49	9,529	101,303
21-44	4,262	37.8	48,360	1.5	85	5,947	52.7	66,642	0.5	52	11,279	122,009
45-64	1,224	22.7	13,865	1.0	50	2,415	44.8	27,688	0.3	21	5,386	59,548
65-74	366	23.9	4,149	1.0	48	644	42.1	7,353	0.4	16	1,530	17,161
75-84	37	22.4	432	0.9	41	63	38.2	689	0.4	11	165	1,771
85 and older	2,435	13.3	25,588	0.8	40	6,147	33.5	64,954	0.4	17	18,372	183,348
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	4	7.4	10	0.5	25	10	18.5	29	0.8	72	54	180
21-44	6	15.4	30	1.0	57	11	28.2	80	0.4	65	39	181
45-64	751	11.3	7,951	0.8	41	2,046	30.7	22,056	0.3	16	6,669	65,988
65-74	1,154	14.6	12,517	0.8	40	2,883	36.5	31,301	0.3	17	7,909	82,297
75-84	520	14.1	5,080	0.9	38	1,197	32.4	11,488	0.4	18	3,697	34,662
85 and older												
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 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2004

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	\$442	8.6	21,943	224,462
Age				
0-64	667	11.2	1,815	20,178
65-74	552	10.1	2,510	27,080
75-84	461	8.8	6,768	69,400
85 and older	360	7.6	10,850	107,804
Unknown	0	0.0	0	0
Gender				
Female	423	8.4	16,769	171,997
Male	505	9.1	5,174	52,465
Unknown	0	0.0	0	0
Race				
White	435	8.7	17,110	173,397
African American	462	8	2,966	31,514
Other/unknown	474	8.5	1,867	19,551
Basis of Eligibility^c				
Aged	404	8.1	17,375	173,370
Disabled	573	10.0	4,568	51,092
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 10,993 beneficiaries who were in nursing facilities for part of their enrollment and their 106,154 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 JERSEY, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.1	\$25	\$19	\$2	\$5	\$75	\$111	\$87	\$33	49,781	\$3,745,981	13,965	63.6 %	149,370
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	23	17	90	25	1,208	28,093	1,112	5.1	12,075
Antineoplastic Agents	0.7	0.1	0.0	0.6	81	22	0	59	123	345	22	99	16,657	2,042,278	2,562	11.7	25,217
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.7	49	37	2	10	35	68	13	14	151,103	5,250,883	10,270	46.8	107,880
Cardiovascular Agents	2.6	0.8	0.1	1.7	74	39	2	33	29	51	21	19	434,721	12,515,876	16,448	75.0	169,977
Respiratory Agents	0.9	0.5	0.0	0.4	45	32	0	13	49	68	28	29	86,695	4,260,789	8,973	40.9	95,294
Gastrointestinal Agents	1.3	0.6	0.0	0.7	83	59	1	23	63	97	29	34	179,990	11,327,236	13,034	59.4	136,129
Genitourinary Agents	0.7	0.5	0.0	0.2	37	30	1	6	54	65	52	30	41,600	2,248,760	5,647	25.7	60,793
CNS Drugs	2.0	1.1	0.1	0.9	139	107	5	27	70	102	59	31	314,604	21,918,879	14,990	68.3	157,465
Stimulants/Anti-obesity/Anorexia	0.9	0.4	0.0	0.4	60	56	0	4	69	126	35	10	2,313	160,001	251	1.1	2,678
Miscellaneous Psychological/																	
Neurological Agents	1.1	1.1	0.0	0.0	125	124	0	0	116	117	0	51	59,708	6,949,201	5,373	24.5	55,730
Analgesics and Anesthetics	1.2	0.7	0.0	0.5	68	60	1	7	55	87	57	13	123,509	6,790,946	9,673	44.1	100,309
Neuromuscular Agents	1.8	0.4	0.2	1.1	88	35	17	36	49	81	68	33	135,270	6,675,759	7,101	32.4	76,079
Nutritional Products	0.9	0.0	0.1	0.8	10	1	1	9	11	25	9	11	74,500	852,468	7,923	36.1	82,003
Hematological Agents	1.4	0.5	0.0	0.8	108	99	2	7	78	181	40	9	120,861	9,459,669	8,430	38.4	87,366
Topical Products	0.8	0.3	0.0	0.4	31	22	2	8	41	63	47	21	119,883	4,877,905	14,565	66.4	156,609
Miscellaneous Products	0.2	0.0	0.0	0.2	9	3	1	5	37	71	321	25	2,922	108,913	1,108	5.0	11,747
Unknown Therapeutic Category	1.4	0.0	0.0	0.0	7	0	0	0	5	0	0	0	9,447	45,276	608	2.8	6,590
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.	1,924,772	99,258,913	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. A total of 10,993 beneficiaries who were in nursing facilities for part of their enrollment and their 106,154 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 2004. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In New Jersey, 1.6 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 JERSEY, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$12,888,560	9,615	43.8 %	103,952	1.0	\$123	\$124
ULCER DRUGS	9,684,742	12,395	56.5	130,218	0.9	80	74
ANTIDEPRESSANTS	7,629,345	12,741	58.1	134,283	1.0	55	57
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,949,079	6,268	28.6	65,185	0.9	116	107
ANTICONVULSANT	4,633,302	6,867	31.3	74,464	1.3	47	62
HEMATOPOIETIC AGENTS	4,633,942	4,538	20.7	47,305	0.9	112	98
ANALGESICS - Narcotic	3,598,253	8,670	39.5	88,479	0.8	49	41
ANTIASTHMATIC	3,262,030	9,473	43.2	98,842	0.6	53	33
MISC. HEMATOLOGICAL	3,165,041	3,487	15.9	36,720	1.0	90	86
DERMATOLOGICAL	3,062,373	21,224	96.7	232,916	0.3	43	13
