

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

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

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	40,244	25,212	14,013	1,013	6	0	334,352	209,125	120,233	4,935	59	0
Age												
5 and younger	4	0	4	0	0	0	47	0	47	0	0	0
6-14	10	0	6	0	4	0	112	0	72	0	40	0
15-20	60	0	52	6	2	0	514	0	470	25	19	0
21-44	6,397	1	5,937	459	0	0	53,297	11	51,146	2,140	0	0
45-64	7,953	24	7,461	468	0	0	66,471	187	63,844	2,440	0	0
65-74	8,242	7,971	194	77	0	0	66,621	64,970	1,335	316	0	0
75-84	9,632	9,495	134	3	0	0	79,862	78,664	1,184	14	0	0
85 and older	7,946	7,721	225	0	0	0	67,428	65,293	2,135	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	25,826	18,104	7,257	463	2	0	218,851	153,511	62,862	2,454	24	0
Male	14,418	7,108	6,756	550	4	0	115,501	55,614	57,371	2,481	35	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	35,689	22,112	12,702	870	5	0	298,750	185,168	109,220	4,311	51	0
African American	1,105	588	479	38	0	0	8,895	4,744	3,973	178	0	0
Other/unknown	3,450	2,512	832	105	1	0	26,707	19,213	7,040	446	8	0
Use of Nursing Facilities^c												
Entire year	4,762	4,383	378	1	0	0	40,079	36,722	3,355	2	0	0
Part year	3,142	2,680	455	7	0	0	25,254	21,245	3,956	53	0	0
None	32,340	18,149	13,180	1,005	6	0	269,019	151,158	112,922	4,880	59	0
Maintenance Assistance Status												
Cash	14,422	6,448	7,920	54	0	0	121,167	52,555	68,292	320	0	0
Medically needy	854	154	700	0	0	0	6,589	1,296	5,293	0	0	0
Poverty-related	609	254	333	20	2	0	4,442	1,972	2,366	92	12	0
Other/unknown	24,359	18,356	5,060	939	4	0	202,154	153,302	44,282	4,523	47	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
Managed Care Status												
FFS all year	27,107	18,666	7,930	506	5	0	263,349	175,142	84,766	3,393	48	0
FFS part year, with Rx claims	11,287	5,612	5,343	331	1	0	63,512	30,309	31,942	1,250	11	0
FFS part year, no Rx claims	1,850	934	740	176	0	0	7,491	3,674	3,525	292	0	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	87.7 %	43.4	\$2,093	\$48	\$12,404	16.9 %	40,244
Age							
5 and younger	75.0	26.8	1,492	56	6,313	23.6	4
6-14	100.0	53.6	11,936	223	19,688	60.6	10
15-20	78.3	22.5	2,115	94	14,801	14.3	60
21-44	82.9	33.5	2,645	79	10,025	26.4	6,397
45-64	89.9	50.6	2,947	58	12,676	23.2	7,953
65-74	84.4	41.9	1,782	43	10,398	17.1	8,242
75-84	89.3	46.1	1,784	39	13,137	13.6	9,632
85 and older	90.7	42.6	1,479	35	15,216	9.7	7,946
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	88.3	43.7	1,693	39	12,915	13.1	25,212
Disabled	87.9	44.5	2,871	65	12,043	23.8	14,013
Adults	69.2	20.1	1,239	62	4,597	27.0	1,013
Children	83.3	44.2	8,298	188	27,902	29.7	6
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	90.3	47.8	2,118	44	12,594	16.8	25,826
Male	83.0	35.4	2,048	58	12,065	17.0	14,418
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.4	45.3	2,191	48	12,763	17.2	35,689
African American	80.5	32.0	1,571	49	12,614	12.5	1,105
Other/unknown	82.6	26.7	1,251	47	8,620	14.5	3,450
Use of Nursing Facilities^d							
Entire year	96.5	54.6	2,286	42	26,061	8.8	4,762
Part year	96.8	55.7	2,280	41	18,055	12.6	3,142
None	85.5	40.5	2,047	51	9,844	20.8	32,340
Maintenance Assistance Status							
Cash	85.4	36.0	1,961	55	8,909	22.0	14,422
Medically needy	95.4	51.8	3,422	66	8,374	40.9	854
Poverty related	60.1	15.3	731	48	3,679	19.9	609
Other/unknown	89.4	48.2	2,159	45	14,833	14.6	24,359

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 D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	5.2	\$252	16.9 %	12.3 %	12.5 %	9.0 %	25.9 %	27.1 %	13.2 %	\$1,493	40,244	334,352
Age												
5 and younger	2.3	127	23.6	25.0	0.0	50.0	0.0	25.0	0.0	537	4	47
6-14	4.8	1,066	60.6	0.0	10.0	10.0	50.0	30.0	0.0	1,758	10	112
15-20	2.6	247	14.3	21.7	28.3	13.3	15.0	13.3	8.3	1,728	60	514
21-44	4.0	317	26.4	17.1	21.0	10.6	22.1	17.6	11.7	1,203	6,397	53,297
45-64	6.1	353	23.2	10.1	11.0	7.8	24.2	27.9	18.9	1,517	7,953	66,471
65-74	5.2	221	17.1	15.6	13.4	8.9	23.1	25.6	13.5	1,286	8,242	66,621
75-84	5.6	215	13.6	10.7	9.7	8.2	27.2	31.4	12.9	1,584	9,632	79,862
85 and older	5.0	174	9.7	9.3	9.4	9.9	32.2	30.3	8.9	1,793	7,946	67,428
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	5.3	204	13.1	11.7	10.8	8.9	27.5	29.2	11.9	1,557	25,212	209,125
Disabled	5.2	335	23.8	12.1	15.3	9.1	23.4	24.2	15.9	1,404	14,013	120,233
Adults	4.1	254	27.0	30.8	15.0	8.3	21.4	14.0	10.5	944	1,013	4,935
Children	4.5	844	29.7	16.7	16.7	0.0	33.3	33.3	0.0	2,838	6	59
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.6	250	16.8	9.7	10.7	8.6	26.4	30.0	14.5	1,486	25,826	218,851
Male	4.4	256	17.0	17.0	15.6	9.6	25.0	21.9	10.9	1,506	14,418	115,501
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.4	262	17.2	11.6	11.4	8.5	26.2	28.3	14.0	1,525	35,689	298,750
African American	4.0	195	12.5	19.5	15.1	12.2	24.0	20.8	8.3	1,567	1,105	8,895
Other/unknown	3.5	162	14.5	17.4	22.9	12.6	24.1	16.8	6.3	1,114	3,450	26,707
use of nursing Facilities^d												
Entire year	6.5	272	8.8	3.5	6.0	7.4	29.9	35.4	17.8	3,097	4,762	40,079
Part year	6.9	284	12.6	3.2	6.6	7.5	27.3	35.4	20.1	2,246	3,142	25,254
None	4.9	246	20.8	14.5	14.0	9.4	25.2	25.1	11.9	1,183	32,340	269,019
Maintenance Assistance Status												
Cash	4.3	233	22.0	14.6	18.3	10.7	24.3	20.8	11.3	1,060	14,422	121,167
Medically needy	6.7	444	40.9	4.6	7.0	7.0	26.5	34.0	21.0	1,085	854	6,589
Poverty related	2.1	100	19.9	39.9	26.8	7.7	12.2	8.9	4.6	504	609	4,442
Other/unknown	5.8	260	14.6	10.6	8.8	8.1	27.2	31.0	14.3	1,787	24,359	202,154

