

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

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

APPENDIX TABLES

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

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	156,695	84,694	71,179	758	32	32	1,688,768	887,121	795,525	5,548	247	327
Age												
5 and younger	7	0	7	0	0	0	75	0	75	0	0	0
6-14	13	0	8	0	5	0	150	0	90	0	60	0
15-20	236	0	217	4	15	0	2,539	0	2,377	29	133	0
21-44	19,332	1	18,817	501	11	2	211,271	12	207,526	3,656	53	24
45-64	31,849	23	31,577	226	1	22	352,285	222	350,146	1,672	1	244
65-74	41,863	27,916	13,912	27	0	8	455,994	296,041	159,703	191	0	59
75-84	37,203	31,540	5,663	0	0	0	404,992	340,133	64,859	0	0	0
85 and older	26,192	25,214	978	0	0	0	261,462	250,713	10,749	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	102,745	60,789	41,392	521	11	32	1,109,237	638,777	466,216	3,829	88	327
Male	53,950	23,905	29,787	237	21	0	579,531	248,344	329,309	1,719	159	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	75,648	41,542	33,659	416	11	20	800,780	421,851	375,649	3,014	66	200
African American	31,176	12,612	18,267	271	17	9	340,119	134,160	203,710	2,020	134	95
Other/unknown	49,871	30,540	19,253	71	4	3	547,869	331,110	216,166	514	47	32
Use of Nursing Facilities^c												
Entire year	20,093	17,566	2,527	0	0	0	206,731	178,767	27,964	0	0	0
Part year	11,923	10,236	1,686	1	0	0	115,592	97,856	17,731	5	0	0
None	124,679	56,892	66,966	757	32	32	1,366,445	610,498	749,830	5,543	247	327
Maintenance Assistance Status												
Cash	78,690	32,489	45,723	473	5	0	878,030	359,181	515,302	3,527	20	0
Medically needy	3	1	2	0	0	0	32	12	20	0	0	0
Poverty-related	38,309	20,916	17,267	90	4	32	417,849	226,703	190,297	489	33	327
Other/unknown	39,693	31,288	8,187	195	23	0	392,857	301,225	89,906	1,532	194	0
Dual Medicare Status^d												
Full dual, all year	155,677	83,931	70,926	756	32	32	1,678,033	879,064	792,870	5,525	247	327
Full dual, part year	1,018	763	253	2	0	0	10,735	8,057	2,655	23	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	156,419	84,682	71,134	543	28	32	1,687,049	887,025	795,209	4,262	226	327
FFS part year, with Rx claims	122	6	32	83	1	0	841	51	241	544	5	0
FFS part year, no Rx claims	154	6	13	132	3	0	878	45	75	742	16	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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

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

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

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

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	54.3	5.8	\$256	\$44	\$17,298	1.5	156,695
Age							
5 and younger	28.6	0.6	71	124	13,540	0.5	7
6-14	46.2	7.2	1,706	236	12,725	13.4	13
15-20	58.1	9.7	1,427	148	10,617	13.4	236
21-44	49.2	6.1	457	75	11,696	3.9	19,332
45-64	60.7	8.4	441	53	19,792	2.2	31,849
65-74	54.3	5.8	241	42	10,321	2.3	41,863
75-84	54.1	4.6	118	26	17,151	0.7	37,203
85 and older	50.7	4.0	89	22	29,824	0.3	26,192
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	50.8	4.3	123	28	19,393	0.6	84,694
Disabled	58.7	7.5	406	54	14,944	2.7	71,179
Adults	33.9	2.8	779	278	4,368	17.8	758
Children	28.1	4.0	533	134	12,672	4.2	32
Unknown	81.3	21.9	2,860	131	20,389	14.0	32
Gender							
Female	56.2	5.9	239	41	17,225	1.4	102,745
Male	50.7	5.6	287	51	17,436	1.6	53,950
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	53.4	6.0	255	43	24,374	1.0	75,648
African American	51.8	5.4	289	53	14,139	2.0	31,176
Other/unknown	57.3	5.7	235	42	8,539	2.8	49,871
Use of Nursing Facilities^f							
Entire year	53.4	6.3	159	25	54,761	0.3	20,093
Part year	61.9	5.9	191	33	34,692	0.6	11,923
None	53.8	5.7	277	49	9,597	2.9	124,679
Maintenance Assistance Status							
Cash	56.6	6.2	318	51	8,002	4.0	78,690
Medically needy	33.3	3.3	61	18	22,220	0.3	3
Poverty related	51.5	4.9	217	44	6,300	3.5	38,309
Other/unknown	52.6	5.7	170	30	46,342	0.4	39,693

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

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

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			None	None								
All	0.5	\$24	1.5	45.7	44.9	5.5	2.9	0.8	0.2	\$1,605	156,695	1,688,768
Age												
5 and younger	0.1	7	0.5	71.4	28.6	0.0	0.0	0.0	0.0	1,264	7	75
6-14	0.6	148	13.4	53.8	23.1	15.4	7.7	0.0	0.0	1,103	13	150
15-20	0.9	133	13.4	41.9	39.4	6.8	10.2	1.7	0.0	987	236	2,539
21-44	0.6	42	3.9	50.8	38.9	5.2	3.7	1.1	0.3	1,070	19,332	211,271
45-64	0.8	40	2.2	39.3	46.3	7.2	5.1	1.6	0.4	1,789	31,849	352,285
65-74	0.5	22	2.3	45.7	45.3	5.2	2.8	0.9	0.2	948	41,863	455,994
75-84	0.4	11	0.7	45.9	47.1	5.0	1.7	0.3	0.1	1,576	37,203	404,992
85 and older	0.4	9	0.3	49.3	43.8	4.7	1.8	0.4	0.1	2,988	26,192	261,462
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.4	12	0.6	49.2	43.9	4.5	1.9	0.4	0.1	1,851	84,694	887,121
Disabled	0.7	36	2.7	41.3	46.3	6.6	4.2	1.3	0.3	1,337	71,179	795,525
Adults	0.4	107	17.8	66.1	25.5	3.7	2.9	1.3	0.5	597	758	5,548
Children	0.5	69	4.2	71.9	12.5	6.3	9.4	0.0	0.0	1,642	32	247
Unknown	2.1	280	14.0	18.8	34.4	12.5	12.5	21.9	0.0	1,995	32	327
Gender												
Female	0.5	22	1.4	43.8	46.7	5.7	2.9	0.8	0.2	1,596	102,745	1,109,237
Male	0.5	27	1.6	49.3	41.5	5.1	3.0	0.9	0.2	1,623	53,950	579,531
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.6	24	1.0	46.6	42.9	6.0	3.4	0.9	0.2	2,303	75,648	800,780
African American	0.5	27	2.0	48.2	43.3	4.4	2.9	0.9	0.2	1,296	31,176	340,119
Other/unknown	0.5	21	2.8	42.7	48.9	5.3	2.3	0.7	0.2	777	49,871	547,869
Use of Nursing Facilities^f												
Entire year	0.6	15	0.3	46.6	40.8	7.1	4.1	1.0	0.4	5,322	20,093	206,731
Part year	0.6	20	0.6	38.1	51.6	5.9	3.1	1.0	0.3	3,578	11,923	115,592
None	0.5	25	2.9	46.2	44.9	5.2	2.7	0.8	0.2	876	124,679	1,366,445
Maintenance Assistance Status												
Cash	0.6	29	4.0	43.4	47.1	5.5	2.8	1.0	0.2	717	78,690	878,030
Medically needy	0.3	6	0.3	66.7	33.3	0.0	0.0	0.0	0.0	2,083	3	32
Poverty related	0.4	20	3.5	48.5	44.1	4.6	2.2	0.5	0.1	578	38,309	417,849
Other/unknown	0.6	17	0.4	47.4	41.2	6.2	4.0	0.9	0.3	4,682	39,693	392,857

