

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 OREGON

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OREGON, 2002

Inclusion Criteria (2002)	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	648,195 (A)	82,672 (E)	565,523 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	594,144 (B)	65,086 (F)	529,058 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	342,395 (C)	41,580 (G)	300,815 (K)
4. Benes who were all-year nursing facility residents ^f	4,795 (D)	4,505 (H)	290 (L)

Source: Data for this table are from the MAX 2002 file for Oregon, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 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 2002 was \$273,788,067, of which \$95,774,334 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. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. 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 K but excluded from Cell J 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 G but excluded from Cell F 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, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	342,395	26,285	30,278	143,074	142,671	87	1,766,589	233,382	276,584	557,388	698,999	236					
Age																	
5 and younger	63,926	0	862	62	63,002	0	297,222	0	7,008	209	290,005	0					
6-14	59,697	1	2,211	77	57,408	0	318,109	2	20,159	354	297,594	0					
15-20	35,944	0	1,850	11,864	22,228	2	170,689	0	16,379	43,117	111,187	6					
21-44	112,185	3	10,975	101,162	18	27	484,603	30	100,409	383,946	150	68					
45-64	43,663	56	13,827	29,719	3	58	257,395	430	127,813	128,983	7	162					
65-74	8,657	8,305	201	149	2	0	75,918	73,818	1,505	593	2	0					
75-84	9,996	9,856	121	19	0	0	90,245	88,948	1,199	98	0	0					
85 and older	8,321	8,064	231	22	4	0	72,365	70,154	2,112	88	11	0					
Unknown	6	0	0	0	6	0	43	0	0	0	43	0					
Gender																	
Female	186,696	18,758	15,698	82,157	69,996	87	999,774	170,508	144,949	339,007	345,074	236					
Male	155,699	7,527	14,580	60,917	72,675	0	766,815	62,874	131,635	218,381	353,925	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	262,147	22,876	26,256	117,808	95,127	80	1,377,260	201,617	240,772	455,712	478,934	225					
African American	13,361	565	1,171	5,518	6,106	1	61,996	5,286	9,730	18,222	28,757	1					
Other/unknown	66,887	2,844	2,851	19,748	41,438	6	327,333	26,479	26,082	83,454	191,308	10					
Use of Nursing Facilities^c																	
Entire year	4,795	4,188	576	31	0	0	42,266	36,728	5,418	120	0	0					
Part year	3,604	2,630	734	240	0	0	29,212	21,526	6,362	1,324	0	0					
None	333,996	19,467	28,968	142,803	142,671	87	1,695,111	175,128	264,804	555,944	698,999	236					
Maintenance Assistance Status																	
Cash	70,127	6,559	20,902	14,364	28,302	0	460,436	63,438	193,416	62,417	141,165	0					
Medically needy	1,067	126	941	0	0	0	8,547	1,095	7,452	0	0	0					
Poverty-related	101,550	376	505	9,511	91,071	87	441,686	2,510	3,109	32,081	403,750	236					
Other/unknown	169,651	19,224	7,930	119,199	23,298	0	855,920	166,339	72,607	462,890	154,084	0					
Dual Medicare Status^d																	
Full dual, all year	40,005	25,098	13,802	1,097	7	1	362,808	224,529	132,875	5,358	45	1					
Full dual, part year	1,575	736	820	19	0	0	11,643	5,675	5,827	141	0	0					
Non-dual, all year	300,815	451	15,656	141,958	142,664	86	1,392,138	3,178	137,882	551,889	698,954	235					
Managed Care Status																	
FFS all year	165,095	22,273	22,519	55,321	64,899	83	1,316,077	214,522	242,701	364,763	493,863	228					
FFS part year, with Rx claims	61,708	3,158	6,108	35,878	16,561	3	217,977	16,020	29,026	100,333	72,593	5					
FFS part year, no Rx claims	115,592	854	1,651	51,875	61,211	1	232,535	2,840	4,857	92,292	132,543	3					

Source: Data for this table are from the MAX 2002 file for Oregon, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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, 2002