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	5.2	\$252	\$48	2.1	\$184	\$86	0.3	\$17	\$55	2.8	\$51	\$19
Age												
5 and younger	2.3	127	56	1.2	116	97	0.1	4	34	1.0	7	7
6-14	4.8	1,066	223	2.1	969	464	0.7	54	77	2.0	42	21
15-20	2.6	247	94	1.2	186	153	0.2	31	149	1.2	30	25
21-44	4.0	317	79	1.8	244	137	0.2	24	96	2.0	50	25
45-64	6.1	353	58	2.5	259	103	0.3	26	78	3.2	67	21
65-74	5.2	221	43	2.2	159	73	0.3	13	46	2.7	49	18
75-84	5.6	215	39	2.2	153	68	0.3	13	39	3.0	49	17
85 and older	5.0	174	35	1.8	121	66	0.3	10	33	2.8	43	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.3	204	39	2.1	145	69	0.3	12	39	2.9	47	16
Disabled	5.2	335	65	2.2	250	114	0.3	25	83	2.7	59	22
Adults	4.1	254	62	1.8	194	106	0.2	18	86	2.1	42	20
Children	4.5	844	188	1.7	775	448	0.8	21	28	2.0	48	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.6	250	44	2.3	181	79	0.3	17	50	3.0	52	17
Male	4.4	256	58	1.8	189	104	0.3	17	67	2.3	50	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.4	262	48	2.2	190	86	0.3	18	55	2.9	54	19
African American	4.0	195	49	1.6	144	92	0.2	11	58	2.2	40	18
Other/unknown	3.5	162	47	1.5	120	82	0.2	10	56	1.8	31	18
Use of Nursing Facilities^e												
Entire year	6.5	272	42	2.6	197	76	0.4	16	43	3.5	58	17
Part year	6.9	284	41	2.7	202	75	0.4	17	42	3.8	64	17
None	4.9	246	51	2.0	180	90	0.3	17	59	2.6	49	19
Maintenance Assistance Status												
Cash	4.3	233	55	1.8	171	95	0.2	16	68	2.2	46	20
Medically needy	6.7	444	66	3.1	347	113	0.3	28	86	3.3	69	21
Poverty related	2.1	100	48	0.9	68	80	0.1	10	98	1.1	22	19
Other/unknown	5.8	260	45	2.3	188	81	0.3	17	49	3.1	55	18

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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 D.6

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

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx			Total Rx \$			Users				
	Total	Patented		Total	Patented		Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic	No. Dual Benes	As % of	No. of Bene Mos
		Off-Patent	Brand-Name		Off-Patent	Brand-Name											
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$0	\$3	\$57	\$103	\$111	\$13	73,156	\$4,187,472	19,094	47.4 %	183,459	
Biologics	0.1	0.1	0.0	0.1	5	1	4	43	15	0	72	563	24,179	522	1.3	5,096	
Antineoplastic Agents	0.7	0.3	0.1	0.2	128	97	14	17	308	146	68	7,158	1,397,312	1,226	3.0	10,913	
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	38	30	1	6	49	19	12	194,835	6,083,581	17,837	44.3	160,451	
Cardiovascular Agents	1.9	0.7	0.1	1.1	54	33	3	18	48	25	16	389,936	10,925,805	22,929	57.0	202,748	
Respiratory Agents	0.9	0.4	0.0	0.4	38	27	0	10	63	34	24	96,328	4,179,019	11,754	29.2	109,828	
Gastrointestinal Agents	0.7	0.2	0.0	0.5	43	31	3	10	130	82	21	91,333	5,307,344	13,328	33.1	122,606	
Genitourinary Agents	0.6	0.3	0.0	0.2	27	23	0	4	67	37	17	30,907	1,443,975	5,534	13.8	53,715	
CNS Drugs	1.8	0.9	0.1	0.8	127	97	11	19	108	116	25	357,973	25,881,977	23,568	58.6	203,962	
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	53	37	4	13	138	54	37	2,150	167,988	346	0.9	3,144	
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	78	73	0	4	143	21	59	9,641	1,265,983	1,734	4.3	16,316	
Analgesics and Anesthetics	1.0	0.3	0.1	0.7	50	34	5	11	116	83	16	186,291	9,112,664	20,110	50.0	183,941	
Neuromuscular Agents	1.2	0.6	0.1	0.6	74	57	3	14	103	44	23	131,492	8,035,394	11,956	29.7	108,301	
Nutritional Products	0.8	0.0	0.1	0.6	13	1	4	8	38	25	14	64,021	1,063,651	9,213	22.9	84,173	
Hematological Agents	0.9	0.2	0.2	0.5	41	29	4	8	170	20	15	53,234	2,405,270	6,424	16.0	59,234	
Topical Products	0.4	0.2	0.0	0.2	13	9	1	3	52	36	15	48,462	1,520,981	12,199	30.3	119,202	
Miscellaneous Products	0.7	0.3	0.1	0.3	155	111	28	15	415	292	52	4,915	1,149,573	792	2.0	7,440	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	0	0	0	3,559	78,317	1,109	2.8	11,003	
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.	1,745,954	84,230,485	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.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_mdmb.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$10,123,840	9,044	22.5 %	86,125	0.9	\$134	\$118
ANTIDEPRESSANTS	8,751,215	20,288	50.4	195,702	0.8	58	45
ANALGESICS - Narcotic	5,830,401	23,428	58.2	222,800	0.6	46	26
ANTICONVULSANT	5,658,026	9,229	22.9	88,246	0.9	71	64
ULCER DRUGS	3,670,282	12,935	32.1	121,752	0.6	54	30
ANTIDIABETIC	3,657,427	10,758	26.7	99,157	0.8	46	37
ANTIASTHMATIC	3,398,687	13,485	33.5	126,841	0.5	49	27
ANTIHYPERTENSIVE	3,109,363	12,979	32.3	119,210	0.8	34	26
ANTIHYPERLIPIDEMIC	2,686,601	5,686	14.1	52,556	0.7	69	51
ANALGESICS - ANTI-INFLAMMATORY	2,618,704	9,582	23.8	93,199	0.5	59	28
Total	49,504,546	127,414		1,205,588	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

