

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 OREGON

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OREGON, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	543,964 (A)	67,508 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	529,087 (B)	56,722 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	227,994 (C)	17,946 (G)
4. Benes who were all-year nursing facility residents ^f	3,157 (D)	2,993 (H)

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 1/2003. This table was produced on 06/25/2004.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.

c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.

d. The total Medicaid pharmacy reimbursement for Oregon in 1999 was \$131,132,345, of which \$88,242,510 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.

f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 6.3 percent were restricted benefit months without a pharmacy benefit in Oregon, were used in the dual tables.

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

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

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 OREGON, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos				
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	227,994	13,230	10,237	104,377	100,149	1	601,694	81,780	56,631	196,473	266,804	6
Age												
5 and younger	43,457	0	430	74	42,953	0	101,359	0	2,482	140	98,737	0
6-14	42,369	0	1,009	101	41,258	1	129,816	0	7,107	232	122,471	6
15-20	26,343	0	874	9,549	15,920	0	70,767	0	5,904	19,333	45,530	0
21-44	79,144	0	3,774	75,355	15	0	162,318	0	20,593	141,663	62	0
45-64	23,052	26	3,871	19,152	3	0	53,820	144	18,803	34,869	4	0
65-74	3,513	3,327	82	104	0	0	18,132	17,576	388	168	0	0
75-84	5,270	5,185	72	13	0	0	32,993	32,429	542	22	0	0
85 and older	4,846	4,692	125	29	0	0	32,489	31,631	812	46	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	126,034	9,390	5,095	61,837	49,711	1	345,098	61,442	28,381	122,086	133,183	6
Male	101,959	3,840	5,142	42,540	50,437	0	256,595	20,338	28,250	74,387	133,620	0
Unknown	1	0	0	0	1	0	0	0	0	0	1	0
Race												
White	179,252	12,307	8,957	87,098	70,890	0	483,141	77,042	49,879	159,518	196,702	0
African American	8,422	238	364	3,706	4,114	0	20,266	1,549	1,549	6,499	10,669	0
Other/unknown	40,320	685	916	13,573	25,145	1	98,287	3,189	5,203	30,456	59,433	6
Use of Nursing Facilities												
All year	3,157	2,934	206	17	0	0	21,796	20,402	1,362	32	0	0
Part year	2,266	1,828	290	142	6	0	12,468	10,624	1,539	278	27	0
None	222,571	8,468	9,741	104,218	100,143	1	567,430	50,754	53,730	196,163	266,777	6
Maintenance Assistance Status												
Cash	30,466	1,289	6,727	7,504	14,946	0	94,366	6,771	37,480	14,039	36,076	0
Medically needy	759	136	623	0	0	0	4,424	868	3,556	0	0	0
Poverty-related	79,919	237	392	8,662	70,628	0	198,174	1,442	2,143	16,791	177,798	0
Other/unknown	116,850	11,568	2,495	88,211	14,575	1	304,730	72,699	13,452	165,643	52,930	6
Dual Medicare Status^c												
Full dual, all year	16,576	12,239	3,668	664	5	0	97,774	75,796	20,542	1,414	22	0
Full dual, part year	1,370	682	669	19	0	0	8,594	4,532	3,941	121	0	0
Non-dual, all year	210,048	309	5,900	103,694	100,144	1	495,326	1,452	32,148	194,938	266,782	6
Managed Care Status												
FFS all year	37,738	6,948	2,982	11,724	16,083	1	212,713	55,186	28,147	36,639	92,735	6
FFS part year, with Rx claims	67,098	5,141	5,419	36,640	19,898	0	176,035	22,773	23,541	72,361	57,360	0
FFS part year, no Rx claims	123,158	1,141	1,836	56,013	64,168	0	212,946	3,821	4,943	87,473	116,709	0

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

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

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

c. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 OREGON, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Beneficiaries
All	35.5 %	4.9	\$188	\$38	\$2,489	7.6 %	\$6	227,994
Age								
5 and younger	23.3	0.8	15	20	1,230	1.2	1	43,457
6-14	23.4	1.2	47	39	1,213	3.9	2	42,369
15-20	29.7	1.7	77	44	1,839	4.2	2	26,343
21-44	38.1	3.5	166	47	2,195	7.6	3	79,144
45-64	49.9	9.5	415	44	3,995	10.4	12	23,052
65-74	74.5	30.8	1,084	35	8,892	12.2	51	3,513
75-84	85.3	38.6	1,246	32	11,046	11.3	55	5,270
85 and older	88.2	36.5	1,057	29	12,174	8.7	57	4,846
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	84.1	36.1	1,150	32	10,989	10.5	55	13,230
Disabled	72.3	23.7	1,279	54	12,985	9.8	44	10,237
Adults	37.2	2.9	113	39	1,633	6.9	2	104,377
Children	23.6	0.9	28	30	1,186	2.3	1	100,149
Unknown	0.0	0.0	0	0	290	0.0	0	1
Gender								
Female	40.3	6.2	221	36	2,581	8.6	8	126,034
Male	29.6	3.3	147	44	2,376	6.2	5	101,959
Unknown	100.0	1.0	5	5	64	7.8	0	1
Race								
White	38.5	5.7	220	39	2,687	8.2	7	179,252
African American	24.9	2.3	84	37	2,242	3.8	4	8,422
Other/unknown	24.6	1.9	67	36	1,660	4.0	3	40,320
Use of Nursing Facilities								
Entire year	94.5	47.7	1,583	33	19,867	8.0	55	3,157
Part year	93.7	42.3	1,472	35	14,842	9.9	60	2,266
None	34.1	3.9	155	40	2,117	7.3	5	222,571
Maintenance Assistance Status								
Cash	42.2	6.3	295	47	3,346	8.8	10	30,466
Medically needy	93.3	40.0	2,303	58	6,467	35.6	44	759
Poverty related	22.6	0.9	25	28	998	2.5	1	79,919
Other/unknown	42.2	7.1	258	37	3,260	7.9	9	116,850