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	47.4 %	10.5	\$520	\$50	\$3,711	14.0 %	342,395
Age							
5 and younger	33.1	1.3	37	29	1,574	2.3	63,926
6-14	31.9	2.1	117	56	1,717	6.8	59,697
15-20	38.7	3.0	159	53	2,412	6.6	35,944
21-44	49.3	7.9	465	59	3,004	15.5	112,185
45-64	66.8	25.4	1,381	54	6,484	21.3	43,663
65-74	84.0	46.6	1,996	43	10,892	18.3	8,657
75-84	89.3	50.5	1,969	39	13,837	14.2	9,996
85 and older	90.7	45.8	1,622	35	15,392	10.5	8,321
Unknown	0.0	0.0	0	0	1,805	0.0	6
Basis of Eligibility^c							
Aged	88.3	48.1	1,883	39	13,433	14.0	26,285
Disabled	83.6	41.9	2,699	64	12,431	21.7	30,278
Adults	47.1	5.9	268	45	2,333	11.5	143,074
Children	32.4	1.5	59	39	1,448	4.1	142,671
Unknown	62.1	5.3	229	43	8,463	2.7	87
Gender							
Female	52.8	13.1	601	46	4,029	14.9	186,696
Male	40.9	7.3	423	58	3,330	12.7	155,699
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	50.6	12.2	612	50	4,083	15.0	262,147
African American	37.8	6.2	305	49	3,579	8.5	13,361
Other/unknown	36.5	4.5	201	44	2,278	8.8	66,887
Use of Nursing Facilities^d							
Entire year	96.8	60.7	2,631	43	28,700	9.2	4,795
Part year	96.6	59.2	2,520	43	21,809	11.6	3,604
None	46.2	9.3	468	51	3,157	14.8	333,996

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	57.1	17.1	949	56	5,270	18.0	70,127
Medically needy	95.2	57.9	4,070	70	8,614	47.3	1,067
Poverty related	30.6	1.3	43	33	1,153	3.7	101,550
Other/unknown	53.2	13.0	606	47	4,567	13.3	169,651

Source: Data for this table are from the MAX 2002 file for Oregon, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 2002

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	2.0	\$101	14.0 %	52.6 %	23.7 %	5.5 %	8.5 %	6.3 %	3.3 %	\$719	342,395	1,766,599
Age												
5 and younger	0.3	8	2.3	66.9	30.7	1.7	0.6	0.1	0.0	339	63,926	297,222
6-14	0.4	22	6.8	68.1	26.3	2.5	2.1	0.6	0.3	322	59,697	318,109
15-20	0.6	34	6.6	61.3	27.7	4.9	4.1	1.4	0.7	508	35,944	170,689
21-44	1.8	108	15.5	50.7	23.3	7.6	9.8	5.3	3.2	695	112,185	484,603
45-64	4.3	234	21.3	33.2	16.3	8.5	17.6	14.8	9.7	1,100	43,663	257,395
65-74	5.3	228	18.3	16.0	12.7	8.3	23.3	26.9	12.9	1,242	8,657	75,918
75-84	5.6	218	14.2	10.7	9.1	8.0	26.8	32.8	12.6	1,533	9,996	90,245
85 and older	5.3	187	10.5	9.3	8.4	8.7	31.5	32.8	9.3	1,770	8,321	72,365
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	252	6	43
Basis of Eligibility^c												
Aged	5.4	212	14.0	11.7	10.0	8.3	27.2	31.1	11.7	1,513	26,285	233,382
Disabled	4.6	296	21.7	16.4	19.0	9.4	21.8	20.4	13.1	1,361	30,278	276,584
Adults	1.5	69	11.5	52.9	22.7	7.4	9.4	4.7	2.9	599	143,074	557,388
Children	0.3	12	4.1	67.6	28.3	2.2	1.4	0.4	0.2	296	142,671	698,999
Unknown	1.9	85	2.7	37.9	21.8	13.8	17.2	8.0	1.1	3,120	87	236
Gender												
Female	2.5	112	14.9	47.2	24.5	6.1	9.9	8.0	4.3	752	186,696	999,774
Male	1.5	86	12.7	59.1	22.8	4.8	6.8	4.3	2.2	676	155,699	766,815
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.3	117	15.0	49.4	23.4	6.0	9.7	7.5	4.0	777	262,147	1,377,260
African American	1.3	66	8.5	62.2	21.5	4.3	6.1	3.8	2.0	771	13,361	61,996
Other/unknown	0.9	41	8.8	63.5	25.4	3.8	4.2	2.2	0.9	466	66,887	327,333
Use of Nursing Facilities^d												
Entire year	6.9	298	9.2	3.2	4.8	6.5	28.2	38.6	18.8	3,256	4,795	42,266
Part year	7.3	311	11.6	3.4	5.5	7.1	24.6	37.2	22.2	2,691	3,604	29,212
None	1.8	92	14.8	53.8	24.2	5.5	8.1	5.5	2.9	622	333,996	1,695,111