TABLE D.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}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of RX	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of RX	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of RX	Mean Rx \$
All	824,878	\$49,504,546	9,044	22.5 %	86,125	0.9	\$118	20,288	50.4 %	195,702	0.8	\$45
Female	564,834	32,300,605	5,484	21.2	52,843	0.8	97	14,259	55.2	138,957	0.8	45
Disabled	184,475	12,831,259	1,950	26.9	19,152	0.9	129	4,991	68.8	50,027	0.8	51
5 and younger	1	72	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	37	1,714	0	0.0	0	0.0	0	1	20.0	12	0.5	47
15-20	244	13,076	6	30.0	50	0.4	50	14	70.0	131	0.5	28
21-44	52,376	4,109,588	807	30.8	7,847	1.0	143	1,612	61.6	16,263	0.7	50
45-64	122,704	8,267,538	1,087	25.9	10,735	0.9	123	3,146	74.9	31,415	0.8	52
65-74	2,784	151,754	9	8.1	77	0.8	95	54	48.6	535	0.8	44
75-84	2,790	130,864	11	10.6	125	0.5	28	60	57.7	643	0.8	32
85 and older	3,539	156,653	30	15.2	318	0.6	48	104	52.8	1,028	0.8	36
Other Eligibles	380,359	19,469,346	3,534	19.0	33,691	0.7	80	9,268	49.9	88,930	0.8	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	26	805	0	0.0	0	0.0	0	1	50.0	12	1.0	36
15-20	7	1,519	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,250	162,210	43	21.4	295	0.6	84	132	65.7	1,096	0.6	41
45-64	3,724	251,934	34	14.2	291	0.7	97	143	59.8	1,181	0.7	44
65-74	118,020	6,383,819	820	15.7	8,130	0.8	96	2,414	46.3	23,730	0.8	41
75-84	148,623	7,546,865	1,401	20.6	13,355	0.7	79	3,506	51.6	33,527	0.8	41
85 and older	107,709	5,122,194	1,236	20.2	11,620	0.7	68	3,072	50.3	29,384	0.8	42
Male	260,044	17,203,941	3,560	24.7	33,282	1.0	150	6,029	41.8	56,745	0.8	45
Disabled	133,942	10,695,186	2,179	32.3	20,958	1.2	187	2,948	43.6	29,015	0.8	49
5 and younger	27	134	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	21	251	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	278	28,451	8	25.0	69	1.2	262	8	25.0	75	0.9	71
21-44	56,002	5,065,707	1,169	35.2	11,271	1.2	197	1,290	38.9	12,601	0.8	51
45-64	75,471	5,497,124	983	30.2	9,467	1.1	177	1,598	49.0	15,869	0.8	49
65-74	1,287	66,333	13	15.7	98	0.7	133	31	37.3	284	0.7	33
75-84	338	17,105	5	16.7	41	0.9	46	9	30.0	76	0.7	29
85 and older	518	20,081	1	3.6	12	0.3	5	12	42.9	110	0.9	51
Other Eligibles	126,102	6,508,755	1,381	18.0	12,324	0.7	85	3,081	40.2	27,730	0.8	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	187	0	0.0	0	0.0	0	1	50.0	12	0.3	12
15-20	37	2,478	1	20.0	11	0.4	27	2	40.0	14	0.5	20
21-44	1,730	134,197	38	14.7	295	1.1	144	77	29.7	636	0.6	34
45-64	3,023	195,137	22	8.7	204	1.0	230	92	36.4	764	0.6	40
65-74	47,693	2,577,577	398	14.1	3,860	0.8	99	964	34.1	9,001	0.7	41
75-84	48,981	2,444,128	572	21.2	4,972	0.7	80	1,225	45.4	11,068	0.8	41
85 and older	24,632	1,155,051	350	21.7	2,982	0.6	61	720	44.7	6,235	0.8	43
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7A