Total	59,506,667	95,278		1,012,364	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. A total of 10,993 beneficiaries who were in nursing facilities for part of their enrollment and their 106,154 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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 JERSEY, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	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	806,688	\$59,506,667	9,615	43.8 %	103,952	1.0	\$124	12,395	56.5 %	130,218	0.9	\$74
Female	595,576	43,787,224	7,039	42.0	76,140	1.0	116	9,338	55.7	98,339	0.9	74
Disabled	136,821	10,933,870	1,671	62.1	19,291	1.2	162	1,610	59.8	18,087	1.0	79
64 or younge ^r	48,765	3,962,003	473	57.8	5,447	1.3	179	460	56.2	5,221	1.0	82
65-74	43,432	3,380,380	544	70.3	6,371	1.3	166	461	59.6	5,283	1.0	80
75-84	34,266	2,730,728	505	65.8	5,824	1.1	148	481	62.7	5,324	0.9	78
85 and older	10,358	860,759	149	44.9	1,649	1.0	136	208	62.7	2,259	0.9	70
Other Eligibles	458,755	32,853,354	5,368	38.1	56,849	0.9	101	7,728	54.9	80,252	0.9	73
64 or younge ^r	6	919	1	100.0	8	0.8	115	0	0.0	0	0.0	0
65-74	34,576	2,542,126	383	56.0	4,113	1.0	127	440	64.3	4,703	0.9	76
75-84	158,616	11,438,971	1,918	45.0	20,381	0.9	108	2,452	57.5	25,508	0.9	74
85 and older	265,557	18,871,338	3,066	33.6	32,347	0.8	93	4,836	53.0	50,041	0.9	73
Male	211,112	15,719,443	2,576	49.8	27,812	1.1	146	3,057	59.1	31,879	0.9	75
Disabled	100,056	7,432,235	1,166	62.2	13,343	1.4	180	1,159	61.8	12,914	1.0	78
64 or younge ^r	59,129	4,324,741	642	64.5	7,251	1.4	187	616	61.9	6,803	1.1	81
65-74	27,088	2,034,433	352	62.6	4,109	1.3	176	342	60.9	3,862	0.9	75
75-84	11,969	925,338	147	55.9	1,690	1.4	176	161	61.2	1,799	1.0	77
85 and older	1,870	147,723	25	44.6	293	0.8	118	40	71.4	450	0.7	66
Other Eligibles	111,056	8,287,208	1,410	42.8	14,469	0.9	113	1,898	57.6	18,965	0.9	73
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	18,891	1,392,363	246	50.2	2,620	1.1	138	285	58.2	2,992	0.9	73
75-84	53,985	4,090,339	682	46.2	7,202	0.9	113	873	59.1	8,960	0.9	75
85 and older	38,180	2,804,506	482	36.2	4,647	0.9	100	740	55.6	7,013	0.9	70
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 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. A total of 10,993 beneficiaries who were in nursing facilities for part of their enrollment and their 106,154 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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 JERSEY, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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	12,741	58.1 %	134,283	1.0	\$57	6,268	28.6 %	65,185	0.9	\$107	6,867	31.3 %	74,464	1.3	\$62
Female	9,856	58.8	104,094	1.0	57	4,939	29.5	51,469	0.9	106	4,666	27.8	50,426	1.3	58
Disabled	1,580	58.7	18,162	1.1	62	457	17.0	5,158	0.9	172	1,557	57.8	17,828	1.5	77
64 or younger	573	70.0	6,586	1.1	65	115	14.0	1,290	1.0	358	655	80.0	7,544	1.6	92
65-74	490	63.3	5,679	1.2	64	118	15.2	1,325	1.0	136	490	63.3	5,661	1.5	73
75-84	397	51.8	4,545	1.0	57	151	19.7	1,724	0.8	100	340	44.3	3,869	1.4	61
85 and older	120	36.1	1,352	1.0	57	73	22.0	819	0.8	87	72	21.7	754	1.1	43
Other Eligibles	8,276	58.8	85,932	1.0	55	4,482	31.8	46,311	0.9	99	3,109	22.1	32,598	1.1	47
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	490	71.6	5,212	1.0	59	210	30.7	2,135	0.9	109	334	48.8	3,645	1.3	60
75-84	2,783	65.3	28,893	1.0	57	1,546	36.3	15,906	0.9	100	1,236	29.0	13,087	1.2	52
85 and older	5,003	54.8	51,827	1.0	54	2,726	29.9	28,270	0.9	98	1,539	16.9	15,866	1.1	41
Male	2,885	55.8	30,189	1.1	58	1,329	25.7	13,716	0.9	108	2,201	42.5	24,038	1.5	71
Disabled	1,040	55.4	11,698	1.2	63	245	13.1	2,828	0.9	138	1,312	69.9	14,888	1.6	83
64 or younger	585	58.8	6,539	1.3	65	99	9.9	1,129	0.9	203	796	80.0	9,004	1.7	95
65-74	306	54.4	3,449	1.1	60	82	14.6	944	0.9	92	350	62.3	4,040	1.5	67
75-84	132	50.2	1,514	1.1	61	54	20.5	635	0.9	96	153	58.2	1,700	1.4	62
85 and older	17	30.4	196	0.7	55	10	17.9	120	1.2	100	13	23.2	144	1.5	73
Other Eligibles	1,845	55.9	18,491	1.0	55	1,084	32.9	10,888	0.9	100	889	27.0	9,150	1.2	52
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	287	58.6	2,948	1.1	58	114	23.3	1,234	1.0	111	199	40.6	1,987	1.4	62
75-84	887	60.1	9,217	1.0	54	511	34.6	5,248	0.9	98	423	28.6	4,527	1.2	52
85 and older	671	50.4	6,326	1.0	53	459	34.5	4,406	1.0	99	267	20.1	2,636	1.1	43
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 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. A total of 10,993 beneficiaries who were in nursing facilities for part of their enrollment and their 106,154 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 JERSEY, 2004