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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

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

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

d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-

for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

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, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.5	\$24	\$44	0.1	\$14	\$135	0.1	\$2	\$40	0.4	\$8	\$21
Age												
5 and younger	0.1	7	124	0.0	6	230	0.0	0	0	0.0	1	17
6-14	0.6	148	236	0.1	139	1,160	0.0	2	67	0.5	6	14
15-20	0.9	133	148	0.4	106	272	0.0	7	140	0.5	20	44
21-44	0.6	42	75	0.1	28	222	0.0	2	76	0.4	11	28
45-64	0.8	40	53	0.1	24	163	0.1	3	54	0.6	13	24
65-74	0.5	22	42	0.1	12	109	0.1	2	37	0.4	8	21
75-84	0.4	11	26	0.1	4	69	0.1	1	26	0.3	5	17
85 and older	0.4	9	22	0.1	4	68	0.0	1	25	0.3	4	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	12	28	0.1	6	82	0.0	1	29	0.3	5	17
Disabled	0.7	36	54	0.1	22	160	0.1	3	50	0.5	12	24
Adults	0.4	107	278	0.2	99	539	0.0	1	78	0.2	6	35
Children	0.5	69	134	0.2	55	321	0.1	8	117	0.3	7	25
Unknown	2.1	280	131	0.9	213	234	0.1	19	158	1.1	48	43
Gender												
Female	0.5	22	41	0.1	12	119	0.0	2	40	0.4	8	20
Male	0.5	27	51	0.1	16	165	0.1	2	41	0.4	9	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.6	24	43	0.1	13	144	0.0	2	49	0.4	9	21
African American	0.5	27	53	0.1	17	158	0.1	2	39	0.3	8	23
Other/unknown	0.5	21	42	0.1	12	109	0.1	2	34	0.3	7	22
Use of Nursing Facilities^e												
Entire year	0.6	15	25	0.1	8	98	0.0	1	31	0.5	7	14
Part year	0.6	20	33	0.1	11	116	0.0	1	31	0.5	8	16
None	0.5	25	49	0.1	15	140	0.1	2	42	0.4	8	23
Maintenance Assistance Status												
Cash	0.6	29	51	0.1	17	141	0.1	3	40	0.4	9	24
Medically needy	0.3	6	18	0.3	5	19	0.0	0	0	0.0	0	12
Poverty related	0.4	20	44	0.1	10	134	0.0	2	44	0.3	8	23
Other/unknown	0.6	17	30	0.1	9	115	0.0	1	35	0.5	7	15

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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

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

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

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

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

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

TABLE D.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								\$ per Rx				Users ^e	
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$2	\$42	\$1	\$8	\$181	\$426	\$217	\$47	13,668	\$2,479,592	4,372	2.8	47,788	
Biologicals	0.1	0.1	0.0	0.0	7	7	0	0	71	71	0	0	1,654	116,612	1,553	1.0	17,591	
Antineoplastic Agents	0.3	0.1	0.0	0.2	94	66	0	28	340	1,135	203	128	2,190	743,943	777	0.5	7,908	
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	47	39	1	7	81	143	111	24	26,843	2,176,433	4,338	2.8	46,053	
Cardiovascular Agents	0.9	0.3	0.1	0.5	54	29	9	17	58	100	73	33	63,166	3,677,878	6,494	4.1	67,720	
Respiratory Agents	0.2	0.1	0.0	0.2	10	5	1	4	42	88	67	24	86,380	3,635,857	30,051	19.2	346,617	
Gastrointestinal Agents	0.4	0.2	0.0	0.2	45	33	5	7	118	184	126	43	17,606	2,080,419	4,384	2.8	46,651	
Genitourinary Agents	0.3	0.2	0.0	0.1	22	15	1	7	74	91	105	52	4,262	316,326	1,351	0.9	14,539	
CNS Drugs	0.7	0.1	0.0	0.6	23	12	1	10	35	183	135	17	264,092	9,245,113	36,108	23.0	400,098	
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.0	53	51	0	1	192	208	45	47	1,904	365,509	602	0.4	6,924	
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.0	69	67	0	2	195	205	111	72	3,489	679,322	971	0.6	9,808	
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	31	12	2	18	74	333	265	46	35,878	2,649,919	7,625	4.9	84,713	
Neuromuscular Agents	0.7	0.1	0.0	0.6	29	14	2	13	43	181	126	23	76,395	3,257,877	9,946	6.3	111,057	
Nutritional Products	0.5	0.1	0.2	0.3	9	2	3	3	17	30	19	13	185,637	3,197,215	32,628	20.8	369,652	
Hematological Agents	0.5	0.1	0.0	0.4	17	13	0	4	33	111	25	10	92,441	3,056,955	16,103	10.3	178,551	
Topical Products	0.3	0.1	0.0	0.2	20	11	2	7	71	129	98	41	26,929	1,924,298	8,564	5.5	96,835	
Miscellaneous Products	0.2	0.1	0.0	0.0	55	50	1	4	296	359	247	100	1,401	414,501	677	0.4	7,477	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	42	0	0	0	691	28,887	356	0.2	4,094	
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.	904,626	40,046,656	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Jersey, 1.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

