

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 OREGON

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OREGON, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	607,870 (A)	74,423 (E)	533,447 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	563,594 (B)	62,196 (F)	501,398 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	331,392 (C)	40,244 (G)	291,148 (K)
4. Benes who were all-year nursing facility residents ^f	5,044 (D)	4,762 (H)	282 (L)

Source: Data for this table are from the MAX 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, 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 21 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 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Oregon in 2001 was \$234,954,434, of which \$82,512,498 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 1.8 percent were restricted benefit months without a pharmacy benefit in Oregon, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 OREGON, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	331,392	25,661	28,732	137,785	139,214	0	1,697,928	212,437	248,565	549,297	687,629	0		
Age														
5 and younger	62,289	0	777	133	61,379	0	291,093	0	6,250	229	284,614	0		
6-14	58,633	0	2,119	82	56,432	0	314,767	0	19,630	391	294,746	0		
15-20	34,639	0	1,678	11,588	21,373	0	166,294	0	14,925	43,266	108,103	0		
21-44	108,948	3	10,720	98,202	23	0	476,561	26	92,601	383,790	144	0		
45-64	40,543	57	12,876	27,608	2	0	231,863	484	110,475	120,900	4	0		
65-74	8,471	8,135	201	135	0	0	67,899	65,974	1,361	564	0	0		
75-84	9,781	9,626	136	19	0	0	80,967	79,700	1,188	79	0	0		
85 and older	8,082	7,840	225	17	0	0	68,455	66,253	2,135	67	0	0		
Unknown	6	0	0	1	5	0	29	0	0	11	18	0		
Gender														
Female	181,531	18,393	14,911	79,990	68,237	0	958,280	155,637	129,859	334,875	337,909	0		
Male	149,860	7,268	13,821	57,795	70,976	0	739,645	56,800	118,706	214,422	349,717	0		
Unknown	1	0	0	0	1	0	3	0	0	0	3	0		
Race														
White	257,217	22,478	25,182	114,343	95,214	0	1,340,736	187,924	218,043	451,932	482,837	0		
African American	12,806	600	1,066	5,135	6,005	0	64,743	4,838	8,758	20,232	30,915	0		
Other/unknown	61,369	2,583	2,484	18,307	37,995	0	292,449	19,675	21,764	77,133	173,877	0		
Use of Nursing Facilities^c														
Entire year	5,044	4,461	546	35	2	0	42,332	37,344	4,842	122	24	0		
Part year	3,697	2,706	758	230	3	0	29,218	21,414	6,412	1,364	28	0		
None	322,651	18,494	27,428	137,520	139,209	0	1,626,378	153,679	237,311	547,811	687,577	0		
Maintenance Assistance Status														
Cash	67,926	6,609	21,258	13,201	26,858	0	431,117	53,710	186,635	56,816	133,956	0		
Medically needy	1,050	160	890	0	0	0	7,901	1,334	6,567	0	0	0		
Poverty-related	99,084	255	337	9,252	89,240	0	441,132	1,984	2,389	31,508	405,251	0		
Other/unknown	163,332	18,637	6,247	115,332	23,116	0	817,778	155,409	52,974	460,973	148,422	0		
Dual Medicare Status^d														
Full dual, all year	38,975	24,581	13,388	1,000	6	0	324,034	203,875	115,245	4,855	59	0		
Full dual, part year	1,269	631	625	13	0	0	10,318	5,250	4,988	80	0	0		
Non-dual, all year	291,148	449	14,719	136,772	139,208	0	1,363,576	3,312	128,332	544,362	687,570	0		
Managed Care Status														
FFS all year	151,657	19,000	18,030	53,199	61,428	0	1,161,646	177,944	190,802	340,418	452,482	0		
FFS part year, with Rx claims	71,291	5,694	8,926	36,626	20,045	0	301,609	30,732	50,829	121,973	98,075	0		
FFS part year, no Rx claims	108,444	967	1,776	47,960	57,741	0	234,673	3,761	6,934	86,906	137,072	0		

Source: Data for this table are from the MAX 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	48.2 %	9.5	\$460	\$48	\$3,475	13.2 %	331,392
Age							
5 and younger	34.9	1.2	33	26	1,478	2.2	62,289
6-14	32.5	1.9	103	54	1,685	6.1	58,633
15-20	40.1	2.8	141	51	2,244	6.3	34,639
21-44	50.5	7.4	426	57	2,777	15.3	108,948
45-64	66.8	22.7	1,208	53	5,981	20.2	40,543
65-74	83.7	41.1	1,748	43	10,269	17.0	8,471
75-84	89.2	45.9	1,776	39	13,102	13.6	9,781
85 and older	90.5	42.5	1,474	35	15,187	9.7	8,082
Unknown	16.7	0.5	12	23	2,269	0.5	6
Basis of Eligibility^c							
Aged	88.1	43.5	1,683	39	12,871	13.1	25,661
Disabled	83.7	37.3	2,368	63	11,541	20.5	28,732
Adults	48.2	5.6	246	44	2,122	11.6	137,785
Children	33.7	1.4	53	36	1,417	3.7	139,214
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	53.6	11.9	530	45	3,767	14.1	181,531
Male	41.7	6.7	376	56	3,121	12.0	149,860
Unknown	0.0	0.0	0	0	0	0.0	1
Race							
White	51.4	11.1	540	49	3,804	14.2	257,217
African American	39.3	5.6	260	46	3,329	7.8	12,806
Other/unknown	37.0	3.9	165	42	2,128	7.8	61,369
Use of Nursing Facilities^d							
Entire year	96.5	54.7	2,313	42	26,809	8.6	5,044
Part year	96.9	55.0	2,316	42	20,322	11.4	3,697
None	46.9	8.3	410	49	2,917	14.0	322,651