Table 4

All Medicaid Beneficiaries

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				
Maintenance Assistance Status												
Cash	2.6	145	18.0	42.9	25.4	6.8	11.6	8.6	4.7	803	70,127	460,436
Medically needy	7.2	508	47.3	4.8	6.1	5.0	26.3	33.6	24.2	1,075	1,067	8,547
Poverty related	0.3	10	3.7	69.4	26.4	2.3	1.3	0.4	0.1	265	101,550	441,686
Other/unknown	2.6	120	13.3	46.8	21.6	6.9	11.4	8.8	4.5	905	169,651	855,920

Source: Data for this table are from the MAX 2002 file for Oregon, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 2002

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 \$			
All	2.0	\$101	0.8	\$75	0.1	\$96	0.1	\$54	1.1	\$20	\$17
Age											
5 and younger	0.3	8	0.1	6	0.0	77	0.0	42	0.2	2	10
6-14	0.4	22	0.2	17	0.0	103	0.0	73	0.2	4	18
15-20	0.6	34	0.3	26	0.0	97	0.0	66	0.3	6	17
21-44	1.8	108	0.7	83	0.1	116	0.1	67	1.0	19	18
45-64	4.3	234	1.7	175	0.2	103	0.2	59	2.4	46	19
65-74	5.3	228	2.1	166	0.3	80	0.3	44	2.9	48	17
75-84	5.6	218	2.1	157	0.3	75	0.3	39	3.1	48	15
85 and older	5.3	187	1.8	131	0.3	72	0.3	37	3.1	43	14
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Basis of Eligibility^d											
Aged	5.4	212	2.0	152	0.3	76	0.3	40	3.1	46	15
Disabled	4.6	296	1.8	226	0.2	122	0.2	70	2.5	53	21
Adults	1.5	69	0.6	52	0.1	89	0.1	50	0.9	13	15
Children	0.3	12	0.1	9	0.0	78	0.0	58	0.2	3	14
Unknown	1.9	85	0.6	68	0.0	104	0.0	29	1.3	17	13
Gender											
Female	2.5	112	0.9	83	0.1	88	0.1	49	1.4	23	17
Male	1.5	86	0.6	65	0.1	114	0.1	63	0.8	16	19
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Race											
White	2.3	117	0.9	87	0.1	97	0.1	54	1.3	23	17
African American	1.3	66	0.5	48	0.1	101	0.1	48	0.8	14	18
Other/unknown	0.9	41	0.3	31	0.1	90	0.1	48	0.5	8	15
Use of Nursing Facilities^e											
Entire year	6.9	298	2.5	218	0.4	87	0.4	44	3.9	61	16
Part year	7.3	311	2.6	227	0.4	86	0.4	44	4.2	66	16
None	1.8	92	0.7	69	0.1	98	0.1	55	1.0	18	17

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	2.6	145	1.0	109	0.1	9	1.4	27
Medically needy	7.2	508	3.2	411	0.3	22	3.7	76
Poverty related	0.3	10	0.1	7	0.0	1	0.2	2
Other/unknown	2.6	120	1.0	89	0.1	7	1.4	24