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					ANTIASTHMATIC				
	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	4,538	20.7 %	47,305	0.9	\$98	8,670	39.5 %	88,479	0.8	\$41	9,473	43.2 %	98,842	0.6	\$33
Female	3,328	19.8	34,985	0.9	97	6,790	40.5	69,596	0.8	42	7,130	42.5	74,779	0.6	33
Disabled	552	20.5	6,181	0.9	129	1,211	45.0	13,380	1.0	62	1,241	46.1	13,896	0.7	36
64 or younger	144	17.6	1,640	1.0	111	425	51.9	4,743	1.2	77	367	44.8	4,138	0.8	38
65-74	166	21.4	1,874	0.9	132	343	44.3	3,921	1.0	63	380	49.1	4,247	0.7	39
75-84	80	24.1	882	0.9	144	121	36.4	1,243	0.6	27	148	44.6	1,611	0.5	25
85 and older	2,776	19.7	28,804	0.9	90	5,579	39.6	56,216	0.8	37	5,889	41.8	60,883	0.6	32
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	153	22.4	1,657	1.0	141	372	54.4	3,871	1.1	61	388	56.7	4,102	0.9	47
65-74	849	19.9	8,787	0.8	90	1,825	42.8	18,587	0.9	39	1,922	45.1	20,047	0.7	37
75-84	1,774	19.4	18,360	0.8	86	3,382	37.0	33,758	0.8	34	3,579	39.2	36,734	0.5	27
85 and older															
Male	1,210	23.4	12,320	0.9	100	1,880	36.3	18,883	0.8	36	2,343	45.3	24,063	0.7	35
Disabled	382	20.4	4,083	0.9	95	727	38.8	7,858	0.8	42	782	41.7	8,623	0.7	34
64 or younger	222	22.3	2,318	0.9	83	428	43.0	4,547	0.9	48	411	41.3	4,441	0.8	35
65-74	98	17.4	1,052	1.0	77	193	34.3	2,139	0.7	34	245	43.6	2,792	0.7	36
75-84	45	17.1	522	1.0	191	84	31.9	933	1.0	38	95	36.1	1,026	0.4	25
85 and older	17	30.4	191	0.7	83	22	39.3	239	0.5	15	31	55.4	364	0.6	32
Other Eligibles	828	25.1	8,237	0.9	102	1,153	35.0	11,025	0.7	31	1,561	47.3	15,440	0.7	35
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	120	24.5	1,258	0.9	85	177	36.1	1,696	0.7	37	192	39.2	1,966	0.6	33
75-84	380	25.7	3,901	1.0	109	565	38.3	5,652	0.7	34	681	46.1	7,095	0.7	36
85 and older	328	24.6	3,078	0.8	101	411	30.9	3,677	0.6	24	688	51.7	6,379	0.6	35
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 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. A total of 10,993 beneficiaries who were in nursing facilities for part of their enrollment and their 106,154 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 JERSEY, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					DERMATOLOGICAL					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	3,487	15.9 %	36,720	1.0	\$86	21,224	96.7 %	232,916	0.3	\$13	21,943	224,462
Female	2,573	15.3	27,323	1.0	86	15,764	94.0	173,435	0.3	13	16,769	171,997
Disabled	369	13.7	4,192	1.0	85	3,094	114.9	35,737	0.3	15	2,692	30,246
64 or younger	81	9.9	901	1.1	81	1,066	130.2	12,356	0.3	15	819	9,165
65-74	116	15.0	1,363	1.0	93	922	119.1	10,756	0.3	14	774	8,889
75-84	116	15.1	1,334	0.9	82	812	105.9	9,308	0.3	13	767	8,589
85 and older	56	16.9	594	0.9	78	294	88.6	3,317	0.3	16	332	3,603
Other Eligibles	2,204	15.7	23,131	1.0	86	12,670	90.0	137,698	0.3	13	14,077	141,751
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8
65-74	129	18.9	1,425	1.0	88	744	108.8	8,292	0.3	15	684	7,029
75-84	693	16.3	7,266	1.0	88	4,087	95.9	44,583	0.3	13	4,261	43,183
85 and older	1,382	15.1	14,440	0.9	85	7,839	85.9	84,823	0.3	13	9,131	91,531
Male	914	17.7	9,397	1.0	87	5,460	105.5	59,481	0.3	13	5,174	52,465
Disabled	272	14.5	2,986	1.0	88	2,360	125.8	27,003	0.3	14	1,876	20,846
64 or younger	124	12.5	1,339	1.1	88	1,423	143.0	16,290	0.3	14	995	11,005
65-74	102	18.1	1,137	1.0	91	611	108.7	7,050	0.3	14	562	6,305
75-84	39	14.8	437	0.9	82	259	98.5	2,917	0.3	12	263	2,912
85 and older	7	12.5	73	1.1	104	67	119.6	746	0.4	16	56	624
Other Eligibles	642	19.5	6,411	1.0	86	3,100	94.0	32,478	0.3	13	3,298	31,619
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	95	19.4	1,001	0.9	84	481	98.2	5,168	0.3	13	490	4,857
75-84	312	21.1	3,201	1.0	87	1,503	101.8	15,905	0.3	13	1,477	14,716
85 and older	235	17.7	2,209	0.9	87	1,116	83.8	11,405	0.3	13	1,331	12,046
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 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. A total of 10,993 beneficiaries who were in nursing facilities for part of their enrollment and their 106,154 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 JERSEY, 2004