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 D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.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}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ULCER DRUGS				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	23,428	58.2 %	222,800	0.6	\$26	9,229	22.9 %	88,246	0.9	\$64	12,935	32.1 %	121,752	0.6	\$30
Female	16,584	64.2	159,512	0.6	27	5,666	21.9	54,657	0.9	58	9,092	35.2	86,742	0.6	30
Disabled	5,418	74.7	53,802	0.6	35	2,736	37.7	26,706	0.9	74	2,684	37.0	25,965	0.5	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	6
6-14	3	60.0	36	0.1	1	0	0.0	0	0.0	0	3	60.0	36	0.3	19
15-20	10	50.0	92	0.4	11	7	35.0	63	0.7	33	5	25.0	42	0.5	38
21-44	1,669	63.8	16,854	0.5	31	1,095	41.8	10,695	0.9	81	686	26.2	6,777	0.4	27
45-64	3,471	82.6	34,230	0.6	39	1,588	37.8	15,466	0.9	71	1,819	43.3	17,407	0.5	31
65-74	83	74.8	768	0.6	11	15	13.5	155	0.8	50	43	38.7	362	0.5	41
75-84	72	69.2	729	0.5	20	13	12.5	128	0.9	34	48	46.2	508	0.5	31
85 and older	110	55.8	1,093	0.4	13	18	9.1	199	0.8	49	79	40.1	821	0.6	28
Other Eligibles	11,166	60.1	105,710	0.6	22	2,930	15.8	27,951	0.8	43	6,408	34.5	60,777	0.6	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.2	1	1	50.0	12	0.3	6	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	33.3	6	1.2	253	0	0.0	0	0.0	0
21-44	111	55.2	894	0.7	48	46	22.9	336	0.7	63	40	19.9	370	0.3	18
45-64	173	72.4	1,454	0.6	39	60	25.1	485	0.7	53	55	23.0	481	0.5	27
65-74	3,207	61.5	31,163	0.6	23	951	18.2	9,228	0.8	51	1,904	36.5	18,254	0.5	28
75-84	4,160	61.2	39,343	0.6	22	1,161	17.1	11,163	0.8	41	2,401	35.3	22,669	0.6	30
85 and older	3,514	57.5	32,844	0.6	20	710	11.6	6,721	0.8	32	2,008	32.9	19,003	0.7	32
Male	6,844	47.5	63,288	0.6	25	3,563	24.7	33,589	1.0	74	3,843	26.7	35,010	0.6	31
Disabled	3,287	48.7	32,393	0.6	32	2,332	34.5	22,359	1.0	87	1,700	25.2	16,008	0.5	32
5 and younger	1	33.3	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.1	10
15-20	13	40.6	142	0.3	2	5	15.6	44	1.4	85	1	3.1	12	0.2	20
21-44	1,381	41.6	13,549	0.5	28	1,203	36.2	11,494	1.0	98	673	20.3	6,344	0.5	32
45-64	1,820	55.8	18,034	0.6	36	1,110	34.0	10,678	1.0	75	986	30.2	9,275	0.6	32
65-74	38	45.8	337	0.7	14	12	14.5	121	0.8	42	22	26.5	199	0.6	33
75-84	18	60.0	166	0.3	3	1	3.3	10	2.7	342	7	23.3	65	0.6	19
85 and older	16	57.1	153	0.5	12	1	3.6	12	0.8	22	10	35.7	101	0.8	32
Other Eligibles	3,557	46.4	30,895	0.5	18	1,231	16.1	11,230	0.9	49	2,143	28.0	19,002	0.6	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	40.0	24	0.7	67	1	20.0	11	0.3	18	1	20.0	11	0.3	4
21-44	90	34.7	671	0.7	42	43	16.6	346	0.8	71	24	9.3	195	0.4	24
45-64	139	54.9	1,063	0.6	26	43	17.0	328	1.1	72	56	22.1	442	0.5	27
65-74	1,231	43.5	11,035	0.5	20	454	16.0	4,383	0.9	54	752	26.6	6,877	0.5	29
75-84	1,308	48.4	11,288	0.6	17	490	18.1	4,406	0.8	45	798	29.6	7,022	0.6	29
85 and older	787	48.8	6,814	0.5	13	200	12.4	1,756	0.8	40	512	31.8	4,455	0.7	34
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7B

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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	10,758	26.7 %	99,157	0.8	\$37	13,485	33.5 %	126,841	0.5	\$27	12,979	32.3 %	119,210	0.8	\$26
Female	7,409	28.7	68,929	0.8	36	9,366	36.3	89,323	0.5	27	8,894	34.4	82,343	0.8	27
Disabled	1,913	26.4	18,424	0.8	44	3,130	43.1	30,263	0.5	25	1,632	22.5	15,529	0.7	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	20.0	12	0.1	2	2	40.0	24	0.5	14
15-20	5	25.0	56	0.3	20	3	15.0	36	0.1	5	3	15.0	15	0.7	24
21-44	357	13.6	3,384	0.7	44	795	30.4	7,887	0.4	22	255	9.7	2,370	0.6	23
45-64	1,388	33.0	13,475	0.8	44	2,176	51.8	20,761	0.5	27	1,173	27.9	11,282	0.7	25
65-74	64	57.7	558	0.9	40	44	39.6	355	0.5	32	67	60.4	574	0.8	29
75-84	51	49.0	516	0.9	38	54	51.9	575	0.4	25	57	54.8	535	0.8	27
85 and older	48	24.4	435	0.8	27	57	28.9	637	0.4	18	75	38.1	729	0.8	27
Other Eligibles	5,496	29.6	50,505	0.8	34	6,236	33.6	59,060	0.6	27	7,262	39.1	66,814	0.8	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.7	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	21	10.4	163	0.5	23	43	21.4	356	0.5	22	9	4.5	90	0.4	10
45-64	42	17.6	328	0.8	55	76	31.8	695	0.5	27	39	16.3	327	0.7	24
65-74	2,147	41.2	19,928	0.8	38	2,233	42.8	21,541	0.6	30	2,077	39.8	19,370	0.8	27
75-84	2,173	32.0	19,935	0.8	33	2,514	37.0	23,331	0.6	27	2,932	43.1	26,812	0.8	27
85 and older	1,113	18.2	10,151	0.8	26	1,370	22.4	13,137	0.5	23	2,204	36.1	20,203	0.8	27
Male	3,349	23.2	30,228	0.8	38	4,119	28.6	37,518	0.6	28	4,085	28.3	36,867	0.7	25
Disabled	1,269	18.8	11,921	0.8	44	1,529	22.6	14,539	0.5	26	1,374	20.3	13,002	0.7	25
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.3	5	2	66.7	24	1.0	3
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.7	11
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	6.3	22	0.8	32
21-44	359	10.8	3,485	0.8	43	460	13.9	4,523	0.4	20	386	11.6	3,807	0.7	22
45-64	887	27.2	8,238	0.8	44	1,013	31.1	9,506	0.6	28	941	28.9	8,782	0.7	26
65-74	15	18.1	125	0.9	40	32	38.6	258	0.7	34	23	27.7	180	0.8	25
75-84	6	20.0	58	0.7	39	8	26.7	81	0.3	26	6	20.0	50	0.9	31
85 and older	2	7.1	15	0.9	16	15	53.6	159	0.7	25	13	46.4	125	1.0	36
Other Eligibles	2,080	27.1	18,307	0.8	35	2,590	33.8	22,979	0.6	29	2,711	35.4	23,865	0.8	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	4	0.3	6	1	50.0	12	0.1	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	11	0.3	4
21-44	13	5.0	87	0.6	59	12	4.6	85	0.3	9	12	4.6	80	0.5	12
45-64	48	19.0	336	0.8	42	45	17.8	302	0.6	28	61	24.1	453	0.7	24
65-74	868	30.7	7,685	0.8	37	1,070	37.8	9,814	0.6	31	1,012	35.7	9,246	0.7	25
75-84	833	30.9	7,448	0.8	34	953	35.3	8,337	0.6	28	1,065	39.4	9,302	0.8	26
85 and older	318	19.7	2,751	0.8	28	509	31.6	4,437	0.5	24	559	34.7	4,761	0.8	25
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