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

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

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 OREGON, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				64.5 % None	14.5 % More than 0, 1, but 1 or Less	5.1 % Less than 1, but 2 or Less	7.1 % More than 2, but 5 or Less	4.6 % Less than 5, but 10 or Less	4.2 % More than 10			
All	1.9	\$71	7.6 %	64.5 %	14.5 %	5.1 %	7.1 %	4.6 %	4.2 %	\$943	227,994	601,694
Age												
5 and younger	0.3	7	1.2	76.7	16.4	3.4	2.5	0.7	0.3	527	43,457	101,359
6-14	0.4	15	3.9	76.6	16.1	3.1	2.7	0.9	0.6	396	42,369	129,816
15-20	0.6	29	4.2	70.3	16.7	4.9	5.1	1.8	1.2	685	26,343	70,767
21-44	1.7	81	7.6	61.9	13.7	6.4	8.6	5.0	4.5	1,070	79,144	162,318
45-64	4.1	178	10.4	50.1	11.1	6.5	11.8	9.1	11.5	1,711	23,052	53,820
65-74	6.0	210	12.2	25.5	10.8	6.3	17.4	20.0	20.1	1,723	3,513	18,132
75-84	6.2	199	11.3	14.7	8.4	6.8	23.3	25.6	21.1	1,764	5,270	32,993
85 and older	5.4	158	8.7	11.8	10.8	8.1	26.1	27.0	16.2	1,816	4,846	32,489
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	5.8	186	10.5	15.9	9.9	7.2	23.0	24.8	19.2	1,778	13,230	81,780
Disabled	4.3	231	9.8	27.7	16.1	8.0	15.9	14.0	18.3	2,347	10,237	56,631
Adults	1.5	60	6.9	62.8	13.4	6.2	8.4	4.8	4.4	867	104,377	196,473
Children	0.3	10	2.3	76.4	16.1	3.3	2.7	0.9	0.5	445	100,149	266,804
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	48	1	6
Gender												
Female	2.2	81	8.6	59.7	15.4	5.6	8.3	5.8	5.1	943	126,034	345,098
Male	1.3	59	6.2	70.4	13.4	4.4	5.6	3.2	3.0	944	101,959	256,595
Unknown	1.0	5	7.8	0.0	100.0	0.0	0.0	0.0	0.0	64	1	1
Race												
White	2.1	82	8.2	61.5	14.7	5.4	8.0	5.4	5.0	997	179,252	483,141
African American	0.9	35	3.8	75.1	12.3	3.8	4.7	2.1	1.9	932	8,422	20,266
Other/unknown	0.8	28	4.0	75.4	14.3	3.7	3.8	1.7	1.3	681	40,320	98,287
Use of Nursing Facilities												
Entire year	6.9	229	8.0	5.5	5.7	6.6	27.0	31.4	23.7	2,878	3,157	21,796
Part year	7.7	268	9.9	6.3	7.1	6.0	24.3	26.5	29.7	2,698	2,266	12,468
None	1.5	61	7.3	65.9	14.7	5.0	6.6	4.0	3.7	830	222,571	567,430
Maintenance Assistance Status												
Cash	2.0	95	8.8	57.8	17.1	6.3	8.2	5.1	5.4	1,080	30,466	94,366
Medically needy	6.9	395	35.6	6.7	8.7	7.5	24.5	27.7	24.9	1,109	759	4,424
Poverty related	0.4	10	2.5	77.4	15.4	3.2	2.6	0.9	0.4	403	79,919	198,174
Other/unknown	2.7	99	7.9	57.8	13.3	6.0	9.7	6.9	6.3	1,250	116,850	304,730

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.
 Table 4

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

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

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 OREGON, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.9	\$71	0.6	\$44	0.2	\$12	1.0	\$13
Age								
5 and younger	0.3	7	0.1	4	0.0	1	0.2	2
6-14	0.4	15	0.1	9	0.0	2	0.2	4
15-20	0.6	29	0.2	20	0.1	4	0.3	4
21-44	1.7	81	0.6	53	0.2	15	0.9	12
45-64	4.1	178	1.4	111	0.4	31	2.1	32
65-74	6.0	210	2.1	127	0.7	31	3.0	45
75-84	6.2	199	2.0	116	0.8	32	3.1	44
85 and older	5.4	158	1.6	89	0.8	26	2.8	36
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	5.8	186	1.9	109	0.8	58	3.0	41
Disabled	4.3	231	1.5	153	0.5	36	2.1	37
Adults	1.5	60	0.5	38	0.2	12	0.8	10
Children	0.3	10	0.1	6	0.0	2	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.2	81	0.7	49	0.3	14	1.2	15
Male	1.3	59	0.4	37	0.1	9	0.7	11
Unknown	1.0	5	0.0	0	0.0	0	1.0	5
Race								
White	2.1	82	0.7	50	0.3	14	1.1	15
African American	0.9	35	0.3	22	0.1	5	0.5	7
Other/unknown	0.8	28	0.2	17	0.1	4	0.4	5
Use of Nursing Facilities								
Entire year	6.9	229	2.2	138	0.8	34	3.5	49
Part year	7.7	268	2.5	162	0.9	38	4.0	58
None	1.5	61	0.5	38	0.2	11	0.8	11
Maintenance Assistance Status								
Cash	2.0	95	0.7	61	0.2	16	1.1	17
Medically needy	6.9	395	2.6	268	0.8	61	3.3	60
Poverty related	0.4	10	0.1	6	0.0	1	0.2	3
Other/unknown	2.7	99	0.9	60	0.3	17	1.4	19
All	1.9	\$71	0.6	\$44	0.2	\$12	1.0	\$13
All								\$14

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 1/2003. This table was produced on 06/25/2004.