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	Rx \$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$3,577,666	2,796	1.8	30,105	0.5	\$260	\$119	
ANTI-ANXIETY AGENTS	3,277,774	29,794	19.0	331,857	0.6	18	10	
ANTICONVULSANT	2,967,014	9,609	6.1	107,598	0.7	42	28	
DIETARY PRODUCTS	2,815,580	4,575	2.9	51,589	0.3	156	55	
MULTIVITAMINS	2,512,993	31,513	20.1	360,963	0.4	16	7	
HEMATOPOIETIC AGENTS	1,998,904	17,881	11.4	200,417	0.4	22	10	
COUGH/COLD/ALLERGY	1,950,564	36,005	23.0	419,386	0.2	29	5	
ANTIVIRAL	1,745,649	666	0.4	7,292	0.4	624	239	
DERMATOLOGICAL	1,548,346	9,718	6.2	110,402	0.2	73	14	
ANALGESICS - Narcotic	1,480,581	4,809	3.1	52,154	0.3	94	28	
Total	23,875,071	147,366	n.a.	1,671,763	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTI-ANXIETY AGENTS			
	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	643,858	\$23,875,071	2,796	1.8	30,105	0.5	\$119	29,794	19.0	331,857	0.6	\$10
Female												
All Females	430,270	14,317,777	1,510	1.5	16,293	0.4	107	21,396	20.8	238,482	0.5	10
Female, Disabled												
All Ages	220,337	9,202,920	1,196	2.9	13,476	0.4	114	10,282	24.8	118,255	0.6	12
5 and younger	39	7,253	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	2,084	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	432	65,477	20	22.0	240	0.4	111	12	13.2	144	0.3	9
21-44	39,417	2,404,425	548	6.3	6,192	0.4	115	1,905	21.8	21,672	0.6	12
45-64	101,251	4,269,768	467	2.7	5,199	0.4	111	4,962	28.6	56,870	0.6	13
65-74	52,295	1,696,199	156	1.6	1,796	0.5	117	2,254	22.8	26,301	0.5	10
75-84	22,283	576,828	4	0.1	37	0.3	77	950	21.3	11,051	0.5	9
85 and older	4,613	180,886	1	0.1	12	1.7	223	199	22.9	2,217	0.5	11
Female, Other Eligibles												
All Ages	209,933	5,114,857	314	0.5	2,817	0.4	72	11,114	18.1	120,227	0.5	7
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	24	180	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	83	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	601	75,931	49	12.6	447	0.5	124	34	8.8	312	0.3	6
45-64	424	47,565	17	10.6	164	0.5	173	24	15.0	222	0.5	7
65-74	57,559	1,428,204	81	0.5	819	0.4	60	2,803	15.7	31,340	0.5	9
75-84	80,315	1,906,444	83	0.4	685	0.4	57	4,087	18.6	45,231	0.5	7
85 and older	71,008	1,656,450	84	0.4	702	0.4	42	4,166	19.9	43,122	0.5	7
Male												
All Males	213,588	9,557,294	1,286	2.4	13,812	0.5	133	8,398	15.6	93,375	0.6	11
Male, Disabled												
All Ages	136,823	7,473,391	1,126	3.8	12,382	0.5	139	5,313	17.8	60,532	0.6	13
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	85	3,606	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	642	176,953	38	30.2	456	0.4	182	5	4.0	60	0.9	20
21-44	37,852	3,023,948	661	6.6	7,335	0.5	142	1,547	15.3	17,669	0.6	13
45-64	72,236	3,270,526	356	2.5	3,740	0.5	138	2,932	20.6	33,197	0.7	13
65-74	19,524	804,525	70	1.7	839	0.4	103	591	14.6	6,853	0.6	11
75-84	5,845	153,261	1	0.1	12	0.3	71	212	17.5	2,451	0.6	8
85 and older	639	40,572	0	0.0	0	0.0	0	26	23.6	302	0.5	10
Male, Other Eligibles												
All Ages	76,765	2,083,903	160	0.7	1,430	0.5	81	3,085	12.8	32,843	0.5	8
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	28	4,891	3	23.1	26	1.0	145	2	15.4	24	0.1	3
21-44	199	35,785	9	7.1	61	0.8	327	10	7.9	86	0.3	3
45-64	150	17,726	7	6.3	61	0.9	249	4	3.6	34	0.4	5
65-74	30,193	812,404	69	0.7	699	0.5	79	1,195	11.8	13,138	0.5	8
75-84	32,078	818,428	50	0.5	411	0.4	39	1,197	12.5	12,811	0.5	7
85 and older	14,117	394,669	22	0.5	172	0.3	35	677	15.9	6,750	0.5	6
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTICONVULSANT					DIETARY PRODUCTS					MULTIVITAMINS				
	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	9,609	6.1	107,598	0.7	\$28	4,575	2.9	51,589	0.3	\$55	31,513	20.1	360,963	0.4	\$7
Female															
All Females	6,042	5.9	67,635	0.6	24	2,944	2.9	33,436	0.4	52	20,994	20.4	241,123	0.4	7
Female, Disabled															
All Ages	4,229	10.2	48,125	0.6	29	1,148	2.8	13,171	0.3	49	9,536	23.0	111,198	0.4	7
5 and younger	0	0.0	0	0.0	0	1	20.0	12	2.2	581	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	13	14.3	143	0.7	215	2	2.2	24	0.3	52	16	17.6	183	0.2	3
21-44	1,301	14.9	14,663	0.6	36	135	1.5	1,508	0.3	59	1,097	12.6	12,662	0.3	6
45-64	2,157	12.4	24,549	0.7	27	356	2.0	4,082	0.3	49	3,415	19.7	39,641	0.4	7
65-74	586	5.9	6,791	0.6	22	284	2.9	3,315	0.2	32	3,169	32.1	37,292	0.4	7
75-84	150	3.4	1,740	0.5	11	242	5.4	2,788	0.3	51	1,557	35.0	18,233	0.4	7
85 and older	22	2.5	239	0.7	15	128	14.7	1,442	0.5	69	282	32.5	3,187	0.5	7
Female, Other Eligibles															
All Ages	1,813	3.0	19,510	0.6	13	1,796	2.9	20,265	0.4	55	11,458	18.7	129,925	0.4	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	1.0	10
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	24	6.2	229	0.3	19	1	0.3	7	0.1	27	20	5.2	183	0.3	6
45-64	12	7.5	97	0.4	46	1	0.6	10	0.1	8	15	9.4	140	0.3	6
65-74	628	3.5	7,016	0.6	15	269	1.5	3,049	0.2	31	3,510	19.7	40,148	0.4	7
75-84	682	3.1	7,474	0.6	13	646	2.9	7,390	0.4	52	4,724	21.5	54,571	0.4	7
85 and older	467	2.2	4,694	0.7	10	879	4.2	9,809	0.5	65	3,188	15.2	34,871	0.5	7
Male															
All Males	3,567	6.6	39,963	0.7	33	1,631	3.0	18,153	0.3	59	10,519	19.5	119,840	0.5	7
Male, Disabled															
All Ages	2,898	9.7	32,876	0.7	37	893	3.0	10,060	0.3	61	5,607	18.8	64,561	0.5	7
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	2	40.0	24	1.6	31	1	20.0	12	0.3	35	1	20.0	12	0.8	6
15-20	27	21.4	324	0.5	101	2	1.6	24	0.1	13	10	7.9	116	0.4	4
21-44	1,173	11.6	13,340	0.7	46	174	1.7	1,989	0.3	65	1,114	11.0	12,759	0.4	6
45-64	1,473	10.4	16,564	0.8	29	469	3.3	5,223	0.3	61	2,866	20.2	32,769	0.5	7
65-74	186	4.6	2,203	0.5	27	165	4.1	1,895	0.3	49	1,183	29.2	13,882	0.5	7
75-84	34	2.8	385	0.7	16	66	5.4	747	0.4	55	394	32.5	4,563	0.5	7
85 and older	3	2.7	36	0.4	5	16	14.5	170	0.6	175	39	35.5	460	0.5	7
Male, Other Eligibles															
All Ages	669	2.8	7,087	0.6	16	738	3.1	8,093	0.4	56	4,912	20.3	55,279	0.5	7
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	12	9.4	73	0.6	94	0	0.0	0	0.0	0	6	4.7	57	0.2	5
45-64	4	3.6	23	0.7	24	0	0.0	0	0.0	0	10	8.9	109	0.3	6
65-74	310	3.1	3,394	0.7	18	189	1.9	2,091	0.3	52	1,871	18.5	21,033	0.4	7
75-84	247	2.6	2,678	0.5	12	325	3.4	3,591	0.4	50	2,198	23.0	25,122	0.5	7
85 and older	96	2.3	919	0.7	13	224	5.3	2,411	0.5	66	827	19.4	8,958	0.5	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					COUGH/COLD/ALLERGY					ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	17,881	11.4	200,417	0.4	\$10	36,005	23.0	419,386	0.2	\$5	666	0.4	7,292	0.4	\$239
Female															
All Females	12,633	12.3	142,063	0.4	10	25,312	24.6	295,525	0.2	5	342	0.3	3,793	0.3	194
Female, Disabled															
All Ages	4,795	11.6	55,743	0.4	12	14,177	34.3	166,407	0.2	5	306	0.7	3,455	0.3	209
5 and younger	1	20.0	12	1.1	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	66.7	18	0.2	1	1	33.3	12	0.2	5	1	33.3	12	0.2	168
15-20	10	11.0	118	0.3	7	11	12.1	127	0.2	6	0	0.0	0	0.0	0
21-44	796	9.1	9,230	0.3	9	2,235	25.6	26,170	0.1	4	105	1.2	1,144	0.3	202
45-64	1,853	10.7	21,415	0.4	14	6,062	34.9	70,892	0.2	5	172	1.0	1,971	0.4	229
65-74	1,317	13.3	15,512	0.4	12	4,029	40.8	47,609	0.2	5	28	0.3	328	0.3	119
75-84	692	15.6	8,050	0.4	8	1,603	36.0	18,861	0.2	5	0	0.0	0	0.0	0
85 and older	124	14.3	1,388	0.5	9	236	27.2	2,736	0.2	5	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	7,838	12.8	86,320	0.5	9	11,135	18.1	129,118	0.2	4	36	0.1	338	0.1	39
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	1.0	5	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	14	3.6	126	0.2	3	25	6.4	262	0.2	6	2	0.5	19	0.3	283
45-64	8	5.0	83	0.5	35	20	12.5	226	0.1	4	4	2.5	40	0.1	33
65-74	1,831	10.3	20,762	0.4	11	4,269	23.9	49,501	0.1	4	20	0.1	180	0.2	33
75-84	2,913	13.2	32,730	0.5	9	4,429	20.1	51,755	0.2	4	3	0.0	36	0.1	4
85 and older	3,071	14.7	32,607	0.5	6	2,392	11.4	27,374	0.2	4	7	0.0	63	0.1	9
Male															
All Males	5,248	9.7	58,354	0.5	10	10,693	19.8	123,861	0.2	5	324	0.6	3,499	0.4	289
Male, Disabled															
All Ages	2,266	7.6	25,746	0.4	12	6,076	20.4	70,794	0.2	5	302	1.0	3,262	0.5	300
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	4	80.0	48	0.7	49	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	2.4	32	0.2	4	20	15.9	240	0.1	2	8	6.3	96	0.4	198
21-44	402	4.0	4,593	0.4	13	1,536	15.2	17,765	0.1	5	123	1.2	1,299	0.4	247
45-64	1,139	8.0	12,730	0.5	12	2,808	19.8	32,647	0.2	6	151	1.1	1,627	0.5	334
65-74	529	13.1	6,115	0.4	13	1,303	32.2	15,358	0.2	5	20	0.5	240	0.6	401
75-84	173	14.3	2,036	0.5	11	386	31.8	4,508	0.2	5	0	0.0	0	0.0	0
85 and older	16	14.5	192	0.4	14	23	20.9	276	0.2	5	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	2,982	12.3	32,608	0.5	9	4,617	19.1	53,067	0.2	5	22	0.1	237	0.3	130
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	1	7.7	5	0.2	211
21-44	3	2.4	36	0.2	2	5	3.9	34	0.2	5	0	0.0	0	0.0	0
45-64	2	1.8	19	0.7	7	5	4.5	35	0.2	4	0	0.0	0	0.0	0
65-74	1,048	10.4	11,574	0.5	10	1,939	19.2	22,158	0.2	5	15	0.1	167	0.3	105
75-84	1,291	13.5	14,276	0.5	8	2,039	21.4	23,665	0.2	5	5	0.1	60	0.3	201
85 and older	638	15.0	6,703	0.5	8	629	14.8	7,175	0.2	4	1	0.0	5	0.2	41
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	DERMATOLOGICAL					ANALGESICS - Narcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	9,718	6.2	110,402	0.2	\$14	4,809	3.1	52,154	0.3	\$28	156,695	1,688,768
Female												
All Females	6,278	6.1	71,457	0.2	14	3,071	3.0	33,705	0.3	24	102,745	1,109,237
Female, Disabled												
All Ages	3,551	8.6	41,365	0.2	15	2,370	5.7	26,911	0.3	28	41,392	466,216
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	51
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30
15-20	24	26.4	285	0.2	9	11	12.1	132	0.3	7	91	974
21-44	706	8.1	8,146	0.2	15	709	8.1	8,034	0.3	24	8,731	96,875
45-64	1,468	8.4	16,928	0.2	16	1,261	7.3	14,234	0.3	33	17,377	194,260
65-74	1,090	11.0	12,904	0.2	15	385	3.9	4,471	0.3	16	9,867	113,445
75-84	236	5.3	2,794	0.2	9	4	0.1	40	0.2	13	4,450	51,054
85 and older	27	3.1	308	0.2	10	0	0.0	0	0.0	0	868	9,527
Female, Other Eligibles												
All Ages	2,727	4.4	30,092	0.2	12	701	1.1	6,794	0.3	12	61,353	643,021
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	2	33.3	24	0.1	4	0	0.0	0	0.0	0	6	53
21-44	10	2.6	103	0.2	13	38	9.8	343	0.2	12	388	2,838
45-64	7	4.4	70	0.2	12	26	16.3	270	0.2	23	160	1,324
65-74	1,010	5.7	11,293	0.2	15	321	1.8	3,361	0.2	10	17,851	191,136
75-84	994	4.5	11,345	0.2	11	173	0.8	1,643	0.3	14	21,995	238,539
85 and older	704	3.4	7,257	0.2	10	143	0.7	1,177	0.3	11	20,950	209,095
Male												
All Males	3,440	6.4	38,945	0.2	15	1,738	3.2	18,449	0.3	36	53,950	579,531
Male, Disabled												
All Ages	2,152	7.2	24,703	0.2	17	1,475	5.0	15,958	0.3	40	29,787	329,309
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
15-20	31	24.6	370	0.2	15	16	12.7	192	0.2	177	126	1,403
21-44	612	6.1	7,012	0.2	17	551	5.5	5,949	0.3	57	10,086	110,651
45-64	1,015	7.1	11,441	0.2	16	733	5.2	7,739	0.4	28	14,200	155,886
65-74	417	10.3	4,965	0.2	17	174	4.3	2,066	0.3	22	4,045	46,258
75-84	74	6.1	879	0.2	9	1	0.1	12	0.1	1	1,213	13,805
85 and older	3	2.7	36	0.1	7	0	0.0	0	0.0	0	110	1,222
Male, Other Eligibles												
All Ages	1,288	5.3	14,242	0.2	11	263	1.1	2,491	0.3	11	24,163	250,222
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	109
21-44	7	5.5	54	0.2	10	19	15.0	139	0.3	55	127	907
45-64	2	1.8	10	0.4	78	6	5.4	27	0.3	5	112	815
65-74	551	5.5	6,194	0.2	12	131	1.3	1,316	0.3	11	10,100	105,155
75-84	510	5.3	5,725	0.2	12	74	0.8	723	0.2	5	9,545	101,594
85 and older	218	5.1	2,259	0.2	10	33	0.8	286	0.3	9	4,264	41,618
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$15	0.6	20,093	206,731
Age				
0-64	44	1.3	1,872	20,760
65-74	29	0.9	2,547	27,391
75-84	11	0.5	5,754	59,651
85 and older	8	0.4	9,920	98,929
Unknown	0	0.0	0	0
Gender				
Female	13	0.6	15,096	155,287
Male	23	0.8	4,997	51,444
Unknown	0	0.0	0	0
Race				
White	14	0.6	15,277	155,435
African American	20	0.6	2,852	30,378
Other/unknown	24	0.7	1,964	20,918
Basis of Eligibility^c				
Aged	11	0.5	17,566	178,767
Disabled	41	1.2	2,527	27,964
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