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	77,155	55.7 %	4.8	670,906	\$111	\$15,400,182	\$23	2.8 %	138,597
Age									
5 and younger	3	60.0	4.4	22	203	1,015	46	15.5	5
6-14	11	64.7	8.6	146	270	4,584	31	3.3	17
15-20	61	35.9	2.2	381	54	9,212	24	2.4	170
21-44	7,941	47.1	4.1	69,502	124	2,094,469	30	2.8	16,864
45-64	15,305	60.6	6.3	159,416	166	4,190,670	26	3.0	25,256
65-74	19,456	54.6	4.3	153,505	93	3,306,284	22	2.6	35,664
75-84	20,327	57.5	4.8	168,610	98	3,454,971	20	2.6	35,345
85 and older	14,051	55.6	4.7	119,324	93	2,338,977	20	2.9	25,276
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	37,997	53.2	4.1	294,646	81	5,815,999	20	2.5	71,488
Disabled	39,070	58.5	5.6	375,839	143	9,572,375	25	3.0	66,785
Adults	81	27.0	1.2	345	32	9,500	28	2.9	300
Children	5	31.3	2.8	45	101	1,614	36	4.8	16
Unknown	2	25.0	3.9	31	87	694	22	3.4	8
Gender									
Female	53,848	58.4	5.1	466,985	114	10,533,005	23	2.9	92,229
Male	23,307	50.3	4.4	203,921	105	4,867,177	24	2.6	46,368
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	38,943	54.6	5.2	370,196	109	7,755,457	21	2.6	71,309
African American	14,658	54.2	4.4	118,803	116	3,135,535	26	2.8	27,059
Other/unknown	23,554	58.5	4.5	181,907	112	4,509,190	25	3.1	40,229
Use of Nursing Facilities^d									
Entire year	12,280	56.0	6.5	142,607	79	1,724,678	12	1.7	21,943
Part year	7,245	65.9	5.3	57,971	85	932,363	16	2.1	10,993
None	57,630	54.5	4.5	470,328	121	12,743,141	27	3.1	105,661
Maintenance Assistance Status									
Cash	38,378	56.7	4.6	311,408	121	8,175,270	26	3.1	67,725
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	17,436	54.5	4.3	137,881	128	4,096,168	30	3.0	31,984
Other/unknown	21,341	54.9	5.7	221,617	80	3,128,744	14	2.0	38,888