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

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

Table 5

All Medicaid Beneficiaries

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oregon, 3.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 OREGON, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.5	0.2	0.0	0.3	\$19	\$16	\$0	\$3	\$40	\$62	\$41	\$12	81,997	\$3,246,866	35,644	15.6 %	169,391
Biologics	0.2	0.1	0.0	0.1	12	11	0	2	79	113	0	26	453	35,587	383	0.2	2,890
Antineoplastic Agents	0.8	0.3	0.1	0.3	140	108	19	13	185	359	143	40	3,204	592,585	687	0.3	4,221
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	29	21	3	5	24	37	25	11	104,536	2,548,331	18,307	8.0	86,764
Cardiovascular Agents	2.0	0.6	0.4	1.1	50	25	12	13	25	43	30	13	174,788	4,303,083	15,488	6.8	85,659
Respiratory Agents	0.8	0.3	0.0	0.5	44	17	1	8	30	56	24	16	67,367	2,053,965	16,798	7.4	80,768
Gastrointestinal Agents	0.8	0.2	0.1	0.5	44	25	9	10	54	102	78	22	45,716	2,463,103	9,623	4.2	55,388
Genitourinary Agents	0.6	0.3	0.0	0.3	19	13	0	5	32	47	30	17	14,247	459,509	4,228	1.9	24,687
CNS Drugs	2.1	1.0	0.3	0.9	117	80	25	12	56	83	96	14	278,764	15,478,608	36,706	16.1	132,225
Stimulants/Anti-obesity/Anorexia	1.0	0.2	0.1	0.6	36	8	8	20	38	41	54	33	11,177	422,315	2,040	0.9	11,764
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	73	66	4	3	99	119	84	23	3,921	389,917	1,115	0.5	5,366
Analgesics and Anesthetics	1.1	0.2	0.1	0.8	32	17	7	8	29	94	66	10	125,794	3,692,873	26,088	11.4	113,749
Neuromuscular Agents	1.2	0.4	0.1	0.7	58	37	7	14	48	89	50	22	62,986	3,022,971	10,305	4.5	51,950
Nutritional Products	0.7	0.0	0.2	0.6	10	0	3	6	14	21	22	12	42,519	594,249	10,869	4.8	58,600
Hematological Agents	1.0	0.1	0.4	0.6	47	26	11	10	45	234	29	18	23,032	1,042,471	3,497	1.5	22,077
Topical Products	0.4	0.1	0.0	0.3	11	6	1	3	25	44	31	13	36,462	914,548	15,684	6.9	86,263
Miscellaneous Products	0.7	0.3	0.1	0.3	125	77	33	15	177	298	293	46	2,794	495,821	628	0.3	3,970
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	18	0	0	0	30	0	0	0	37,259	1,133,033	11,085	4.9	63,643
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,117,016	42,889,835	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oregon, 3.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 OREGON, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIDEPRESSANTS	\$3,344,398	11,735	86,173	0.8	\$51	\$39	
ANTIPSYCHOTICS	2,208,084	4,036	31,293	0.7	95	71	
ANTICONVULSANT	1,689,767	4,263	31,854	0.9	59	53	
ANALGESICS - Narcotic	1,535,765	15,215	101,466	0.5	28	15	
ULCER DRUGS	1,193,933	5,512	41,787	0.6	52	29	
ANTIASTHMATIC	1,121,316	8,831	61,677	0.5	36	18	
ANTIHYPERTENSIVE	1,033,149	5,630	41,110	0.8	31	25	
ANTIDIABETIC	935,063	4,210	30,333	0.9	36	31	
ANALGESICS - ANTI-INFLAMMATORY	681,883	6,237	42,063	0.4	39	16	
CALCIUM BLOCKERS	639,985	2,578	19,445	0.8	40	33	

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 OREGON, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	320,440	\$14,383,343	11,735	5.1 %	86,173	0.8	\$39	4,036	1.8 %	31,293	0.7	\$71					
Female	222,345	9,518,801	8,268	6.6	61,810	0.8	38	2,458	2.0	20,071	0.7	56					
Disabled	49,731	2,794,668	1,527	30.0	12,845	0.8	46	562	11.0	4,811	0.8	90					
5 and younger	483	27,053	0	0.0	0	0.0	0	2	1.1	20	0.5	36					
6-14	1,213	71,576	15	4.1	141	0.6	35	6	1.6	64	0.8	49					
15-20	1,811	139,101	59	15.6	563	0.6	43	33	8.8	319	0.8	89					
21-44	15,846	1,037,723	549	30.3	4,652	0.8	51	249	13.7	2,081	0.8	110					
45-64	27,352	1,411,362	823	38.8	6,833	0.8	45	244	11.5	2,098	0.8	80					
65-74	498	20,529	17	28.3	129	0.6	35	3	5.0	35	0.4	10					
75-84	1,098	38,413	22	32.8	182	0.7	26	5	7.5	44	0.5	8					
85 and older	1,430	48,911	42	38.5	345	0.9	43	20	18.3	150	0.4	30					
Other Eligibles	172,614	6,724,133	6,741	5.6	48,965	0.7	36	1,896	1.6	15,260	0.6	45					
5 and younger	890	19,053	7	0.0	45	0.5	19	1	0.0	12	0.2	12					
6-14	3,361	128,523	194	0.9	1,607	0.6	31	41	0.2	360	0.6	56					
15-20	4,457	167,615	382	2.5	2,549	0.5	30	86	0.6	568	0.5	39					
21-44	21,339	778,982	1,794	4.0	8,916	0.7	42	206	0.5	1,094	0.6	50					
45-64	9,538	400,327	582	6.0	2,840	0.8	48	62	0.6	270	0.7	59					
65-74	27,577	1,150,930	648	30.1	5,447	0.8	34	255	11.8	2,168	0.7	57					
75-84	55,719	2,213,746	1,575	43.8	13,891	0.8	35	606	16.9	5,252	0.7	45					
85 and older	49,733	1,864,957	1,559	42.1	13,670	0.8	33	639	17.3	5,536	0.6	38					
Male	98,095	4,864,542	3,467	3.4	24,363	0.8	40	1,578	1.5	11,222	0.9	97					
Disabled	34,698	2,287,349	908	17.7	7,699	0.8	46	628	12.2	5,030	1.1	137					
5 and younger	594	30,818	1	0.4	12	0.1	4	0	0.0	0	0.0	0					
6-14	2,569	147,320	67	10.4	652	0.7	35	50	7.8	499	0.7	76					
15-20	2,719	218,827	64	12.9	639	0.6	42	72	14.5	695	0.9	108					
21-44	12,651	1,023,479	348	17.8	2,942	0.8	49	291	14.8	2,274	1.2	168					
45-64	15,726	848,072	416	23.8	3,342	0.8	46	211	12.1	1,528	1.0	127					
65-74	223	9,506	6	27.3	48	0.6	31	1	4.5	4	0.3	57					
75-84	90	4,849	3	60.0	36	0.6	42	1	20.0	12	0.1	9					
85 and older	126	4,478	3	18.8	28	0.6	28	2	12.5	18	0.2	5					
Other Eligibles	63,397	2,577,193	2,559	2.6	16,664	0.8	38	960	1.0	6,192	0.7	64					
5 and younger	1,254	25,593	7	0.0	36	0.3	11	5	0.0	42	0.5	17					
6-14	5,325	229,429	326	1.6	2,661	0.6	33	86	0.4	663	0.7	81					
15-20	2,796	149,250	214	2.1	1,404	0.6	40	83	0.8	570	0.8	95					
21-44	8,169	317,541	536	1.8	2,086	0.8	42	158	0.5	606	0.9	111					
45-64	5,208	204,754	249	2.6	1,102	0.8	39	52	0.5	210	0.7	78					
65-74	11,642	486,413	318	24.9	2,480	0.8	35	145	11.4	1,045	0.8	68					
75-84	18,397	745,680	575	35.9	4,322	0.9	41	259	16.2	1,813	0.7	51					
85 and older	10,606	418,533	334	32.8	2,573	0.8	37	162	15.9	1,243	0.5	35					
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 1999 file for Oregon, released by CMS in 1/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 OREGON, 1999