Source: Data for this table are from the MAX 2002 file for Oregon, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 0.3 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_mddeb.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 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 OREGON, 2002

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.	As % of All Benes	No. of Bene Mos				
Anti-infective Agents	0.3	0.1	0.0	0.2	\$18	\$14	\$1	\$2	\$56	\$112	\$81	\$13	225,047	\$12,579,027	81,548	23.8 %	709,586	
Biologics	0.1	0.1	0.0	0.0	40	26	2	12	317	262	1,922	473	1,861	590,718	1,439	0.4	14,937	
Antineoplastic Agents	0.6	0.3	0.0	0.3	148	128	3	17	228	395	105	58	11,395	2,602,583	1,922	0.6	17,552	
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	32	23	3	7	34	54	31	15	370,669	12,430,333	45,064	13.2	383,869	
Cardiovascular Agents	1.7	0.5	0.1	1.0	47	29	5	14	28	56	33	13	609,320	17,013,445	40,608	11.9	359,962	
Respiratory Agents	0.6	0.3	0.0	0.3	26	19	1	6	43	74	56	17	235,673	10,178,010	44,289	12.9	391,424	
Gastrointestinal Agents	0.7	0.2	0.0	0.4	40	31	2	7	60	129	130	17	172,742	10,377,001	28,354	8.3	259,551	
Genitourinary Agents	0.5	0.3	0.0	0.2	22	20	0	2	48	66	35	15	52,290	2,494,405	11,688	3.4	111,543	
CNS Drugs	1.6	0.8	0.1	0.7	107	87	4	16	68	106	84	22	822,236	55,786,105	75,620	22.1	521,672	
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	48	27	7	14	65	88	64	42	31,804	2,059,660	5,067	1.5	42,580	
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	56	48	0	8	126	145	95	68	19,389	2,433,535	4,706	1.4	43,562	
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	36	23	3	10	44	139	72	16	454,018	20,063,782	67,330	19.7	560,603	
Neuromuscular Agents	1.0	0.5	0.1	0.5	68	54	3	11	66	114	64	21	281,826	18,581,708	32,051	9.4	272,280	
Nutritional Products	0.5	0.0	0.0	0.5	6	0	1	6	12	19	16	12	111,468	1,377,275	24,885	7.3	220,436	
Hematological Agents	0.9	0.2	0.1	0.5	50	40	2	7	58	213	20	12	77,537	4,469,477	9,634	2.8	90,145	
Topical Products	0.3	0.1	0.0	0.2	8	5	1	3	29	56	55	14	105,265	3,094,989	39,127	11.4	365,293	
Miscellaneous Products	0.6	0.2	0.1	0.3	126	80	33	14	202	360	325	45	8,535	1,724,911	1,435	0.4	13,644	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	30	0	0	0	5,241	156,769	2,261	0.7	21,710	
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.	3,596,316	178,013,733	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Oregon, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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, 0.3 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, 2002

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		
ANTIPSYCHOTICS	\$20,594,224	17,896	5.2 %	176,609	0.8	\$144	\$117	
ANTIDEPRESSANTS	18,719,437	52,929	15.5	500,150	0.7	56	37	
ANTICONVULSANT	13,664,435	20,502	6.0	199,515	0.8	82	68	
ANALGESICS - Narcotic	13,020,921	71,990	21.0	657,954	0.5	42	20	
ANTIASTHMATIC	7,535,977	38,001	11.1	354,768	0.4	50	21	
ULCER DRUGS	6,765,876	28,016	8.2	270,461	0.5	52	25	
ANTIDIABETIC	6,414,393	18,762	5.5	177,165	0.8	46	36	
ANTIVIRAL	5,223,352	4,006	1.2	38,185	0.4	332	137	
ANTHYPERLIPIDEMIC	5,170,108	10,781	3.1	105,037	0.7	68	49	
ANTIHYPERTENSIVE	4,772,482	22,812	6.7	216,705	0.7	30	22	
Total	101,881,205	285,695		2,696,549	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Oregon, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.