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 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 2006 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 JERSEY, 2004

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	\$11	\$23	\$0	\$3	1,463,626
Age						
5 and younger	0.6	30	46	0	0	34
6-14	0.9	27	31	5	0	170
15-20	0.2	5	24	0	1	1,687
21-44	0.4	12	30	0	4	178,359
45-64	0.6	15	26	0	5	274,703
65-74	0.4	9	22	0	2	379,594
75-84	0.4	9	20	0	2	378,418
85 and older	0.5	9	20	0	2	250,661
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	8	20	0	2	731,091
Disabled	0.5	13	25	0	4	731,118
Adults	0.3	8	28	0	1	1,221
Children	0.3	12	36	0	0	136
Unknown	0.5	12	22	0	2	60
Gender						
Female	0.5	11	23	0	3	977,427
Male	0.4	10	24	0	3	486,199
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	10	21	0	4	744,162
African American	0.4	11	26	0	2	289,579
Other/unknown	0.4	10	25	0	2	429,885
Use of Nursing Facilities^d						
Entire year	0.6	8	12	0	3	224,462
Part year	0.5	9	16	0	3	106,154
None	0.4	11	27	0	3	1,133,010
Maintenance Assistance Status						
Cash	0.4	11	26	0	3	738,118
Medically needy	0.0	0	0	0	0	0
Poverty related	0.4	12	30	0	3	343,504
Other/unknown	0.6	8	14	0	3	382,004

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 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 2006 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 JERSEY, 2004