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	\$272	6.5	4,762	40,079
Age				
0-64	445	8.2	329	2,972
65-74	370	7.7	602	5,061
75-84	285	6.8	1,704	13,957
85 and older	205	5.6	2,127	18,089
Unknown	0	0.0	0	0
Gender				
Female	264	6.5	3,238	27,999
Male	289	6.5	1,524	12,080
Unknown	0	0.0	0	0
Race				
White	271	6.5	4,492	37,770
African American	281	6.5	93	870
Other/unknown	276	6.2	177	1,439
Basis of Eligibility^c				
Aged	258	6.3	4,383	36,722
Disabled	420	8.0	378	3,355
Adults	280	6.5	1	2
Children	0	0.0	0	0
Unknown	0	0.0	0	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 3,142 beneficiaries who were in nursing facilities for part of their enrollment and their 25,254 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	Users								
	Total	Patented	Off-Patent	Brand-Name	Generic	Brand-Name			Patented	Off-Patent	Brand-Name	Generic	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
																Total	Patented
Anti-infective Agents	0.4	0.2	0.0	0.2	\$0	\$16	\$0	\$2	\$41	\$68	\$53	\$10	12,357	\$511,355	2,985	62.7 %	28,054
Biologics	0.1	0.0	0.0	0.1	0	0	0	2	22	14	0	25	238	5,281	211	4.4	2,193
Antineoplastic Agents	0.8	0.3	0.2	0.3	28	80	28	17	164	264	139	66	1,586	259,968	239	5.0	2,090
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.7	1	24	1	8	25	43	15	12	25,319	636,833	2,193	46.1	19,117
Cardiovascular Agents	2.0	0.5	0.1	1.3	22	43	22	20	22	41	17	15	52,209	1,156,880	3,067	64.4	26,606
Respiratory Agents	0.7	0.3	0.0	0.4	16	26	0	10	37	55	28	24	8,448	309,083	1,305	27.4	11,854
Gastrointestinal Agents	0.9	0.2	0.1	0.7	20	36	3	12	40	103	67	19	14,752	583,921	1,810	38.0	16,263
Genitourinary Agents	0.7	0.3	0.0	0.3	21	27	0	6	42	61	25	20	5,464	226,825	895	18.8	8,399
CNS Drugs	1.7	1.1	0.1	0.6	122	105	6	11	70	94	88	20	54,409	3,817,769	3,572	75.0	31,209
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.2	0.5	11	23	4	8	30	107	27	16	194	5,855	28	0.6	250
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	89	90	0	1	118	119	0	47	1,718	202,561	248	5.2	2,253
Analgesics and Anesthetics	1.2	0.5	0.1	0.7	37	50	5	8	42	82	64	12	28,617	1,201,838	2,738	57.5	23,811
Neuromuscular Agents	1.4	0.6	0.1	0.8	48	72	2	22	52	81	44	30	21,117	1,096,979	1,636	34.4	15,151
Nutritional Products	0.9	0.0	0.1	0.7	0	14	0	2	16	24	24	15	11,878	188,112	1,543	32.4	13,698
Hematological Agents	1.3	0.2	0.3	0.9	33	46	33	4	35	167	14	11	11,925	422,214	1,032	21.7	9,190
Topical Products	0.4	0.2	0.0	0.2	8	12	8	1	27	45	31	13	8,334	222,103	1,953	41.0	19,302
Miscellaneous Products	0.3	0.0	0.0	0.2	7	14	7	2	47	138	182	23	491	23,219	199	4.2	1,683
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	6	0	0	18	0	0	0	734	13,300	224	4.7	2,130
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.	259,790	10,884,096	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 3,142 beneficiaries who were in nursing facilities for part of their enrollment and their 25,254 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 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.
- 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, 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.

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 D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

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
ANTIPSYCHOTICS	\$1,569,558	1,635	34.3 %	15,477	0.8	\$122	\$101
ANTIDEPRESSANTS	1,640,509	3,406	71.5	31,895	0.9	58	51
ANALGESICS - Narcotic	928,223	3,157	66.3	27,626	0.8	42	34
ANTICONVULSANT	747,050	1,376	28.9	13,410	1.0	54	56
ULCER DRUGS	503,269	1,704	35.8	15,443	0.8	43	33
ANTIDIABETIC	411,582	1,405	29.5	12,424	1.0	34	33
ANTIHYPERTENSIVE	385,580	1,513	31.8	13,282	0.9	32	29
ANTIANSIETY AGENTS	180,633	1,250	26.2	11,493	0.5	29	16
ANTIASTHMATIC	259,354	1,295	27.2	11,683	0.5	41	22
ANTINEOPLASTICS	259,575	251	5.3	2,229	0.7	164	116
Total	6,885,333	16,992		154,962	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 3,142 beneficiaries who were in nursing facilities for part of their enrollment and their 25,254 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 2001. 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 2001 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 D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	No. of Rx	Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	No. of Users	Residents	NF	No. of Bene Mos among Users	Users as %			Mean No. of Rx	Mean Rx \$
			127,162	\$6,885,333	1,635							34.3 %	15,477	0.8		
Female	87,182	4,696,264	1,081	33.4	10,533	0.8	100	2,345	72.4	22,300	0.9	52				
Disabled	7,649	535,360	75	37.9	766	1.0	132	162	81.8	1,604	1.0	61				
64 or younger	6,833	498,758	68	42.5	706	1.0	139	138	86.3	1,395	1.0	63				
65-74	140	6,605	2	50.0	10	0.8	44	3	75.0	36	0.7	39				
75-84	169	8,913	1	20.0	10	0.1	2	3	60.0	32	1.3	86				
85 and older	507	21,084	4	13.8	40	0.7	69	18	62.1	141	0.9	46				
Other Eligibles	79,533	4,160,904	1,006	33.1	9,767	0.8	97	2,183	71.8	20,696	0.9	51				
64 or younger	7	426	1	100.0	2	0.5	69	2	200.0	4	0.5	53				
65-74	11,830	689,132	147	46.7	1,436	1.0	123	234	74.3	2,275	1.0	59				
75-84	31,708	1,684,427	419	38.9	4,046	0.8	100	836	77.6	7,682	0.9	51				
85 and older	35,988	1,786,919	439	26.7	4,283	0.8	86	1,111	67.5	10,735	0.9	49				
Male	39,980	2,189,069	554	36.4	4,944	0.8	105	1,061	69.6	9,595	0.9	51				
Disabled	6,397	408,445	73	40.6	673	1.1	167	127	70.6	1,246	0.9	58				
64 or younger	6,215	392,796	68	40.5	639	1.1	160	122	72.6	1,225	0.9	58				
65-74	151	13,973	5	71.4	34	1.4	287	2	28.6	6	1.0	54				
75-84	6	159	0	0.0	0	0.0	0	1	50.0	2	1.0	62				
85 and older	25	1,517	0	0.0	0	0.0	0	2	66.7	13	1.1	101				
Other Eligibles	33,583	1,780,624	481	35.8	4,271	0.8	95	934	69.5	8,349	0.9	50				
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
65-74	8,807	530,665	110	39.9	1,100	1.0	133	186	67.4	1,862	0.9	52				
75-84	15,677	816,217	234	37.7	2,018	0.8	92	461	74.4	4,014	0.9	50				
85 and older	9,099	433,742	137	30.6	1,153	0.7	64	287	64.1	2,473	0.9	48				
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 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 3,142 beneficiaries who were in nursing facilities for part of their enrollment and their 25,254 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 2001. 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 2001 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 D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