- a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 11,923 beneficiaries who were in nursing facilities for part of their enrollment and their 115,592 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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$27	\$21	\$0	\$5	\$90	\$217	\$144	\$27	865	\$77,963	308	1.5	2,862
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	32	32	0	0	386	12,527	366	1.8	3,932
Antineoplastic Agents	0.3	0.0	0.0	0.3	39	8	0	31	132	304	0	115	448	58,927	161	0.8	1,513
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	37	29	2	6	53	105	84	15	2,251	120,129	351	1.7	3,288
Cardiovascular Agents	1.1	0.2	0.1	0.8	43	14	7	22	40	74	63	28	5,806	231,942	597	3.0	5,395
Respiratory Agents	0.3	0.1	0.0	0.2	9	4	1	4	35	84	53	20	3,852	133,934	1,360	6.8	14,914
Gastrointestinal Agents	0.6	0.2	0.1	0.3	61	42	7	13	102	181	97	43	3,106	316,885	541	2.7	5,162
Genitourinary Agents	0.3	0.2	0.0	0.2	20	10	0	9	60	66	169	53	693	41,304	215	1.1	2,066
CNS Drugs	0.9	0.1	0.0	0.8	17	7	0	10	20	103	67	12	47,817	934,511	5,309	26.4	55,741
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	90	87	0	2	139	207	0	10	58	8,069	9	0.0	90
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	62	62	0	0	117	117	0	31	1,034	121,258	224	1.1	1,955
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	22	3	3	16	32	79	292	25	2,230	71,340	325	1.6	3,283
Neuromuscular Agents	1.1	0.1	0.0	1.0	30	10	1	19	27	146	81	18	13,337	361,039	1,112	5.5	11,946
Nutritional Products	0.5	0.1	0.1	0.3	6	2	2	3	12	29	12	9	17,289	205,068	3,082	15.3	32,072
Hematological Agents	0.8	0.1	0.0	0.7	11	7	0	4	14	96	22	6	24,584	350,307	2,990	14.9	31,507
Topical Products	0.3	0.1	0.0	0.2	14	8	1	5	49	89	72	27	2,542	125,537	885	4.4	9,279
Miscellaneous Products	0.2	0.1	0.0	0.1	17	13	0	4	80	92	0	55	159	12,681	66	0.3	739
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	25	0	0	0	23	580	6	0.0	60
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.	126,480	3,184,001	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,923 beneficiaries who were in nursing facilities for part of their enrollment and their 115,592 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- In New Jersey, 1.1 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, 2007