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	4,263	1.9 %	31,854	0.9	\$53	15,215	6.7 %	101,466	0.5	\$15	5,512	2.4 %	41,787	0.6	\$29
Female	2,513	2.0	19,320	0.9	47	10,505	8.3	73,243	0.5	15	3,820	3.0	30,147	0.6	28
Disabled	907	17.8	7,650	0.9	62	1,687	33.1	13,864	0.6	24	799	15.7	6,794	0.5	29
5 and younger	20	11.1	203	1.0	95	12	6.7	110	0.1	2	14	7.8	142	0.5	21
6-14	47	12.8	487	1.0	85	27	7.4	278	0.1	2	15	4.1	135	0.6	52
15-20	81	21.5	798	0.9	67	47	12.5	470	0.3	16	20	5.3	199	0.4	35
21-44	361	19.9	3,026	1.0	69	565	31.1	4,733	0.6	27	237	13.1	1,944	0.5	28
45-64	377	17.8	2,965	0.8	49	933	44.0	7,390	0.7	27	455	21.4	3,840	0.5	29
65-74	7	11.7	39	0.5	10	20	33.3	157	0.4	6	11	18.3	77	0.8	31
75-84	7	10.4	71	0.5	13	44	65.7	386	0.5	8	20	29.9	195	0.5	26
85 and older	7	6.4	61	0.7	14	39	35.8	340	0.5	9	27	24.8	262	0.5	24
Other Eligibles	1,606	1.3	11,670	0.8	37	8,818	7.3	59,379	0.5	13	3,021	2.5	23,353	0.6	27
5 and younger	14	0.1	114	0.6	20	85	0.4	599	0.2	2	18	0.1	144	0.3	15
6-14	56	0.3	463	0.6	34	248	1.2	1,872	0.2	2	36	0.2	314	0.3	8
15-20	70	0.5	443	0.7	66	669	4.4	4,313	0.2	2	89	0.6	587	0.2	8
21-44	371	0.8	1,618	0.7	42	3,083	6.8	15,403	0.4	6	506	1.1	2,647	0.3	16
45-64	139	1.4	666	0.6	55	654	6.8	3,136	0.6	10	240	2.5	1,114	0.5	24
65-74	214	9.9	1,911	0.9	40	845	39.2	6,909	0.6	18	417	19.3	3,584	0.6	31
75-84	437	12.2	3,872	0.9	35	1,581	44.0	13,593	0.6	17	859	23.9	7,581	0.6	30
85 and older	305	8.2	2,583	0.9	29	1,653	44.6	13,554	0.6	19	856	23.1	7,382	0.7	30
Male	1,750	1.7	12,534	0.9	62	4,710	4.6	28,223	0.6	16	1,692	1.7	11,640	0.5	31
Disabled	850	16.5	6,901	1.0	78	1,026	20.0	8,164	0.6	25	470	9.1	3,814	0.5	35
5 and younger	24	9.6	236	0.9	70	13	5.2	120	0.1	1	22	8.8	209	0.6	32
6-14	88	13.7	797	0.8	67	32	5.0	341	0.2	4	17	2.6	185	0.4	39
15-20	92	18.5	910	1.1	95	40	8.0	410	0.3	21	27	5.4	270	0.5	31
21-44	366	18.7	2,979	1.0	90	422	21.5	3,312	0.5	27	168	8.6	1,357	0.5	37
45-64	277	15.8	1,956	1.0	57	513	29.3	3,923	0.8	27	224	12.8	1,684	0.6	35
65-74	1	4.5	5	0.2	5	3	13.6	23	0.8	11	5	22.7	40	0.4	17
75-84	1	20.0	12	0.4	11	1	20.0	12	0.1	1	4	80.0	48	0.4	29
85 and older	1	6.3	6	1.7	23	2	12.5	23	0.1	4	3	18.8	21	0.7	48
Other Eligibles	900	0.9	5,633	0.9	44	3,684	3.8	20,059	0.5	12	1,222	1.3	7,826	0.6	29
5 and younger	11	0.1	59	0.8	22	110	0.5	807	0.1	1	33	0.2	186	0.3	13
6-14	92	0.4	686	0.8	41	214	1.0	1,651	0.2	1	38	0.2	297	0.2	6
15-20	60	0.6	365	0.7	45	266	2.6	1,461	0.2	2	40	0.4	248	0.3	11
21-44	216	0.7	679	0.9	52	1,280	4.2	4,564	0.6	10	234	0.8	940	0.4	24
45-64	83	0.9	297	0.9	58	534	5.6	1,907	0.7	16	144	1.5	617	0.5	25
65-74	151	11.8	1,234	0.9	43	357	28.0	2,581	0.6	16	199	15.6	1,456	0.6	30
75-84	199	12.4	1,579	0.9	43	561	35.0	4,247	0.6	17	324	20.2	2,437	0.6	34
85 and older	88	8.7	734	0.8	36	362	35.6	2,841	0.6	18	210	20.6	1,645	0.7	33
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7B
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 OREGON, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE				ANTI-DIABETIC						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	8,831	3.9 %	61,677	0.5	\$18	5,630	2.5 %	41,110	0.8	\$25	4,210	1.8 %	30,333	0.9	\$31
Female	5,790	4.6	41,844	0.5	19	3,657	2.9	28,094	0.8	26	2,812	2.2	21,358	0.9	30
Disabled	1,103	21.6	9,195	0.5	21	553	10.9	4,414	0.8	24	588	11.5	4,635	0.9	38
5 and younger	30	16.7	302	0.4	10	4	2.2	36	0.5	8	0	0.0	0	0.0	0
6-14	68	18.6	682	0.4	14	15	4.1	140	0.8	10	2	0.5	24	0.8	50
15-20	36	9.5	373	0.3	10	10	2.7	104	0.7	12	6	1.6	55	0.8	25
21-44	286	15.8	2,431	0.5	21	106	5.8	831	0.7	20	113	6.2	918	0.8	32
45-64	616	29.0	4,850	0.6	24	339	16.0	2,611	0.8	27	413	19.5	3,218	0.9	42
65-74	20	33.3	155	0.3	16	9	15.0	54	1.0	40	20	33.3	120	0.8	33
75-84	26	38.8	211	0.5	23	29	43.3	283	0.8	30	16	23.9	163	0.9	24