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	3,157	27,626	0.8	1,376	13,410	1.0	1,704	15,443	35.8 %	1,704	15,443	0.8	1,704	15,443	35.8 %	1,704	15,443	0.8	\$33
Female	2,198	19,696	0.8	847	8,356	1.0	1,124	10,459	34.7	1,124	10,459	0.8	1,124	10,459	34.7	1,124	10,459	0.8	32
Disabled	152	1,406	1.0	113	1,158	1.1	85	830	42.9	85	830	0.8	85	830	42.9	85	830	0.8	46
64 or younger	128	1,233	1.1	107	1,093	1.2	71	690	44.4	71	690	0.8	71	690	44.4	71	690	0.8	46
65-74	4	100.0	1.1	38	12	1.2	3	25	75.0	3	25	0.6	3	25	75.0	3	25	0.6	69
75-84	3	60.0	1.7	107	23	1.1	10	13	40.0	10	13	0.9	10	13	40.0	10	13	0.9	78
85 and older	17	58.6	0.4	4	43	1.0	9	102	31.0	9	102	0.8	9	102	31.0	9	102	0.8	34
Other Eligibles	2,046	18,290	0.8	734	7,198	1.0	1,039	9,629	34.2	1,039	9,629	0.8	1,039	9,629	34.2	1,039	9,629	0.8	31
64 or younger	1	100.0	1.0	1	2	1.0	31	0	0.0	31	0	0.0	31	0	0.0	31	0	0.0	0
65-74	234	2,081	0.9	140	1,386	1.2	118	1,112	37.5	118	1,112	0.7	118	1,112	37.5	118	1,112	0.7	31
75-84	737	6,468	0.9	328	3,228	1.0	378	3,384	35.1	378	3,384	0.8	378	3,384	35.1	378	3,384	0.8	31
85 and older	1,074	9,739	0.7	265	2,582	1.0	40	5,133	33.0	40	5,133	0.8	40	5,133	33.0	40	5,133	0.8	31
Male	959	7,930	0.8	529	5,054	1.0	61	4,984	38.1	580	4,984	0.7	580	4,984	38.1	580	4,984	0.7	33
Disabled	92	828	1.1	121	1,261	1.1	84	789	46.7	84	789	0.8	84	789	46.7	84	789	0.8	43
64 or younger	86	797	1.1	117	1,223	1.1	68	767	48.2	68	767	0.8	68	767	48.2	68	767	0.8	44
65-74	3	42.9	1.9	4	38	0.8	2	17	28.6	2	17	0.8	2	17	28.6	2	17	0.8	22
75-84	1	50.0	1.5	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	2	66.7	0.2	0	0	0.0	1	5	33.3	1	5	1.0	1	5	33.3	1	5	1.0	14
Other Eligibles	867	7,102	0.7	408	3,793	1.0	496	4,195	36.9	496	4,195	0.7	496	4,195	36.9	496	4,195	0.7	31
64 or younger	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	178	1,603	0.8	138	1,393	1.1	66	1,024	40.2	111	1,024	0.7	111	1,024	40.2	111	1,024	0.7	34
75-84	396	3,076	0.7	185	1,647	1.0	56	1,787	35.6	221	1,787	0.7	221	1,787	35.6	221	1,787	0.7	29
85 and older	293	2,423	0.6	85	753	1.0	53	1,384	36.6	164	1,384	0.7	164	1,384	36.6	164	1,384	0.7	34
Unknown	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 3,142 beneficiaries who were in nursing facilities for part of their enrollment and their 25,254 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 2001. 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 2001 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 D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTIANGIETY AGENTS						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx
All	1,405	29.5 %	1.0	\$33	1,513	31.8 %	0.9	\$29	0.5	1,250	26.2 %	0.5	\$16	11,493	0.5	\$16	
Female	945	29.2	1.0	32	996	30.8	0.9	29	0.5	835	25.8	0.5	16	7,887	0.5	16	
Disabled	61	30.8	1.0	39	45	22.7	0.9	27	0.6	83	41.9	0.6	18	838	0.6	18	
64 or younger	49	30.6	1.0	42	33	20.6	0.9	27	0.6	74	46.3	0.6	19	767	0.6	19	
65-74	4	100.0	0.8	24	2	50.0	1.1	29	0.7	2	50.0	0.7	23	6	0.7	23	
75-84	3	60.0	1.1	16	2	40.0	1.0	30	0.4	1	20.0	0.4	3	7	0.4	3	
85 and older	5	17.2	1.0	34	8	27.6	1.0	24	0.3	6	20.7	0.3	6	58	0.3	6	
Other Eligibles	884	29.1	1.0	32	951	31.3	0.9	29	0.5	752	24.7	0.5	15	7,049	0.5	15	
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0	
65-74	176	55.9	1.0	37	111	35.2	0.9	30	0.7	91	28.9	0.7	27	875	0.7	27	
75-84	395	36.7	1.0	34	371	34.4	0.9	30	0.5	284	26.4	0.5	15	2,538	0.5	15	
85 and older	313	19.0	0.9	26	469	28.5	0.9	28	0.5	377	22.9	0.5	13	3,636	0.5	13	
Male	460	30.2	1.0	35	517	33.9	0.9	29	0.6	415	27.2	0.6	16	3,606	0.6	16	
Disabled	56	31.1	1.0	37	40	22.2	0.9	30	0.8	58	32.2	0.8	24	545	0.8	24	
64 or younger	55	32.7	1.0	37	37	22.0	0.9	31	0.8	54	32.1	0.8	25	517	0.8	25	
65-74	1	14.3	1.8	68	2	28.6	1.0	10	0.3	4	57.1	0.3	8	28	0.3	8	
75-84	0	0.0	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	1	33.3	0.8	23	0.0	0	0.0	0.0	0	0	0.0	0	
Other Eligibles	404	30.1	1.0	34	477	35.5	0.9	29	0.5	357	26.6	0.5	15	3,061	0.5	15	
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0	
65-74	90	32.6	0.9	32	104	37.7	0.9	34	0.6	79	28.6	0.6	19	790	0.6	19	
75-84	218	35.2	1.0	36	233	37.6	0.9	27	0.5	165	26.6	0.5	15	1,350	0.5	15	
85 and older	96	21.4	0.9	33	140	31.3	0.9	28	0.5	113	25.2	0.5	11	921	0.5	11	
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0	