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	58.3	15.4	849	55	4,908	17.3	67,926
Medically needy	95.0	49.5	3,322	67	8,455	39.3	1,050
Poverty related	32.1	1.3	39	31	1,061	3.7	99,084
Other/unknown	53.5	11.8	535	45	4,311	12.4	163,332

Source: Data for this table are from the MAX 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

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

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

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

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

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

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 OREGON, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	1.9	\$90	13.2 %	51.8 %	25.5 %	5.6 %	8.3 %	5.9 %	3.0 %	\$678	331,392	1,697,928
Age												
5 and younger	0.3	7	2.2	65.1	32.4	1.8	0.6	0.1	0.0	316	62,289	291,093
6-14	0.4	19	6.1	67.5	27.2	2.6	1.9	0.5	0.2	314	58,633	314,767
15-20	0.6	29	6.3	59.9	29.9	4.7	4.0	1.1	0.4	467	34,639	166,294
21-44	1.7	97	15.3	49.5	25.6	7.7	9.5	4.9	2.8	635	108,948	476,561
45-64	4.0	211	20.2	33.2	17.5	9.0	17.5	14.2	8.4	1,046	40,543	231,863
65-74	5.1	218	17.0	16.3	13.6	8.9	22.8	25.2	13.2	1,281	8,471	67,899
75-84	5.5	215	13.6	10.8	9.8	8.1	27.1	31.4	12.8	1,583	9,781	80,967
85 and older	5.0	174	9.7	9.5	9.4	9.8	32.0	30.3	9.0	1,793	8,082	68,455
Unknown	0.1	2	0.5	83.3	16.7	0.0	0.0	0.0	0.0	469	6	29
Basis of Eligibility^c												
Aged	5.3	203	13.1	11.9	10.9	8.9	27.4	29.1	11.8	1,555	25,661	212,437
Disabled	4.3	274	20.5	16.3	20.4	9.9	21.5	19.7	12.3	1,334	28,732	248,565
Adults	1.4	62	11.6	51.8	24.9	7.5	9.1	4.4	2.3	532	137,785	549,297
Children	0.3	11	3.7	66.3	29.7	2.3	1.3	0.3	0.1	287	139,214	687,629
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.2	100	14.1	46.4	26.3	6.3	9.7	7.5	3.8	714	181,531	958,280
Male	1.4	76	12.0	58.3	24.5	4.8	6.5	4.0	1.9	632	149,860	739,645
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
Race												
White	2.1	104	14.2	48.6	25.3	6.1	9.4	7.0	3.6	730	257,217	1,340,736
African American	1.1	52	7.8	60.7	23.8	4.8	5.9	3.5	1.4	659	12,806	64,743
Other/unknown	0.8	35	7.8	63.0	26.4	3.8	4.1	1.9	0.8	447	61,369	292,449
Use of Nursing Facilities^d												
Entire year	6.5	276	8.6	3.5	5.9	7.3	29.7	35.6	18.0	3,194	5,044	42,332
Part year	7.0	293	11.4	3.1	6.9	7.7	26.9	35.0	20.3	2,571	3,697	29,218
None	1.6	81	14.0	53.1	26.0	5.6	7.8	5.1	2.5	579	322,651	1,626,378

Table 4

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 5, but 10 or Less					
							More than 2, but 5 or Less	More than 10				
Maintenance Assistance Status												
Cash	2.4	134	17.3	41.7	27.0	6.9	11.5	8.3	4.6	773	67,926	431,117
Medically needy	6.6	442	39.3	5.0	8.2	7.3	25.3	33.1	21.0	1,124	1,050	7,901
Poverty related	0.3	9	3.7	67.9	28.3	2.3	1.2	0.3	0.1	238	99,084	441,132
Other/unknown	2.4	107	12.4	46.5	23.2	7.1	11.2	8.1	3.9	861	163,332	817,778

Source: Data for this table are from the MAX 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