85 and older	21	19.3	191	0.6	21	41	37.6	355	0.8	22	18	16.5	137	0.8	12
Other Eligibles	4,687	3.9	32,649	0.5	19	3,104	2.6	23,680	0.8	26	2,224	1.8	16,723	0.8	28
5 and younger	340	1.6	2,091	0.3	6	6	0.0	58	0.3	2	2	0.0	12	0.3	14
6-14	423	2.1	3,251	0.3	9	49	0.2	413	0.7	12	13	0.1	89	1.0	37
15-20	311	2.0	2,064	0.3	8	18	0.1	140	0.4	10	19	0.1	134	1.1	41
21-44	992	2.2	4,795	0.4	11	181	0.4	784	0.6	17	175	0.4	693	0.9	31
45-64	394	4.1	1,705	0.6	20	285	2.9	1,052	0.9	30	274	2.8	1,048	0.9	38
65-74	646	30.0	5,077	0.7	32	507	23.5	4,055	0.8	27	525	24.4	4,383	0.9	32
75-84	947	26.3	8,151	0.6	24	1,035	28.8	8,703	0.9	28	777	21.6	6,572	0.8	27
85 and older	634	17.1	5,515	0.6	20	1,023	27.6	8,475	0.9	25	439	11.9	3,792	0.8	21
Male	3,041	3.0	19,833	0.5	16	1,973	1.9	13,016	0.8	24	1,398	1.4	8,975	0.9	32
Disabled	583	11.3	4,662	0.5	20	443	8.6	3,369	0.8	25	362	7.0	2,463	0.9	40
5 and younger	54	21.6	539	0.3	10	8	3.2	81	0.8	16	0	0.0	0	0.0	0
6-14	77	12.0	857	0.4	14	56	8.7	532	1.0	20	3	0.5	24	0.8	29
15-20	41	8.2	403	0.5	21	25	5.0	235	0.7	15	1	0.2	1	2.0	135
21-44	109	5.6	872	0.5	15	94	4.8	790	0.7	26	70	3.6	492	1.1	50
45-64	301	17.2	1,980	0.7	26	246	14.1	1,626	0.8	28	272	15.6	1,811	0.9	38
65-74	0	0.0	0	0.0	0	7	31.8	52	0.8	27	12	54.5	87	0.7	33
75-84	0	0.0	0	0.0	0	1	20.0	12	0.1	3	3	60.0	36	0.4	26
85 and older	1	6.3	11	0.3	3	6	37.5	41	0.8	20	1	6.3	12	1.1	25
Other Eligibles	2,458	2.5	15,171	0.5	15	1,530	1.6	9,647	0.8	24	1,036	1.1	6,512	0.9	29
5 and younger	497	2.3	2,872	0.3	6	21	0.1	110	1.2	26	0	0.0	0	0.0	0
6-14	486	2.3	3,535	0.3	9	189	0.9	1,362	0.8	13	17	0.1	89	0.9	41
15-20	169	1.6	1,060	0.4	10	27	0.3	204	0.6	8	10	0.1	49	1.2	51
21-44	301	1.0	1,025	0.5	14	118	0.4	459	0.7	19	124	0.4	471	0.9	35
45-64	169	1.8	585	0.6	20	231	2.4	804	0.8	26	212	2.2	903	0.8	30
65-74	276	21.6	1,756	0.8	29	268	21.0	1,830	0.9	27	226	17.7	1,476	1.0	34
75-84	348	21.7	2,547	0.7	23	425	26.5	2,995	0.8	26	294	18.3	2,260	0.8	26
85 and older	212	20.8	1,791	0.5	17	251	24.7	1,883	0.8	27	153	15.0	1,264	0.9	25
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 OREGON, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				CALCIUM BLOCKERS							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	6,237	2.7 %	42,063	0.4	\$16	2,578	1.1 %	19,445	0.8	\$33	227,994	601,694
Female	4,492	3.6	31,406	0.4	18	1,887	1.5	14,928	0.8	32	126,034	345,098
Disabled	777	15.3	6,380	0.5	32	273	5.4	2,213	0.7	34	5,095	28,381
5 and younger	4	2.2	48	0.6	10	0	0.0	0	0.0	0	180	1,021
6-14	14	3.8	131	0.3	3	5	1.4	54	0.6	43	366	2,710
15-20	27	7.2	265	0.3	40	4	1.1	36	0.4	34	377	2,586
21-44	269	14.8	2,224	0.4	32	51	2.8	409	0.7	36	1,814	9,846
45-64	425	20.0	3,389	0.5	33	173	8.2	1,361	0.7	33	2,122	10,711
65-74	10	16.7	72	0.3	9	5	8.3	36	1.1	74	60	286
75-84	11	16.4	110	0.5	23	16	23.9	145	0.6	31	67	503
85 and older	17	15.6	141	0.5	12	19	17.4	172	0.9	27	109	718
Other Eligibles	3,715	3.1	25,026	0.4	14	1,614	1.3	12,715	0.8	32	120,939	316,717
5 and younger	42	0.2	200	0.3	3	0	0.0	0	0.0	0	21,130	48,500
6-14	124	0.6	907	0.2	2	2	0.0	23	0.6	9	20,424	60,634
15-20	386	2.5	2,564	0.2	2	16	0.1	84	0.2	4	15,188	38,870
21-44	1,401	3.1	7,059	0.3	7	87	0.2	449	0.6	26	45,069	88,981
45-64	408	4.2	2,068	0.5	15	107	1.1	478	0.8	31	9,673	18,249
65-74	292	13.5	2,493	0.5	20	275	12.8	2,144	0.8	35	2,156	11,785
75-84	568	15.8	5,283	0.5	23	597	16.6	5,009	0.9	33	3,595	23,840
85 and older	494	13.3	4,452	0.5	22	530	14.3	4,528	0.8	31	3,704	25,858
Male	1,745	1.7	10,657	0.4	12	691	0.7	4,517	0.8	35	101,959	256,595
Disabled	355	6.9	2,954	0.4	17	184	3.6	1,365	0.7	36	5,142	28,250
5 and younger	4	1.6	35	0.1	1	1	0.4	4	0.8	9	250	1,461
6-14	14	2.2	147	0.3	3	4	0.6	45	0.6	27	643	4,397
15-20	22	4.4	238	0.2	2	3	0.6	14	0.9	50	497	3,318
21-44	137	7.0	1,135	0.3	14	52	2.7	400	0.7	42	1,960	10,747