Top 10 Drug Groups in Nursing Facilities	Users			Among Users				
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTI-ANXIETY AGENTS	\$451,234	4,419	22.0	46,729	0.7	\$13	\$10	
ANTICONVULSANT	316,210	1,103	5.5	11,918	1.1	25	27	
HEMATOPOIETIC AGENTS	255,517	3,120	15.5	33,237	0.7	11	8	
ANTI-PSYCHOTICS	214,480	257	1.3	2,503	0.5	159	86	
MULTIVITAMINS	166,683	2,070	10.3	22,024	0.6	13	8	
HYPNOTICS	161,024	929	4.6	10,010	1.0	16	16	
ULCER DRUGS	144,907	395	2.0	3,686	0.4	90	39	
ANTIEMETICS	131,922	133	0.7	1,413	0.3	272	93	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	121,258	293	1.5	2,540	0.4	117	48	
ANTIDEPRESSANTS	107,773	447	2.2	4,178	0.4	60	26	
Total	2,071,008	13,166	n.a.	138,238	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,923 beneficiaries who were in nursing facilities for part of their enrollment and their 115,592 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIANKXIETY AGENTS					ANTICONVULSANT				
	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	99,834	\$2,071,008	4,419	22.0	46,729	0.7	\$10	1,103	5.5	11,918	1.1	\$27
Female												
All Females	69,563	1,348,012	3,325	22.0	35,160	0.7	9	720	4.8	7,750	1.0	21
Female, Disabled												
All Ages	11,806	327,841	367	27.6	4,128	0.9	15	200	15.0	2,244	1.2	39
64 or younger	8,341	227,832	256	31.1	2,889	0.9	17	151	18.3	1,685	1.3	43
65-74	1,877	70,473	48	27.9	552	0.9	12	31	18.0	369	1.1	29
75-84	986	15,101	37	18.7	422	0.9	11	14	7.1	148	0.8	22
85 and older	602	14,435	26	19.3	265	0.7	15	4	3.0	42	1.1	35
Female, Other Eligibles												
All Ages	57,757	1,020,171	2,958	21.5	31,032	0.7	8	520	3.8	5,506	1.0	14
64 or younger	2	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,489	206,230	378	29.5	4,142	0.9	13	133	10.4	1,498	1.1	17
75-84	18,074	341,145	923	23.0	9,717	0.7	9	166	4.1	1,755	1.0	16
85 and older	30,192	472,774	1,657	19.5	17,173	0.6	7	221	2.6	2,253	0.8	11
Male												
All Males	30,271	722,996	1,094	21.9	11,569	0.8	12	383	7.7	4,168	1.1	36
Male, Disabled												
All Ages	12,545	368,736	349	29.1	3,905	1.0	17	186	15.5	2,117	1.2	49
64 or younger	11,277	312,130	312	29.8	3,477	1.0	18	167	16.0	1,904	1.2	43
65-74	871	49,294	19	27.1	219	0.8	17	16	22.9	177	1.2	124
75-84	329	6,098	14	23.0	166	0.7	10	3	4.9	36	1.4	12
85 and older	68	1,214	4	19.0	43	0.7	8	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	17,726	354,260	745	19.6	7,664	0.7	9	197	5.2	2,051	1.0	23
64 or younger	12	101	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,152	173,976	255	24.9	2,788	0.8	12	106	10.3	1,129	1.1	31
75-84	6,104	89,621	265	17.8	2,678	0.6	8	60	4.0	634	0.8	14
85 and older	4,458	90,562	225	17.5	2,198	0.6	7	31	2.4	288	0.9	14
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,923 beneficiaries who were in nursing facilities for part of their enrollment and their 115,592 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIPSYCHOTICS					MULTIVITAMINS				
	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	3,120	15.5	33,237	0.7	\$8	257	1.3	2,503	0.5	\$86	2,070	10.3	22,024	0.6	\$8
Female															
All Females	2,293	15.2	24,428	0.7	7	150	1.0	1,430	0.6	88	1,487	9.9	15,766	0.6	8
Female, Disabled															
All Ages	173	13.0	1,973	0.7	11	39	2.9	437	0.8	148	183	13.8	2,047	0.6	8
64 or younger	99	12.0	1,136	0.7	15	19	2.3	214	0.8	140	116	14.1	1,308	0.6	8
65-74	30	17.4	348	0.7	6	16	9.3	186	0.8	159	30	17.4	343	0.7	7
75-84	26	13.1	294	0.7	7	3	1.5	25	0.4	100	20	10.1	231	0.6	7
85 and older	18	13.3	195	0.7	6	1	0.7	12	1.7	223	17	12.6	165	0.6	10
Female, Other Eligibles															
All Ages	2,120	15.4	22,455	0.7	7	111	0.8	993	0.5	61	1,304	9.5	13,719	0.5	7
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	2	1.0	11
65-74	193	15.1	2,124	0.8	13	22	1.7	221	0.5	82	139	10.9	1,515	0.5	7
75-84	565	14.1	5,986	0.7	8	44	1.1	393	0.5	65	389	9.7	4,179	0.6	8
85 and older	1,362	16.1	14,345	0.7	6	45	0.5	379	0.4	44	775	9.1	8,023	0.5	8
Male															
All Males	827	16.5	8,809	0.7	9	107	2.1	1,073	0.5	83	583	11.7	6,258	0.7	8
Male, Disabled															
All Ages	185	15.4	2,049	0.7	18	40	3.3	461	0.6	113	175	14.6	1,979	0.7	8
64 or younger	161	15.4	1,780	0.8	20	32	3.1	365	0.6	107	153	14.6	1,737	0.7	8
65-74	15	21.4	161	0.6	4	7	10.0	84	0.7	142	7	10.0	84	0.7	7
75-84	7	11.5	84	0.6	3	1	1.6	12	0.3	71	11	18.0	113	0.6	7
85 and older	2	9.5	24	0.5	8	0	0.0	0	0.0	0	4	19.0	45	0.5	9
Male, Other Eligibles															
All Ages	642	16.9	6,760	0.7	7	67	1.8	612	0.4	61	408	10.7	4,279	0.6	8
64 or younger	1	100.0	12	1.0	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	187	18.2	2,030	0.7	7	32	3.1	338	0.5	81	114	11.1	1,262	0.7	8
75-84	237	15.9	2,430	0.7	5	20	1.3	147	0.4	46	176	11.8	1,822	0.7	8
85 and older	217	16.9	2,288	0.7	8	15	1.2	127	0.3	26	118	9.2	1,195	0.5	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,923 beneficiaries who were in nursing facilities for part of their enrollment and their 115,592 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