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 3,142 beneficiaries who were in nursing facilities for part of their enrollment and their 25,254 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 2001. 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 2001 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 D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTINEOPLASTICS						
	Users as %		Users as %		Mean Rx\$	Users as %		Users as %		Mean Rx\$		
	No. of Users	%	No. of Users	%		No. of Users	%	No. of Users	%			
All	1,295	27.2 %	11,683	0.5	\$22	251	5.3 %	2,229	0.7	\$117	4,762	40,079
Female	851	26.3	7,897	0.6	22	183	5.7	1,685	0.7	108	3,238	27,999
Disabled	51	25.8	435	0.7	28	24	12.1	234	0.8	295	198	1,783
64 or younger	36	22.5	298	0.7	33	20	12.5	200	0.9	338	160	1,474
65-74	2	50.0	10	0.2	6	0	0.0	0	0.0	0	4	30
75-84	5	100.0	31	0.5	13	2	40.0	22	0.5	51	5	40
85 and older	8	27.6	96	0.7	22	2	6.9	12	0.2	23	29	239
Other Eligibles	800	26.3	7,462	0.5	22	159	5.2	1,451	0.7	78	3,040	26,216
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
65-74	103	32.7	941	0.6	26	15	4.8	166	0.8	124	315	2,694
75-84	325	30.2	2,926	0.6	25	68	6.3	563	0.7	74	1,077	9,171
85 and older	372	22.6	3,595	0.5	18	76	4.6	722	0.7	72	1,647	14,349
Male	444	29.1	3,786	0.5	22	68	4.5	544	0.6	141	1,524	12,080
Disabled	51	28.3	467	0.4	19	7	3.9	60	0.5	211	180	1,572
64 or younger	48	28.6	451	0.5	19	7	4.2	60	0.5	211	168	1,496
65-74	2	28.6	4	0.8	21	0	0.0	0	0.0	0	7	37
75-84	1	50.0	12	0.1	2	0	0.0	0	0.0	0	2	14
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
Other Eligibles	393	29.2	3,319	0.5	22	61	4.5	484	0.6	133	1,344	10,508
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	87	31.5	802	0.6	26	9	3.3	59	0.6	63	276	2,300
75-84	192	31.0	1,573	0.6	22	31	5.0	244	0.7	164	620	4,732
85 and older	114	25.4	944	0.5	20	21	4.7	181	0.6	113	448	3,476
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 2001 file for Oregon, released by CMS in 09/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 3,142 beneficiaries who were in nursing facilities for part of their enrollment and their 25,254 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 2001. 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 2001 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 D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 OREGON, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
		60.1 %	7.6	7.6	307,012					
All	24,167	60.1 %	7.6	7.6	307,012	\$93	\$3,744,967	\$12	4.4 %	40,244
Age										
5 and younger	3	75.0	1.8	7	37	146	21	2.4	4	4
6-14	7	70.0	12.8	128	210	2,098	16	1.8	10	10
15-20	21	35.0	3.8	230	79	4,728	21	3.7	60	60
21-44	2,985	46.7	5.0	32,217	79	502,895	16	3.0	6,397	6,397
45-64	4,892	61.5	7.7	61,341	111	882,966	14	3.8	7,953	7,953
65-74	4,450	54.0	6.2	51,406	79	654,998	13	4.5	8,242	8,242
75-84	6,195	64.3	8.4	80,962	93	892,804	11	5.2	9,632	9,632
85 and older	5,614	70.7	10.2	80,721	101	804,332	10	6.8	7,946	7,946
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0
Basis of Eligibility^c										
Aged	15,876	63.0	8.2	206,899	91	2,288,101	11	5.4	25,212	25,212
Disabled	7,958	56.8	7.0	97,892	101	1,419,462	15	3.5	14,013	14,013
Adults	330	32.6	2.1	2,131	35	35,799	17	2.9	1,013	1,013
Children	3	50.0	15.0	90	268	1,605	18	3.2	6	6
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0
Gender										
Female	16,598	64.3	8.5	219,290	101	2,603,242	12	4.8	25,826	25,826
Male	7,569	52.5	6.1	87,722	79	1,141,725	13	3.9	14,418	14,418
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0
Race										
White	21,990	61.6	8.1	287,497	98	3,492,104	12	4.5	35,689	35,689
African American	566	51.2	5.2	5,799	71	78,973	14	4.6	1,105	1,105
Other/unknown	1,611	46.7	4.0	13,716	50	173,890	13	4.0	3,450	3,450
Use of Nursing Facilities^d										
Entire year	3,488	73.2	8.2	38,882	94	447,831	12	4.1	4,762	4,762
Part year	2,567	81.7	10.5	32,891	128	402,606	12	5.6	3,142	3,142
None	18,112	56.0	7.3	235,239	90	2,894,530	12	4.4	32,340	32,340
Maintenance Assistance Status										
Cash	7,176	49.8	5.3	76,817	73	1,054,773	14	3.7	14,422	14,422
Medically needy	492	57.6	5.7	4,855	87	73,950	15	2.5	854	854
Poverty related	150	24.6	1.6	954	23	13,995	15	3.1	609	609
Other/unknown	16,349	67.1	9.2	224,386	107	2,602,249	12	4.9	24,359	24,359