45-64	173	9.9	1,346	0.5	23	115	6.6	821	0.7	34	1,749	8,092
65-74	4	18.2	42	0.6	27	5	22.7	34	0.9	42	22	102
75-84	0	0.0	0	0.0	0	3	60.0	35	0.7	22	5	39
85 and older	1	6.3	11	1.5	94	1	6.3	12	1.0	15	16	94
Other Eligibles	1,390	1.4	7,703	0.4	10	507	0.5	3,152	0.8	35	96,817	228,345
5 and younger	55	0.3	327	0.2	2	0	0.0	0	0.0	0	21,896	50,376
6-14	88	0.4	649	0.2	2	0	0.0	0	0.0	0	20,936	62,075
15-20	163	1.6	1,020	0.2	2	0	0.0	0	0.0	0	10,281	25,993
21-44	534	1.8	2,107	0.4	8	49	0.2	192	0.6	23	30,301	52,744
45-64	238	2.5	995	0.4	11	94	1.0	272	0.9	42	9,508	16,768
65-74	99	7.8	832	0.5	17	108	8.5	760	0.8	35	1,275	5,959
75-84	130	8.1	1,059	0.5	17	167	10.4	1,266	0.9	36	1,603	8,611
85 and older	83	8.2	714	0.5	20	89	8.8	662	0.8	35	1,017	5,819
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 OREGON, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$229	6.9	3,157	21,796
Age				
0-64	396	8.5	205	1,265
65-74	293	8.2	337	2,077
75-84	237	7.0	1,165	8,026
85 and older	190	6.4	1,450	10,428
Unknown	0	0.0	0	0
Gender				
Female	208	6.7	2,088	15,483
Male	281	7.3	1,069	6,313
Unknown	0	0.0	0	0
Race				
White	229	6.9	3,009	20,907
African American	230	6	44	309
Other/unknown	250	7	104	580
Basis of Eligibility				
Aged	220	6.8	2,934	20,402
Disabled	365	8.2	206	1,362
Adults	509	12.7	17	32
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 2,266 beneficiaries who were in nursing facilities for part of their enrollment and their 12,468 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 OREGON, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.5	0.2	0.0	0.2	\$20	\$17	\$0	\$3	\$42	\$68	\$79	\$12	7,252	\$302,879	1,890	59.9 %	15,383
Biologicals	0.1	0.1	0.0	0.1	3	1	0	2	19	14	0	25	213	4,137	190	6.0	1,608
Antineoplastic Agents	0.7	0.1	0.2	0.4	79	39	29	11	111	270	141	31	493	54,871	99	3.1	696
Endocrine/Metabolic Drugs	1.4	0.6	0.1	0.8	27	18	2	7	19	31	19	9	13,665	252,805	1,281	40.6	9,446
Cardiovascular Agents	2.2	0.5	0.4	1.2	42	17	11	14	19	34	24	11	30,412	587,253	1,951	61.8	14,076
Respiratory Agents	0.8	0.2	0.0	0.6	23	11	0	11	28	47	32	20	4,922	138,622	801	25.4	6,059
Gastrointestinal Agents	1.0	0.2	0.1	0.6	41	20	7	13	42	81	55	23	8,868	370,051	1,183	37.5	9,099
Genitourinary Agents	0.6	0.3	0.0	0.4	20	12	1	7	31	46	33	19	2,813	85,901	535	16.9	4,331
CNS Drugs	1.8	1.0	0.1	0.7	92	73	11	8	52	75	78	13	27,978	1,457,124	2,180	69.1	15,769
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.0	0.8	11	1	0	10	14	163	0	13	123	1,734	24	0.8	154
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	89	88	0	1	106	107	138	37	612	64,793	108	3.4	731
Analgesics and Anesthetics	1.3	0.4	0.1	0.8	43	27	8	8	32	68	57	10	15,848	507,922	1,633	51.7	11,854
Neuromuscular Agents	1.4	0.5	0.2	0.7	63	32	13	19	45	71	59	25	10,932	490,723	978	31.0	7,735
Nutritional Products	1.0	0.0	0.2	0.8	16	0	4	12	16	14	25	14	7,954	126,854	1,064	33.7	7,823
Hematological Agents	1.4	0.1	0.5	0.8	58	35	11	12	41	278	22	15	6,423	261,834	649	20.6	4,540
Topical Products	0.5	0.2	0.0	0.2	11	8	1	3	24	39	27	11	4,617	112,529	1,161	36.8	9,887
Miscellaneous Products	0.3	0.0	0.0	0.3	6	1	0	5	18	37	168	16	268	4,796	122	3.9	817
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	16	0	0	0	24	0	0	0	7,201	173,067	1,337	42.4	10,752
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.	150,594	4,997,895	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,266 beneficiaries who were in nursing facilities for part of their enrollment and their 12,468 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 1999. 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/products/product_mddb.asp (May 13 2003).
- 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/products/product_mddb.asp (May 13 2003). In Oregon, 3.2 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.