Beneficiary Characteristics	HYPNOTICS					ULCER DRUGS					ANTIEMETICS				
	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	929	4.6	10,010	1.0	\$16	395	2.0	3,686	0.4	\$39	133	0.7	1,413	0.3	\$93
Female															
All Females	621	4.1	6,626	0.9	17	241	1.6	2,138	0.4	37	102	0.7	1,098	0.4	95
Female, Disabled															
All Ages	117	8.8	1,305	1.1	12	50	3.8	563	0.5	44	7	0.5	84	1.1	91
64 or younger	85	10.3	948	1.2	12	37	4.5	410	0.5	40	4	0.5	48	1.9	155
65-74	14	8.1	168	1.0	19	12	7.0	141	0.5	52	2	1.2	24	0.1	4
75-84	8	4.0	89	1.3	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	10	7.4	100	0.9	4	1	0.7	12	1.1	102	1	0.7	12	0.1	10
Female, Other Eligibles															
All Ages	504	3.7	5,321	0.9	19	191	1.4	1,575	0.4	34	95	0.7	1,014	0.3	95
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	84	6.6	930	0.9	15	32	2.5	293	0.6	59	6	0.5	65	0.2	64
75-84	191	4.8	2,054	0.8	16	62	1.5	530	0.4	33	25	0.6	287	0.4	129
85 and older	229	2.7	2,337	0.9	22	97	1.1	752	0.3	25	64	0.8	662	0.3	83
Male															
All Males	308	6.2	3,384	1.1	14	154	3.1	1,548	0.5	43	31	0.6	315	0.3	89
Male, Disabled															
All Ages	149	12.4	1,688	1.2	11	64	5.3	722	0.5	55	8	0.7	87	0.2	123
64 or younger	134	12.8	1,512	1.2	11	54	5.2	604	0.5	56	8	0.8	87	0.2	123
65-74	11	15.7	132	1.1	3	9	12.9	108	0.5	42	0	0.0	0	0.0	0
75-84	3	4.9	32	0.9	3	1	1.6	10	1.0	146	0	0.0	0	0.0	0
85 and older	1	4.8	12	0.4	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	159	4.2	1,696	1.1	17	90	2.4	826	0.4	33	23	0.6	228	0.3	76
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	60	5.9	661	1.1	14	41	4.0	440	0.4	35	9	0.9	106	0.2	49
75-84	61	4.1	640	1.1	8	21	1.4	159	0.3	20	6	0.4	58	0.3	84
85 and older	38	3.0	395	1.0	35	28	2.2	227	0.4	37	8	0.6	64	0.6	114
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,923 beneficiaries who were in nursing facilities for part of their enrollment and their 115,592 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	293	1.5	2,540	0.4	\$48	447	2.2	4,178	0.4	\$26	20,093	206,731
Female												
All Females	218	1.4	1,853	0.4	48	297	2.0	2,717	0.4	25	15,096	155,287
Female, Disabled												
All Ages	8	0.6	84	0.6	81	54	4.1	631	0.5	30	1,329	14,728
64 or younger	3	0.4	34	0.6	74	39	4.7	454	0.5	28	824	9,171
65-74	2	1.2	24	0.5	87	15	8.7	177	0.5	37	172	1,917
75-84	2	1.0	14	0.1	22	0	0.0	0	0.0	0	198	2,199
85 and older	1	0.7	12	1.1	158	0	0.0	0	0.0	0	135	1,441
Female, Other Eligibles												
All Ages	210	1.5	1,769	0.4	46	243	1.8	2,086	0.4	23	13,767	140,559
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
65-74	27	2.1	262	0.5	87	41	3.2	397	0.6	36	1,280	13,710
75-84	75	1.9	661	0.3	36	85	2.1	732	0.4	22	4,006	41,833
85 and older	108	1.3	846	0.4	41	117	1.4	957	0.3	18	8,480	85,014
Male												
All Males	75	1.5	687	0.4	48	150	3.0	1,461	0.5	28	4,997	51,444
Male, Disabled												
All Ages	8	0.7	91	0.4	57	65	5.4	705	0.5	31	1,198	13,236
64 or younger	7	0.7	79	0.3	50	57	5.4	621	0.4	27	1,046	11,575
65-74	1	1.4	12	0.7	104	6	8.6	62	0.9	71	70	783
75-84	0	0.0	0	0.0	0	2	3.3	22	0.5	30	61	653
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	21	225
Male, Other Eligibles												
All Ages	67	1.8	596	0.4	47	85	2.2	756	0.4	25	3,799	38,208
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	22	2.1	207	0.4	48	40	3.9	429	0.5	31	1,025	10,981
75-84	29	1.9	245	0.4	38	28	1.9	197	0.4	19	1,489	14,966
85 and older	16	1.2	144	0.5	61	17	1.3	130	0.4	14	1,284	12,249
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 11,923 beneficiaries who were in nursing facilities for part of their enrollment and their 115,592 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