Table D11

Dual Eligible Beneficiaries

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 OREGON, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.9	\$11	\$12	\$0	\$3	334,352
All						
Age						
5 and younger	0.1	3	21	0	0	47
6-14	1.1	19	16	0	0	112
15-20	0.4	9	21	0	2	514
21-44	0.6	9	16	0	5	53,297
45-64	0.9	13	14	0	6	66,471
65-74	0.8	10	13	0	3	66,621
75-84	1.0	11	11	0	2	79,862
85 and older	1.2	12	10	0	2	67,428
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.0	11	11	0	2	209,125
Disabled	0.8	12	15	0	5	120,233
Adults	0.4	7	17	0	4	4,935
Children	1.5	27	18	0	0	59
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.0	12	12	0	3	218,851
Male	0.8	10	13	0	3	115,501
Unknown	0.0	0	0	0	0	0
Race						
White	1.0	12	12	0	3	298,750
African American	0.7	9	14	0	4	8,895
Other/unknown	0.5	7	13	0	2	26,707
Use of Nursing Facilities^d						
Entire year	1.0	11	12	0	3	40,079
Part year	1.3	16	12	0	4	25,254
None	0.9	11	12	0	3	269,019
Maintenance Assistance Status						
Cash	0.6	9	14	0	3	121,167
Medically needy	0.7	11	15	0	6	6,589
Poverty related	0.2	3	15	0	1	4,442
Other/unknown	1.1	13	12	0	3	202,154

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 OREGON, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	38,964	\$96	\$3,744,967	100.0 %	307,012	\$12	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	1,677	1,677	0.0	11	152	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	3,534	63	221,255	5.9	10,465	21	3.4
Vitamins and minerals	8,631	114	982,550	26.2	58,395	17	19.0
Non-prescription drugs	16,361	81	1,327,817	35.5	172,448	8	56.2
Barbiturates	381	62	23,629	0.6	3,312	7	1.1
Benzodiazepines	9,251	118	1,093,276	29.2	59,422	18	19.4
Other Part D Excl Rx Drugs	805	118	94,763	2.5	2,959	32	1.0

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	62,196	36,870	23,293	2,026	7	645,219	371,732	257,603	15,812	72	0
Age											
5 and younger	5	0	5	0	0	59	0	59	0	0	0
6-14	14	0	9	0	5	160	0	108	0	52	0
15-20	91	0	83	6	2	946	0	891	35	20	0
21-44	11,015	2	10,157	856	0	120,172	24	113,298	6,850	0	0
45-64	13,239	31	12,230	978	0	143,389	370	135,183	7,836	0	0
65-74	13,817	13,325	311	181	0	144,997	140,949	2,991	1,057	0	0
75-84	13,608	13,416	188	4	0	136,006	134,105	1,879	22	0	0
85 and older	10,407	10,096	310	1	0	99,490	96,284	3,194	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	39,402	26,366	12,123	910	3	411,706	269,494	134,640	7,536	36	0
Male	22,794	10,504	11,170	1,116	4	233,513	102,238	122,963	8,276	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	54,447	31,524	21,148	1,769	6	561,712	313,748	234,010	13,890	64	0
African American	1,738	839	822	77	0	18,258	8,760	8,928	570	0	0
Other/unknown	6,011	4,507	1,323	180	1	65,249	49,224	14,665	1,352	8	0
Use of Nursing Facilities^c											
Entire year	6,038	5,548	487	3	0	56,785	51,752	5,028	5	0	0
Part year	3,938	3,352	575	11	0	36,232	30,233	5,916	83	0	0
None	52,220	27,970	22,231	2,012	7	552,202	289,747	246,659	15,724	72	0
Maintenance Assistance Status											
Cash	27,770	12,784	14,860	125	1	310,465	142,896	166,398	1,159	12	0
Medically needy	876	157	719	0	0	9,556	1,750	7,806	0	0	0
Poverty related	618	254	337	25	2	6,537	2,736	3,625	164	12	0
Other/unknown	32,932	23,675	7,377	1,876	4	318,661	224,350	79,774	14,489	48	0
Dual Status^d											
Full dual, all year	60,917	36,237	22,660	2,013	7	631,311	364,890	250,647	15,702	72	0
Full dual, part year	1,279	633	633	13	0	13,908	6,842	6,956	110	0	0
Managed Care Status											
FFS all year	27,107	18,666	7,930	506	5	263,349	175,142	84,766	3,393	48	0
FFS part year, with Rx claims	11,287	5,612	5,343	331	1	126,518	62,257	61,131	3,118	12	0
FFS part year, no Rx claims	1,850	934	740	176	0	17,719	9,036	7,649	1,034	0	0
MC all year, with Rx claims	12,062	5,751	5,675	636	0	131,564	61,079	64,541	5,944	0	0
MC all year, no Rx claims	9,890	5,907	3,605	377	1	106,069	64,218	39,516	2,323	12	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2001

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	62,196	645,219	40,244	334,352	0	310,867	0	310,867
FFS all year	27,107	263,349	27,107	263,349	0	0	0	0
FFS part year, with Rx claims	11,287	126,518	11,287	63,512	0	63,006	0	63,006
FFS part year, with no Rx claims	1,850	17,719	1,850	7,491	0	10,228	0	10,228
MC all year, with Rx claims	12,062	131,564	0	0	0	131,564	0	131,564
MC all year, with no Rx claims	9,890	106,069	0	0	0	106,069	0	106,069

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.