Table 9

All Medicaid Beneficiaries

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

TABLE 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}
 OREGON, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$632,044	1,805	57.2 %	15,060	0.9	\$47	\$42
ANTIPSYCHOTICS	375,458	809	25.6	6,703	0.8	74	56
ANALGESICS - Narcotic	372,420	1,673	53.0	13,063	0.9	33	29
ANTICONVULSANT	263,136	657	20.8	5,706	1.0	45	46
ULCER DRUGS	239,275	846	26.8	6,978	0.8	45	34
ANTIANKXIETY AGENTS	115,514	818	25.9	6,646	0.5	32	17
ANTIHYPERTENSIVE	192,735	877	27.8	6,700	1.0	29	29
ANTI-DIABETIC	132,826	626	19.8	4,942	1.0	27	27
ANTIPARKINSONIAN	148,307	288	9.1	2,651	1.0	54	56
ANTI-ASTHMATIC	98,344	684	21.7	5,324	0.6	32	18

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,266 beneficiaries who were in nursing facilities for part of their enrollment and their 12,468 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d} OREGON, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Mean No. of Users	Residents	NF Mos among Users	Mean Rx \$	No. of Users	Residents	NF Mos among Users	Mean No. of Rx	Mean Rx \$
All	61,686	\$2,570,059	1,805	0.9	15,060	57.2 %	1,805	\$42	809	25.6 %	6,703	0.8	\$66
Female	42,632	1,727,761	1,277	0.9	11,005	61.2	1,277	41	536	25.7	4,689	0.7	55
Disabled	1,955	112,613	46	0.9	368	48.4	46	59	19	20.0	139	0.7	83
64 or younger	1,636	103,168	36	0.9	283	46.8	36	64	17	22.1	115	0.8	97
65-74	4	98	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0
75-84	104	3,151	5	0.9	35	71.4	5	33	2	28.6	24	0.7	12
85 and older	211	6,196	5	1.0	50	50.0	5	55	0	0.0	0	0.0	0
Other Eligibles	40,677	1,615,148	1,231	0.9	10,637	61.8	1,231	40	517	25.9	4,550	0.7	54
64 or younger	68	3,393	2	1.3	8	28.6	2	45	1	14.3	1	1.0	6
65-74	3,790	157,018	92	0.9	757	59.4	92	40	42	27.1	370	0.7	57
75-84	15,668	655,046	463	0.9	3,953	65.8	463	45	196	27.8	1,739	0.8	62
85 and older	21,151	799,691	674	0.8	5,919	59.8	674	37	278	24.7	2,440	0.7	47
Male	19,054	842,298	528	0.9	4,055	49.4	528	46	273	25.5	2,014	0.8	60
Disabled	2,314	117,395	55	0.9	458	49.5	55	52	33	29.7	244	0.8	71
64 or younger	2,295	116,720	54	0.9	446	49.1	54	53	33	30.0	244	0.8	71
65-74	0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0
85 and older	19	675	1	100.0	12	100.0	1	41	0	0.0	0	0.0	0
Other Eligibles	16,740	724,903	473	0.9	3,597	49.4	473	45	240	25.1	1,770	0.8	58
64 or younger	58	2,181	3	27.3	8	27.3	3	50	2	18.2	2	1.5	249
65-74	3,566	157,625	93	0.9	695	51.4	93	42	58	32.0	417	0.9	79
75-84	8,428	363,222	232	1.0	1,834	51.1	232	46	112	24.7	861	0.8	54
85 and older	4,688	201,875	145	0.9	1,060	46.5	145	45	68	21.8	490	0.7	47
Unknown	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 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,266 beneficiaries who were in nursing facilities for part of their enrollment and their 12,468 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 OREGON, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTICONVULSANT						ULCER DRUGS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	1,673	53.0 %	\$29	657	20.8 %	\$46	846	26.8 %	1.0	\$46	846	26.8 %	0.8	\$34				
Female	1,196	57.3	30	386	18.5	42	554	26.5	1.0	42	554	26.5	0.8	33				
Disabled	47	49.5	31	40	42.1	88	26	27.4	1.1	88	26	27.4	0.9	43				
64 or younger	37	48.1	32	37	48.1	93	21	27.3	1.1	93	21	27.3	0.9	45				
65-74	1	100.0	3	0	0.0	0	1	100.0	0.0	0	1	100.0	0.5	23				
75-84	5	71.4	32	0	0.0	0	0	0.0	0.0	0	0	0.0	1.2	30				
85 and older	4	40.0	19	3	30.0	14	2	28.6	1.1	14	2	28.6	1.2	30				
Other Eligibles	1,149	57.7	30	346	17.4	36	528	26.5	1.0	36	528	26.5	0.8	33				
64 or younger	2	28.6	42	1	14.3	30	5	71.4	1.0	30	5	71.4	0.6	46				
65-74	93	60.0	44	42	27.1	47	39	25.2	1.0	47	39	25.2	0.8	36				
75-84	377	53.6	26	149	21.2	39	176	25.0	1.1	39	176	25.0	0.8	36				
85 and older	677	60.1	30	154	13.7	30	308	27.3	1.0	30	308	27.3	0.8	30				
Male	477	44.6	26	271	25.4	53	292	27.3	1.0	53	292	27.3	0.7	37				
Disabled	48	43.2	18	54	48.6	70	33	29.7	1.2	70	33	29.7	0.8	45				
64 or younger	48	43.6	18	54	49.1	70	33	30.0	1.2	70	33	30.0	0.8	45				
65-74	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0				
75-84	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0				
85 and older	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0				
Other Eligibles	429	44.8	27	217	22.7	48	259	27.0	1.0	48	259	27.0	0.7	36				
64 or younger	3	27.3	131	0	0.0	0	2	18.2	0.0	0	2	18.2	1.0	51				
65-74	66	36.5	27	65	35.9	48	56	30.9	1.0	48	56	30.9	0.7	33				
75-84	220	48.5	24	108	23.8	51	116	25.6	1.0	51	116	25.6	0.7	35				
85 and older	140	44.9	30	44	14.1	38	85	27.2	0.9	38	85	27.2	0.8	39				
Unknown	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 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,266 beneficiaries who were in nursing facilities for part of their enrollment and their 12,468 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 OREGON, 1999

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIHYPERTENSIVE					ANTIDIABETIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	818	25.9 %	6,646	0.5	\$17	877	27.8 %	6,700	1.0	\$29	626	19.8 %	4,942	1.0	\$27
Female	562	26.9	4,805	0.5	18	569	27.3	4,529	1.0	28	403	19.3	3,442	1.0	26
Disabled	38	40.0	335	0.8	42	13	13.7	110	1.1	46	13	13.7	110	1.0	37
64 or younger	31	40.3	296	0.8	44	9	11.7	75	1.1	56	10	13.0	106	0.9	38
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	2	1.0	23
75-84	4	57.1	23	0.6	12	1	14.3	10	1.1	19	0	0.0	0	0.0	0
85 and older	3	30.0	16	0.9	57	3	30.0	25	1.0	28	2	20.0	2	1.5	37
Other Eligibles	524	26.3	4,470	0.5	16	556	27.9	4,419	1.0	28	390	19.6	3,332	1.0	25
64 or younger	0	0.0	0	0.0	0	2	28.6	10	1.5	115	0	0.0	0	0.0	0
65-74	40	25.8	331	0.8	26	41	26.5	369	1.0	31	50	32.3	456	1.1	28
75-84	187	26.6	1,612	0.5	18	200	28.4	1,541	1.0	30	175	24.9	1,462	1.0	28
85 and older	297	26.4	2,527	0.5	14	313	27.8	2,499	1.0	25	165	14.6	1,414	0.9	22
Male	256	23.9	1,841	0.5	16	308	28.8	2,171	1.0	30	223	20.9	1,500	1.0	29
Disabled	31	27.9	249	0.6	17	25	22.5	195	1.0	32	19	17.1	102	1.1	22
64 or younger	31	28.2	249	0.6	17	24	21.8	183	1.0	33	19	17.3	102	1.1	22
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	100.0	12	1.0	16	0	0.0	0	0.0	0
Other Eligibles	225	23.5	1,592	0.5	16	283	29.5	1,976	1.0	30	204	21.3	1,398	1.0	30
64 or younger	2	18.2	5	1.0	14	0	0.0	0	0.0	0	1	9.1	1	3.0	50
65-74	51	28.2	351	0.6	20	57	31.5	329	1.1	30	61	33.7	280	1.2	31
75-84	115	25.3	854	0.5	14	148	32.6	1,086	1.0	31	97	21.4	726	1.0	28
85 and older	57	18.3	382	0.5	16	78	25.0	561	0.9	29	45	14.4	391	0.9	34
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 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,266 beneficiaries who were in nursing facilities for part of their enrollment and their 12,468 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 OREGON, 1999