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

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	71,044	45.3	3.3	524,537	\$72	\$11,280,963	\$22	28.2	156,695
Age									
5 and younger	3	42.9	5.9	41	686	4,800	117	971.7	7
6-14	7	53.8	8.2	106	104	1,354	13	6.1	13
15-20	61	25.8	1.2	278	26	6,216	22	1.8	236
21-44	7,583	39.2	3.0	57,332	66	1,269,409	22	14.4	19,332
45-64	16,626	52.2	4.7	148,917	98	3,135,613	21	22.3	31,849
65-74	18,984	45.3	3.1	130,857	63	2,626,673	20	26.0	41,863
75-84	16,992	45.7	3.1	115,620	66	2,459,615	21	56.2	37,203
85 and older	10,788	41.2	2.7	71,386	68	1,777,283	25	76.4	26,192
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	35,265	41.6	2.7	229,761	57	4,868,561	21	46.6	84,694
Disabled	35,623	50.0	4.1	294,166	90	6,399,967	22	22.1	71,179
Adults	137	18.1	0.7	496	14	10,599	21	1.8	758
Children	4	12.5	0.9	30	8	253	8	1.5	32
Unknown	15	46.9	2.6	84	49	1,583	19	1.7	32
Gender									
Female	48,721	47.4	3.4	354,302	73	7,550,108	21	30.7	102,745
Male	22,323	41.4	3.2	170,235	69	3,730,855	22	24.1	53,950
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	33,306	44.0	3.5	267,305	68	5,135,040	19	26.6	75,648
African American	13,359	42.9	2.9	90,445	70	2,169,350	24	24.1	31,176
Other/unknown	24,379	48.9	3.3	166,787	80	3,976,573	24	33.9	49,871
Use of Nursing Facilities^d									
Entire year	8,076	40.2	3.6	72,226	47	948,892	13	29.8	20,093
Part year	5,976	50.1	3.1	37,186	51	610,423	16	26.8	11,923
None	56,992	45.7	3.3	415,125	78	9,721,648	23	28.1	124,679
Maintenance Assistance Status									
Cash	37,842	48.1	3.5	273,768	84	6,618,185	24	26.5	78,690
Medically needy	1	33.3	3.3	10	61	183	18	100.0	3
Poverty related	16,954	44.3	3.0	116,650	70	2,677,799	23	32.2	38,309
Other/unknown	16,247	40.9	3.4	134,109	50	1,984,796	15	29.5	39,693

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic

Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

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, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$7	\$22	\$0	\$2	1,688,768
Age						
5 and younger	0.5	64	117	0	0	75
6-14	0.7	9	13	0	3	150
15-20	0.1	2	22	0	1	2,539
21-44	0.3	6	22	0	3	211,271
45-64	0.4	9	21	0	4	352,285
65-74	0.3	6	20	0	2	455,994
75-84	0.3	6	21	0	2	404,992
85 and older	0.3	7	25	0	2	261,462
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	21	0	2	887,121
Disabled	0.4	8	22	0	3	795,525
Adults	0.1	2	21	0	1	5,548
Children	0.1	1	8	0	0	247
Unknown	0.3	5	19	0	2	327
Gender						
Female	0.3	7	21	0	3	1,109,237
Male	0.3	6	22	0	2	579,531
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	6	19	0	3	800,780
African American	0.3	6	24	0	1	340,119
Other/unknown	0.3	7	24	0	2	547,869
Use of Nursing Facilities^d						
Entire year	0.3	5	13	0	3	206,731
Part year	0.3	5	16	0	3	115,592
None	0.3	7	23	0	2	1,366,445
Maintenance Assistance Status						
Cash	0.3	8	24	0	2	878,030
Medically needy	0.3	6	18	0	0	32
Poverty related	0.3	6	23	0	3	417,849
Other/unknown	0.3	5	15	0	3	392,857

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	
All	101,368	\$111	\$11,280,963	100.0	524,537	\$22	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	3	28	83	0.0	6	14	0.0
Cough and cold medications	23,312	63	1,458,867	12.9	53,801	27	10.3
Vitamins and minerals	28,596	82	2,352,357	20.9	154,928	15	29.5
Non-prescription drugs	9,896	267	2,644,166	23.4	33,967	78	6.5
Barbiturates	1,292	50	64,981	0.6	16,682	4	3.2
Benzodiazepines	35,220	118	4,163,154	36.9	254,355	16	48.5
Other Part D Excl Rx Drugs	3,049	196	597,355	5.3	10,798	55	2.1

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 156,695
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$40,046,656
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$255

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	71,571	45.7	\$0	0.0
1-500	73,139	46.7	8,769,139	21.9
501-1,000	5,387	3.4	3,719,604	9.3
1,001-1,500	1,737	1.1	2,122,785	5.3
1,501-2,000	968	0.6	1,686,270	4.2
2,001-2,500	675	0.4	1,508,223	3.8
2,501-3,000	504	0.3	1,386,414	3.5
3,001-3,500	392	0.3	1,272,794	3.2
3,501-4,000	303	0.2	1,136,186	2.8
4,001-4,500	264	0.2	1,122,074	2.8
4,501-5,000	216	0.1	1,025,736	2.6
5,001-5,500	165	0.1	864,171	2.2
5,501-6,000	149	0.1	853,546	2.1
6,001-6,500	119	0.1	742,874	1.9
6,501-7,000	113	0.1	765,171	1.9
7,001-7,500	107	0.1	777,622	1.9
7,501-8,000	88	0.1	681,527	1.7
8,001-8,500	74	0.0	610,091	1.5
8,501-9,000	78	0.0	680,556	1.7
9,001-9,500	64	0.0	590,846	1.5
9,501-10,000	58	0.0	564,515	1.4
10,001+	524	0.3	9,166,512	22.9

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 50,626
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$22,559,672
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$445

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	21,935	43.3	\$0	0.0	
1-500	22,475	44.4	2,954,987	13.1	
501-1,000	2,393	4.7	1,671,434	7.4	
1,001-1,500	883	1.7	1,081,304	4.8	
1,501-2,000	523	1.0	909,443	4.0	
2,001-2,500	358	0.7	801,441	3.6	
2,501-3,000	295	0.6	812,208	3.6	
3,001-3,500	232	0.5	752,564	3.3	
3,501-4,000	174	0.3	652,269	2.9	
4,001-4,500	157	0.3	667,798	3.0	
4,501-5,000	138	0.3	654,221	2.9	
5,001-5,500	102	0.2	534,895	2.4	
5,501-6,000	102	0.2	583,737	2.6	
6,001-6,500	75	0.1	465,689	2.1	
6,501-7,000	70	0.1	474,945	2.1	
7,001-7,500	72	0.1	524,257	2.3	
7,501-8,000	49	0.1	380,376	1.7	
8,001-8,500	49	0.1	404,261	1.8	
8,501-9,000	51	0.1	445,099	2.0	
9,001-9,500	46	0.1	424,475	1.9	
9,501-10,000	40	0.1	389,672	1.7	
10,001+	407	0.8	6,974,597	30.9	

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 105,258
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$16,787,422
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$159