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

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

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

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

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 OREGON, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.9	\$90	0.7	\$66	0.1	\$62	1.0	\$18
Age								
5 and younger	0.3	7	0.1	5	0.0	66	0.2	2
6-14	0.4	19	0.2	15	0.0	96	0.2	3
15-20	0.6	29	0.2	22	0.0	90	0.3	5
21-44	1.7	97	0.7	73	0.1	108	0.9	17
45-64	4.0	211	1.7	155	0.2	94	2.1	41
65-74	5.1	218	2.1	157	0.3	73	2.7	48
75-84	5.5	215	2.2	153	0.3	68	3.0	49
85 and older	5.0	174	1.8	121	0.3	66	2.8	43
Unknown	0.1	2	0.0	1	0.0	41	0.1	1
Basis of Eligibility^d								
Aged	5.3	203	2.1	144	0.3	69	2.8	47
Disabled	4.3	274	1.8	205	0.2	113	2.2	48
Adults	1.4	62	0.5	45	0.1	82	0.8	12
Children	0.3	11	0.1	8	0.0	73	0.2	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.2	100	0.9	72	0.1	81	1.2	21
Male	1.4	76	0.6	57	0.1	104	0.7	14
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.1	104	0.9	76	0.1	88	1.1	21
African American	1.1	52	0.4	38	0.0	91	0.6	11
Other/unknown	0.8	35	0.3	25	0.0	81	0.5	7
Use of Nursing Facilities^e								
Entire year	6.5	276	2.6	200	0.4	77	3.5	59
Part year	7.0	293	2.7	209	0.4	78	3.9	66
None	1.6	81	0.7	60	0.1	90	0.9	16

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.4	134	1.0	99	0.1	10	1.3	25
Medically needy	6.6	442	3.0	347	0.3	28	3.2	67
Poverty related	0.3	9	0.1	6	0.0	1	0.2	2
Other/unknown	2.4	107	0.9	78	0.1	7	1.3	22

Source: Data for this table are from the MAX 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oregon, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

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

Table 5

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 OREGON, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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 No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	No. of Bene Mos			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$13	\$0	\$2	\$49	\$97	\$85	\$12	213,363	\$10,491,725	81,978	24.7 %	673,885
Biologics	0.1	0.1	0.0	0.0	49	41	1	7	338	400	1,902	172	1,167	394,431	843	0.3	8,005
Antineoplastic Agents	0.6	0.3	0.1	0.2	139	111	13	15	219	357	148	65	9,925	2,175,442	1,797	0.5	15,666
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.4	31	24	2	5	33	51	25	13	320,501	10,625,195	43,140	13.0	345,317
Cardiovascular Agents	1.6	0.6	0.1	0.9	47	30	2	15	29	49	26	16	518,245	14,938,544	38,144	11.5	318,412
Respiratory Agents	0.6	0.3	0.0	0.3	25	18	0	7	41	66	32	20	206,450	8,420,102	41,232	12.4	341,974
Gastrointestinal Agents	0.6	0.2	0.0	0.4	38	27	3	8	61	130	106	21	141,201	8,576,117	25,701	7.8	223,396
Genitourinary Agents	0.4	0.3	0.0	0.2	19	16	0	3	44	62	35	17	43,959	1,947,984	11,140	3.4	100,190
CNS Drugs	1.5	0.8	0.1	0.7	107	81	10	16	70	103	118	24	725,100	50,523,677	70,333	21.2	472,866
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	42	29	2	10	56	71	52	35	27,683	1,556,873	4,587	1.4	37,473
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	52	45	0	7	119	142	33	61	14,391	1,716,949	3,763	1.1	33,260
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	32	21	3	8	41	120	82	14	410,040	16,811,963	66,082	19.9	523,627
Neuromuscular Agents	1.0	0.5	0.1	0.5	62	50	2	10	61	106	46	21	244,927	15,014,066	29,725	9.0	241,124
Nutritional Products	0.5	0.0	0.1	0.4	7	0	2	5	14	30	24	12	104,761	1,502,798	25,178	7.6	212,489
Hematological Agents	0.8	0.2	0.2	0.5	42	31	3	7	51	196	21	15	64,393	3,257,260	8,695	2.6	78,069
Topical Products	0.3	0.1	0.0	0.2	8	5	0	3	29	54	34	14	96,982	2,767,064	38,849	11.7	339,845
Miscellaneous Products	0.6	0.2	0.1	0.3	124	89	21	14	204	385	295	46	7,684	1,569,731	1,418	0.4	12,638
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	24	0	0	0	6,418	152,015	2,452	0.7	23,022
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.	3,157,190	152,441,936	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

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 2001. 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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.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, 2001

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	\$17,257,198	48,317	14.6 %	434,559	0.7	\$60
ANTIPSYCHOTICS	15,981,865	15,609	4.7	145,666	0.8	136
ANTICONVULSANT	10,607,981	18,289	5.5	169,052	0.8	75
ANALGESICS - Narcotic	10,447,372	69,651	21.0	601,808	0.5	38
ANTIASTHMATIC	6,280,317	35,359	10.7	311,597	0.4	47
ULCER DRUGS	5,735,211	24,340	7.3	221,500	0.5	55
ANTIDIABETIC	5,675,334	17,079	5.2	150,795	0.8	49
ANALGESICS - ANTI-INFLAMMATORY	4,464,766	31,853	9.6	277,856	0.4	46
ANTIHYPERTENSIVE	4,341,409	20,330	6.1	180,968	0.7	33
ANTIHYPERLIPIDEMIC	3,926,622	8,976	2.7	80,669	0.7	69
Total	84,718,075	289,803		2,574,470	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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.