Beneficiary Characteristics	ANTIPARKINSONIAN					ANTIASTHMATIC					Bene Mos among All-Year NF Residents		
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx			
	No. of Users	Residents	No. of Users	NF Residents		No. of Users	NF Residents	No. of Users	NF Residents				
All	288	9.1 %	2,651	1.0	1.0	\$56	684	21.7 %	5,324	0.6	\$19	3,157	21,796
Female	165	7.9	1,549	1.0	1.0	48	433	20.7	3,541	0.6	19	2,088	15,483
Disabled	6	6.3	60	1.0	1.0	29	21	22.1	143	0.5	14	95	675
64 or younger	4	5.2	42	1.0	1.0	31	19	24.7	139	0.5	14	77	555
65-74	0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	1	2
75-84	0	0.0	0	0.0	0.0	0	1	14.3	2	1.0	54	7	46
85 and older	2	20.0	18	0.9	0.9	23	1	10.0	2	2.0	11	10	72
Other Eligibles	159	8.0	1,489	1.0	1.0	49	412	20.7	3,398	0.6	19	1,993	14,808
64 or younger	1	14.3	1	1.0	1.0	22	4	57.1	10	1.4	52	7	17
65-74	13	8.4	116	0.9	0.9	27	38	24.5	307	0.8	26	155	1,150
75-84	85	12.1	769	1.0	1.0	55	154	21.9	1,156	0.6	21	704	5,154
85 and older	60	5.3	603	1.1	1.1	46	216	19.2	1,925	0.6	17	1,127	8,487
Male	123	11.5	1,102	1.1	1.1	67	251	23.5	1,783	0.6	18	1,069	6,313
Disabled	5	4.5	60	1.0	1.0	107	25	22.5	198	0.4	14	111	687
64 or younger	5	4.5	60	1.0	1.0	107	25	22.7	198	0.4	14	110	675
65-74	0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	118	12.3	1,042	1.1	1.1	65	226	23.6	1,585	0.6	18	958	5,626
64 or younger	0	0.0	0	0.0	0.0	0	5	45.5	11	0.5	16	11	18
65-74	27	14.9	209	0.9	0.9	65	56	30.9	281	0.7	26	181	925
75-84	57	12.6	526	1.1	1.1	70	98	21.6	701	0.6	18	454	2,826
85 and older	34	10.9	307	1.1	1.1	55	67	21.5	592	0.5	14	312	1,857
Unknown	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 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,266 beneficiaries who were in nursing facilities for part of their enrollment and their 12,468 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
OREGON, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	529,087	35,836	53,000	208,044	232,206	1	4,427,097	355,699	582,223	1,560,759	1,928,410	6
Age												
5 and younger	104,421	0	1,255	228	102,938	0	851,831	0	13,409	518	837,904	0
6-14	99,123	2	3,831	144	95,145	1	862,622	19	42,486	788	819,323	6
15-20	52,841	0	2,785	15,971	34,085	0	416,485	0	29,944	115,635	270,906	0
21-44	170,273	6	21,561	148,673	33	0	1,337,449	72	239,099	1,098,035	243	0
45-64	65,597	152	22,839	42,602	4	0	595,213	1,692	250,419	343,071	31	0
65-74	13,498	12,877	277	344	0	0	139,830	135,195	2,444	2,191	0	0
75-84	13,066	12,867	171	28	0	0	128,278	126,279	1,775	224	0	0
85 and older	10,266	9,932	281	53	0	0	95,383	92,442	2,647	294	0	0
Unknown	2	0	0	1	1	6	0	0	0	3	3	0
Gender												
Female	294,899	25,743	28,022	126,565	114,568	1	2,517,975	259,530	310,187	993,687	954,565	6
Male	234,180	10,093	24,978	81,478	117,631	0	1,909,073	96,169	272,036	567,062	973,806	0
Unknown	8	0	0	1	7	0	49	0	0	10	39	0
Race												
White	418,862	30,920	46,195	175,203	166,544	0	3,511,680	302,877	507,722	1,318,001	1,383,080	0
African American	22,983	819	2,486	8,046	11,632	0	198,997	8,601	26,977	59,816	103,603	0
Other/unknown	87,242	4,097	4,319	24,795	54,030	1	716,420	44,221	47,524	182,942	441,727	6
Use of Nursing Facilities												
All year	7,216	6,426	760	29	1	0	67,687	59,870	7,696	109	12	0
Part year	4,542	3,441	854	238	9	0	41,125	30,212	8,796	2,026	91	0
None	517,329	25,969	51,386	207,777	232,196	1	4,318,285	265,617	565,731	1,558,624	1,928,307	6
Maintenance Assistance Status												
Cash	121,653	12,797	44,555	18,828	45,473	0	1,191,658	142,173	494,323	156,929	398,233	0
Medically needy	831	151	680	0	0	0	8,578	1,558	7,020	0	0	0
Poverty related	160,524	244	406	13,723	146,151	0	1,251,817	2,611	4,381	88,269	1,156,556	0
Other/unknown	246,079	22,644	7,359	175,493	40,582	1	1,975,044	209,357	76,499	1,315,561	373,621	6
Dual Status^c												
Full dual, all year	55,325	33,773	19,695	1,852	5	0	565,565	334,622	217,033	13,866	44	0
Full dual, part year	1,397	692	686	19	0	0	15,159	7,488	7,499	172	0	0
Non-dual, all year	472,365	1,371	32,619	206,173	232,201	1	3,846,373	13,589	357,691	1,546,721	1,928,366	6
Managed Care Status												
FFS all year	37,738	6,948	2,982	11,724	16,083	1	212,713	55,186	28,147	36,639	92,735	6
FFS part year, with Rx claims	67,098	5,141	5,419	36,640	19,898	0	607,302	47,093	54,866	317,829	187,514	0
FFS part year, no Rx claims	123,158	1,141	1,836	56,013	64,168	0	951,238	9,038	15,601	405,395	521,204	0
MC all year, with Rx claims	90,637	12,770	25,916	35,636	16,315	0	920,875	137,992	297,671	328,529	156,683	0
MC all year, no Rx claims	210,456	9,836	16,847	68,031	115,742	0	1,734,969	106,390	185,938	472,367	970,274	0

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

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

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 OREGON, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	529,087	4,427,097	227,994	601,694	301,093	3,825,403
FFS all year	37,738	212,713	37,738	212,713	0	0
FFS part year, with Rx claims	67,098	607,302	67,098	176,035	0	431,267
FFS part year, with no Rx claims	123,158	951,238	123,158	212,946	0	738,292
MC all year, with Rx claims	90,637	920,875	0	0	90,637	920,875
MC all year, with no Rx claims	210,456	1,734,969	0	0	210,456	1,734,969

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. This table was produced on 06/25/2004.

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