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	49,121	46.7	\$0	0.0
1-500	50,495	48.0	5,789,357	34.5
501-1,000	2,958	2.8	2,021,049	12.0
1,001-1,500	832	0.8	1,014,686	6.0
1,501-2,000	432	0.4	753,815	4.5
2,001-2,500	307	0.3	684,939	4.1
2,501-3,000	198	0.2	544,404	3.2
3,001-3,500	158	0.2	513,838	3.1
3,501-4,000	124	0.1	464,923	2.8
4,001-4,500	102	0.1	433,233	2.6
4,501-5,000	77	0.1	366,890	2.2
5,001-5,500	61	0.1	318,611	1.9
5,501-6,000	41	0.0	235,217	1.4
6,001-6,500	42	0.0	264,612	1.6
6,501-7,000	42	0.0	283,393	1.7
7,001-7,500	34	0.0	246,171	1.5
7,501-8,000	37	0.0	285,621	1.7
8,001-8,500	25	0.0	205,830	1.2
8,501-9,000	26	0.0	226,690	1.4
9,001-9,500	16	0.0	147,832	0.9
9,501-10,000	17	0.0	165,217	1.0
10,001+	113	0.1	1,821,094	10.8

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 41,863
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$10,083,341
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$240

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	19,117	45.7	\$0	0.0
1-500	19,551	46.7	2,414,060	23.9
501-1,000	1,441	3.4	998,471	9.9
1,001-1,500	462	1.1	567,872	5.6
1,501-2,000	254	0.6	446,398	4.4
2,001-2,500	195	0.5	437,053	4.3
2,501-3,000	129	0.3	355,976	3.5
3,001-3,500	112	0.3	364,020	3.6
3,501-4,000	91	0.2	341,531	3.4
4,001-4,500	84	0.2	356,559	3.5
4,501-5,000	62	0.1	295,100	2.9
5,001-5,500	46	0.1	241,229	2.4
5,501-6,000	34	0.1	195,117	1.9
6,001-6,500	32	0.1	201,329	2.0
6,501-7,000	33	0.1	222,594	2.2
7,001-7,500	28	0.1	202,623	2.0
7,501-8,000	31	0.1	239,484	2.4
8,001-8,500	18	0.0	147,782	1.5
8,501-9,000	18	0.0	156,462	1.6
9,001-9,500	12	0.0	110,716	1.1
9,501-10,000	15	0.0	145,802	1.4
10,001+	98	0.2	1,643,163	16.3

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 37,203
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$4,378,261
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$117

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	17,088	45.9	\$0	0.0
1-500	18,543	49.8	2,186,074	49.9
501-1,000	968	2.6	650,237	14.9
1,001-1,500	235	0.6	283,867	6.5
1,501-2,000	110	0.3	192,146	4.4
2,001-2,500	80	0.2	176,506	4.0
2,501-3,000	47	0.1	128,311	2.9
3,001-3,500	31	0.1	100,473	2.3
3,501-4,000	19	0.1	70,077	1.6
4,001-4,500	8	0.0	33,733	0.8
4,501-5,000	9	0.0	42,981	1.0
5,001-5,500	11	0.0	56,842	1.3
5,501-6,000	4	0.0	22,750	0.5
6,001-6,500	9	0.0	56,847	1.3
6,501-7,000	6	0.0	40,475	0.9
7,001-7,500	3	0.0	21,804	0.5
7,501-8,000	4	0.0	30,653	0.7
8,001-8,500	4	0.0	33,390	0.8
8,501-9,000	7	0.0	61,513	1.4
9,001-9,500	2	0.0	18,551	0.4
9,501-10,000	2	0.0	19,415	0.4
10,001+	13	0.0	151,616	3.5

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 26,192
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$2,325,820
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$88

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,916	49.3	\$0	0.0
1-500	12,401	47.3	1,189,223	51.1
501-1,000	549	2.1	372,341	16.0
1,001-1,500	135	0.5	162,947	7.0
1,501-2,000	68	0.3	115,271	5.0
2,001-2,500	32	0.1	71,380	3.1
2,501-3,000	22	0.1	60,117	2.6
3,001-3,500	15	0.1	49,345	2.1
3,501-4,000	14	0.1	53,315	2.3
4,001-4,500	10	0.0	42,941	1.8
4,501-5,000	6	0.0	28,809	1.2
5,001-5,500	4	0.0	20,540	0.9
5,501-6,000	3	0.0	17,350	0.7
6,001-6,500	1	0.0	6,436	0.3
6,501-7,000	3	0.0	20,324	0.9
7,001-7,500	3	0.0	21,744	0.9
7,501-8,000	2	0.0	15,484	0.7
8,001-8,500	3	0.0	24,658	1.1
8,501-9,000	1	0.0	8,715	0.4
9,001-9,500	2	0.0	18,565	0.8
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	26,315	1.1

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	156,695	84,694	71,179	758	32	32	1,690,070	887,161	795,690	6,618	274	327
Age												
5 and younger	7	0	7	0	0	0	75	0	75	0	0	0
6-14	13	0	8	0	5	0	150	0	90	0	60	0
15-20	236	0	217	4	15	0	2,609	0	2,404	45	160	0
21-44	19,332	1	18,817	501	11	2	211,941	12	207,611	4,241	53	24
45-64	31,849	23	31,577	226	1	22	352,752	222	350,199	2,086	1	244
65-74	41,863	27,916	13,912	27	0	8	456,086	296,078	159,703	246	0	59
75-84	37,203	31,540	5,663	0	0	0	404,995	340,136	64,859	0	0	0
85 and older	26,192	25,214	978	0	0	0	261,462	250,713	10,749	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	102,745	60,789	41,392	521	11	32	1,110,039	638,799	466,346	4,471	96	327
Male	53,950	23,905	29,787	237	21	0	580,031	248,362	329,344	2,147	178	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	75,648	41,542	33,659	416	11	20	801,475	421,874	375,718	3,610	73	200
African American	31,176	12,612	18,267	271	17	9	340,583	134,162	203,772	2,400	154	95
Other/unknown	49,871	30,540	19,253	71	4	3	548,012	331,125	216,200	608	47	32
Use of Nursing Facilities^c												
Entire year	20,093	17,566	2,527	0	0	0	206,731	178,767	27,964	0	0	0
Part year	11,923	10,236	1,686	1	0	0	115,595	97,856	17,734	5	0	0
None	124,679	56,892	66,966	757	32	32	1,367,744	610,538	749,992	6,613	274	327
Maintenance Assistance Status												
Cash	78,690	32,489	45,723	473	5	0	878,936	359,219	515,392	4,298	27	0
Medically needy	3	1	2	0	0	0	32	12	20	0	0	0
Poverty related	38,309	20,916	17,267	90	4	32	417,916	226,703	190,355	498	33	327
Other/unknown	39,693	31,288	8,187	195	23	0	393,186	301,227	89,923	1,822	214	0
Dual Status^d												
Full dual, all year	155,677	83,931	70,926	756	32	32	1,679,331	879,104	793,031	6,595	274	327
Full dual, part year	1,018	763	253	2	0	0	10,739	8,057	2,659	23	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	156,419	84,682	71,134	543	28	32	1,687,049	887,025	795,209	4,262	226	327
FFS part year, with Rx claims	122	6	32	83	1	0	1,377	69	364	932	12	0
FFS part year, no Rx claims	154	6	13	132	3	0	1,644	67	117	1,424	36	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of

Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	156,695	1,690,070	156,695	1,688,768	0	1,302
Fee-for-service (FFS) all year	156,419	1,687,049	156,419	1,687,049	0	0
FFS part year, with Rx claims	122	1,377	122	841	0	536
FFS part year, with no Rx claims	154	1,644	154	878	0	766
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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.

Dual Medicaid Beneficiaries