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	119,191	\$129	\$15,400,182	100.0 %	670,906	\$23	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	46	19	893	0.0	82	11	0.0
Cough and cold medications	31,865	87	2,780,167	18.1	89,316	31	13.3
Vitamins and minerals	42,443	97	4,114,784	26.7	278,180	15	41.5
Non-prescription drugs	7,173	370	2,655,930	17.2	26,686	100	4.0
Barbiturates	1,544	52	80,423	0.5	21,388	4	3.2
Benzodiazepines	31,750	135	4,282,522	27.8	239,344	18	35.7
Other Part D Excl Rx Drugs	4,370	340	1,485,463	9.6	15,910	93	2.4

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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 2006 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 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEW JERSEY, 2004

Total Number of Dual Eligible Beneficiaries	138,597
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$554,663,850
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$4,002

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,080	9.4 %	\$0	0.0 %
1-500	14,622	10.6	3,278,914	0.6
501-1,000	10,845	7.8	8,103,572	1.5
1,001-1,500	9,754	7.0	12,163,270	2.2
1,501-2,000	9,077	6.5	15,841,240	2.9
2,001-2,500	8,529	6.2	19,158,577	3.5
2,501-3,000	7,828	5.6	21,512,915	3.9
3,001-3,500	7,533	5.4	24,475,127	4.4
3,501-4,000	6,605	4.8	24,722,172	4.5
4,001-4,500	6,009	4.3	25,520,370	4.6
4,501-5,000	5,325	3.8	25,273,595	4.6
5,001-5,500	4,842	3.5	25,401,122	4.6
5,501-6,000	4,282	3.1	24,585,743	4.4
6,001-6,500	3,711	2.7	23,186,063	4.2
6,501-7,000	3,258	2.4	21,982,286	4.0
7,001-7,500	2,811	2.0	20,364,674	3.7
7,501-8,000	2,388	1.7	18,496,827	3.3
8,001-8,500	2,209	1.6	18,206,128	3.3
8,501-9,000	1,836	1.3	16,052,814	2.9
9,001-9,500	1,603	1.2	14,816,338	2.7
9,501-10,000	1,346	1.0	13,121,658	2.4
10,001+	11,104	8.0	178,400,445	32.2

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEW JERSEY, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	41,992
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$213,608,045
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$5,087

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,773	11.4 %	0	0.0 %
1-500	5,055	12.0	1,052,883	0.5
501-1,000	2,940	7.0	2,175,627	1.0
1,001-1,500	2,472	5.9	3,074,455	1.4
1,501-2,000	2,164	5.2	3,762,787	1.8
2,001-2,500	1,931	4.6	4,330,342	2.0
2,501-3,000	1,804	4.3	4,961,387	2.3
3,001-3,500	1,751	4.2	5,690,073	2.7
3,501-4,000	1,523	3.6	5,704,394	2.7
4,001-4,500	1,375	3.3	5,843,538	2.7
4,501-5,000	1,325	3.2	6,287,083	2.9
5,001-5,500	1,238	2.9	6,497,491	3.0
5,501-6,000	1,151	2.7	6,612,486	3.1
6,001-6,500	1,080	2.6	6,747,803	3.2
6,501-7,000	1,000	2.4	6,746,609	3.2
7,001-7,500	843	2.0	6,104,665	2.9
7,501-8,000	794	1.9	6,151,552	2.9
8,001-8,500	741	1.8	6,105,353	2.9
8,501-9,000	701	1.7	6,129,195	2.9
9,001-9,500	583	1.4	5,390,711	2.5
9,501-10,000	521	1.2	5,082,518	2.4
10,001+	6,227	14.8	109,157,093	51.1

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEW JERSEY, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	96,285
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$340,650,044
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$3,538

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,196	8.5 %	0	0.0 %
1-500	9,463	9.8	2,207,413	0.6
501-1,000	7,883	8.2	5,912,275	1.7
1,001-1,500	7,268	7.5	9,071,684	2.7
1,501-2,000	6,897	7.2	12,050,264	3.5
2,001-2,500	6,591	6.8	14,812,261	4.3
2,501-3,000	6,015	6.2	16,526,265	4.9
3,001-3,500	5,779	6.0	18,775,258	5.5
3,501-4,000	5,075	5.3	18,991,837	5.6
4,001-4,500	4,632	4.8	19,668,325	5.8
4,501-5,000	3,999	4.2	18,981,917	5.6
5,001-5,500	3,604	3.7	18,903,631	5.5
5,501-6,000	3,130	3.3	17,967,692	5.3
6,001-6,500	2,627	2.7	16,413,491	4.8
6,501-7,000	2,256	2.3	15,222,107	4.5
7,001-7,500	1,967	2.0	14,252,524	4.2
7,501-8,000	1,589	1.7	12,306,905	3.6
8,001-8,500	1,468	1.5	12,100,775	3.6
8,501-9,000	1,134	1.2	9,914,782	2.9
9,001-9,500	1,019	1.1	9,416,302	2.8
9,501-10,000	823	0.9	8,019,664	2.4
10,001+	4,870	5.1	69,134,672	20.3

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 NEW JERSEY, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	35,664
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$128,825,455
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,612

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,823	10.7 %	0	0.0 %
1-500	3,642	10.2	837,464	0.7
501-1,000	2,766	7.8	2,086,786	1.6
1,001-1,500	2,574	7.2	3,211,319	2.5
1,501-2,000	2,505	7.0	4,374,437	3.4
2,001-2,500	2,320	6.5	5,210,898	4.0
2,501-3,000	2,060	5.8	5,673,664	4.4
3,001-3,500	2,046	5.7	6,649,341	5.2
3,501-4,000	1,785	5.0	6,689,570	5.2
4,001-4,500	1,502	4.2	6,376,499	4.9
4,501-5,000	1,349	3.8	6,406,742	5.0
5,001-5,500	1,271	3.6	6,669,171	5.2
5,501-6,000	1,117	3.1	6,406,295	5.0
6,001-6,500	932	2.6	5,823,706	4.5
6,501-7,000	814	2.3	5,491,311	4.3
7,001-7,500	703	2.0	5,090,335	4.0
7,501-8,000	567	1.6	4,392,893	3.4
8,001-8,500	544	1.5	4,486,435	3.5
8,501-9,000	420	1.2	3,674,566	2.9
9,001-9,500	401	1.1	3,707,971	2.9
9,501-10,000	333	0.9	3,247,979	2.5
10,001+	2,190	6.1	32,318,073	25.1

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

- 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 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEW JERSEY, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	35,345
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$131,477,115
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,720

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,705	7.7 %	0	0.0 %
1-500	2,992	8.5	706,109	0.5
501-1,000	2,720	7.7	2,038,797	1.6
1,001-1,500	2,586	7.3	3,236,383	2.5
1,501-2,000	2,408	6.8	4,213,659	3.2
2,001-2,500	2,441	6.9	5,491,248	4.2
2,501-3,000	2,252	6.4	6,176,501	4.7
3,001-3,500	2,123	6.0	6,894,870	5.2
3,501-4,000	1,915	5.4	7,159,466	5.4
4,001-4,500	1,840	5.2	7,819,099	5.9
4,501-5,000	1,587	4.5	7,528,888	5.7
5,001-5,500	1,420	4.0	7,442,322	5.7
5,501-6,000	1,262	3.6	7,243,973	5.5
6,001-6,500	1,050	3.0	6,559,689	5.0
6,501-7,000	884	2.5	5,967,400	4.5
7,001-7,500	824	2.3	5,976,835	4.5
7,501-8,000	646	1.8	5,000,482	3.8
8,001-8,500	594	1.7	4,899,658	3.7
8,501-9,000	482	1.4	4,210,184	3.2
9,001-9,500	406	1.1	3,753,373	2.9
9,501-10,000	338	1.0	3,289,894	2.5
10,001+	1,870	5.3	25,868,285	19.7

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEW JERSEY, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	25,276
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$80,347,474
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$3,179

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,668	6.6 %	0	0.0 %
1-500	2,829	11.2	663,840	0.8
501-1,000	2,397	9.5	1,786,692	2.2
1,001-1,500	2,108	8.3	2,623,982	3.3
1,501-2,000	1,984	7.8	3,462,168	4.3
2,001-2,500	1,830	7.2	4,110,115	5.1
2,501-3,000	1,703	6.7	4,676,100	5.8
3,001-3,500	1,610	6.4	5,231,047	6.5
3,501-4,000	1,375	5.4	5,142,801	6.4
4,001-4,500	1,290	5.1	5,472,727	6.8
4,501-5,000	1,063	4.2	5,046,287	6.3
5,001-5,500	913	3.6	4,792,138	6.0
5,501-6,000	751	3.0	4,317,424	5.4
6,001-6,500	645	2.6	4,030,096	5.0
6,501-7,000	558	2.2	3,763,396	4.7
7,001-7,500	440	1.7	3,185,354	4.0
7,501-8,000	376	1.5	2,913,530	3.6
8,001-8,500	330	1.3	2,714,682	3.4
8,501-9,000	232	0.9	2,030,032	2.5
9,001-9,500	212	0.8	1,954,958	2.4
9,501-10,000	152	0.6	1,481,791	1.8
10,001+	810	3.2	10,948,314	13.6

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	149,450	73,955	74,374	1,088	25	8	1,601,453	762,309	828,845	9,991	248	60
Age												
5 and younger	7	0	7	0	0	0	69	0	69	0	0	0
6-14	21	1	14	0	6	0	228	4	152	0	72	0
15-20	224	0	207	6	11	0	2,442	0	2,260	61	121	0
21-44	20,046	0	19,426	611	8	1	219,582	0	214,029	5,486	55	12
45-64	27,873	15	27,480	375	0	3	307,786	173	304,118	3,468	0	27
65-74	39,131	20,019	19,020	88	0	4	423,009	206,574	215,525	889	0	21
75-84	36,573	29,700	6,865	8	0	0	393,977	316,166	77,724	87	0	0
85 and older	25,575	24,220	1,355	0	0	0	254,360	239,392	14,968	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	99,264	54,918	43,696	630	12	8	1,066,794	569,642	491,311	5,681	100	60
Male	50,186	19,037	30,678	458	13	0	534,659	192,667	337,534	4,310	148	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	75,326	39,001	35,810	500	11	4	795,085	390,200	400,269	4,473	109	34
African American	29,822	10,248	19,222	339	11	2	324,871	107,918	213,724	3,117	105	7
Other/unknown	44,302	24,706	19,342	249	3	2	481,497	264,191	214,852	2,401	34	19
Use of Nursing Facilities^c												
Entire year	21,943	17,375	4,568	0	0	0	224,469	173,370	51,099	0	0	0
Part year	11,005	8,639	2,366	0	0	0	106,926	81,884	25,042	0	0	0
None	116,502	47,941	67,440	1,088	25	8	1,270,058	507,055	752,704	9,991	248	60
Maintenance Assistance Status												
Cash	75,827	31,517	43,986	320	4	0	839,885	345,349	491,808	2,699	29	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	33,829	14,565	19,169	79	8	8	368,320	154,303	213,428	435	94	60
Other/unknown	39,794	27,873	11,219	689	13	0	393,248	262,657	123,609	6,857	125	0
Dual Status^d												
Full dual, all year	148,262	73,082	74,066	1,081	25	8	1,588,781	752,941	825,624	9,908	248	60
Full dual, part year	1,188	873	308	7	0	0	12,672	9,368	3,221	83	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	136,183	70,957	65,120	86	12	8	1,453,216	728,852	723,647	533	124	60
FFS part year, with Rx claims	2,061	467	1,452	140	2	0	22,555	4,959	16,234	1,349	13	0
FFS part year, no Rx claims	353	64	213	74	2	0	3,443	624	2,161	645	13	0
MC all year, with Rx claims	5,836	1,319	4,382	133	2	0	67,695	15,259	50,994	1,418	24	0
MC all year, no Rx claims	5,017	1,148	3,207	655	7	0	54,544	12,615	35,809	6,046	74	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

- 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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2004

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	149,450	1,601,453	138,597	1,463,626	0	137,827
Fee-for-service (FFS) all year	136,183	1,453,216	136,183	1,453,216	0	0
FFS part year, with Rx claims	2,061	22,555	2,061	9,236	0	13,319
FFS part year, with no Rx claims	353	3,443	353	1,174	0	2,269
Managed care (MC) all year, with Rx claims	5,836	67,695	0	0	0	67,695
MC all year, with no Rx claims	5,017	54,544	0	0	0	54,544

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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.