

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 OREGON

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>41,284</b>	<b>24,910</b>	<b>15,089</b>	<b>1,277</b>	<b>8</b>	<b>0</b>	<b>369,283</b>	<b>222,651</b>	<b>139,587</b>	<b>6,976</b>	<b>69</b>	<b>0</b>		
<b>Age</b>														
5 and younger	4	0	4	0	0	0	42	0	42	0	0	0		
6-14	10	0	7	0	3	0	99	0	72	0	27	0		
15-20	64	0	54	5	5	0	525	0	459	24	42	0		
21-44	6,522	1	6,056	465	0	0	58,590	12	55,978	2,600	0	0		
45-64	9,139	9	8,439	691	0	0	82,499	52	78,629	3,818	0	0		
65-74	8,143	7,840	192	111	0	0	72,196	70,363	1,331	502	0	0		
75-84	9,365	9,249	113	3	0	0	85,082	84,018	1,055	9	0	0		
85 and older	8,037	7,811	224	2	0	0	70,250	68,206	2,021	23	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Gender</b>														
Female	26,328	17,848	7,859	616	5	0	239,700	162,546	73,493	3,623	38	0		
Male	14,956	7,062	7,230	661	3	0	129,583	60,105	66,094	3,353	31	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	36,181	21,543	13,524	1,106	8	0	322,825	191,652	125,097	6,007	69	0		
African American	1,164	566	556	42	0	0	10,234	5,111	4,901	222	0	0		
Other/unknown	3,939	2,801	1,009	129	0	0	36,224	25,888	9,589	747	0	0		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	4,248	3,870	377	1	0	0	37,498	33,835	3,662	1	0	0		
Part year	2,721	2,353	364	4	0	0	22,886	19,673	3,186	27	0	0		
None	34,315	18,687	14,348	1,272	8	0	308,899	169,143	132,739	6,948	69	0		
<b>Maintenance Assistance Status</b>														
Cash	13,565	6,366	7,103	96	0	0	128,930	60,893	67,476	561	0	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	2,196	1,022	1,162	11	1	0	18,419	8,825	9,530	57	7	0		
Other/unknown	25,523	17,522	6,824	1,170	7	0	221,934	152,933	62,581	6,358	62	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	37,700	23,168	13,256	1,268	8	0	338,877	207,557	124,360	6,891	69	0		
Full dual, part year	3,584	1,742	1,833	9	0	0	30,406	15,094	15,227	85	0	0		
<b>Managed Care (MC) Status</b>														
Fee-for-service (FFS) all year	32,368	20,918	10,976	470	4	0	323,832	201,820	118,667	3,304	41	0		
FFS part year, with Rx claims	7,114	3,082	3,376	652	4	0	37,435	16,502	17,639	3,266	28	0		
FFS part year, no Rx claims	1,802	910	737	155	0	0	8,016	4,329	3,281	406	0	0		

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	87.4 %	44.2	\$2,239	\$51	\$13,428	16.7 %	41,284
<b>Age</b>							
5 and younger	100.0	33.5	1,216	36	3,679	33.0	4
6-14	90.0	36.1	6,786	188	15,327	44.3	10
15-20	75.0	15.7	1,664	106	19,855	8.4	64
21-44	82.2	31.5	2,632	84	10,068	26.1	6,522
45-64	90.0	48.8	3,058	63	12,915	23.7	9,139
65-74	84.1	43.2	1,928	45	11,684	16.5	8,143
75-84	89.0	48.8	1,946	40	14,991	13.0	9,365
85 and older	90.2	45.0	1,644	37	16,634	9.9	8,037
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	87.9	45.9	1,851	40	14,500	12.8	24,910
Disabled	87.1	43.2	2,959	69	12,466	23.7	15,089
Adults	80.7	20.9	1,261	60	3,849	32.7	1,277
Children	100.0	49.1	7,642	156	17,796	42.9	8
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	90.0	48.9	2,286	47	13,786	16.6	26,328
Male	82.8	35.9	2,156	60	12,797	16.8	14,956
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	88.0	45.8	2,334	51	13,777	16.9	36,181
African American	82.3	36.1	1,861	52	15,045	12.4	1,164
Other/unknown	83.4	31.4	1,478	47	9,747	15.2	3,939
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.3	59.8	2,603	44	31,853	8.2	4,248
Part year	96.5	57.2	2,359	41	20,756	11.4	2,721
None	85.6	41.2	2,184	53	10,566	20.7	34,315
<b>Maintenance Assistance Status</b>							
Cash	86.5	39.6	2,197	56	9,886	22.2	13,565
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	73.5	13.1	821	63	4,064	20.2	2,196
Other/unknown	89.0	49.3	2,383	48	16,116	14.8	25,523

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:					More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Number
			Percentage of All Medicaid FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less					
<b>All</b>	<b>4.9</b>	<b>\$250</b>	<b>16.7 %</b>	<b>12.6 %</b>	<b>14.6 %</b>	<b>9.1 %</b>	<b>25.4 %</b>	<b>26.7 %</b>	<b>11.6 %</b>	<b>\$1,501</b>	<b>41,284</b>	<b>369,283</b>
<b>Age</b>												
5 and younger	3.2	116	33.0	0.0	25.0	0.0	50.0	25.0	0.0	350	4	42
6-14	3.6	686	44.3	10.0	10.0	30.0	30.0	20.0	0.0	1,548	10	99
15-20	1.9	203	8.4	25.0	45.3	10.9	6.3	10.9	1.6	2,420	64	525
21-44	3.5	293	26.1	17.8	24.0	11.5	22.2	16.0	8.6	1,121	6,522	58,590
45-64	5.4	339	23.7	10.0	14.5	8.8	24.7	26.3	15.7	1,431	9,139	82,499
65-74	4.9	218	16.5	15.9	15.8	9.2	22.4	25.0	11.8	1,318	8,143	72,196
75-84	5.4	214	13.0	11.0	11.1	8.6	26.0	31.1	12.2	1,650	9,365	85,082
85 and older	5.1	188	9.9	9.8	9.4	8.1	31.3	32.8	8.6	1,903	8,037	70,250
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.1	207	12.8	12.1	12.1	8.7	26.5	29.7	10.9	1,622	24,910	222,651
Disabled	4.7	320	23.7	12.9	18.3	9.6	23.7	22.6	12.8	1,348	15,089	139,587
Adults	3.8	231	32.7	19.3	17.9	12.1	24.1	16.7	9.8	705	1,277	6,976
Children	5.7	886	42.9	0.0	0.0	12.5	37.5	37.5	12.5	2,063	8	69
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	5.4	251	16.6	10.0	12.9	8.9	25.7	29.4	13.1	1,514	26,328	239,700
Male	4.1	249	16.8	17.2	17.6	9.5	24.8	22.1	8.8	1,477	14,956	129,583
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.1	262	16.9	12.0	13.4	8.7	25.6	28.0	12.3	1,544	36,181	322,825
African American	4.1	212	12.4	17.7	18.1	10.0	22.9	22.3	9.0	1,711	1,164	10,234
Other/unknown	3.4	161	15.2	16.6	24.1	13.0	24.4	16.6	5.4	1,060	3,939	36,224
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	6.8	295	8.2	3.7	5.6	6.7	27.0	39.0	17.9	3,609	4,248	37,498
Part year	6.8	281	11.4	3.5	7.1	6.8	26.5	37.7	18.4	2,468	2,721	22,886
None	4.6	243	20.7	14.4	16.3	9.6	25.1	24.3	10.2	1,174	34,315	308,899
<b>Maintenance Assistance Status</b>												
Cash	4.2	231	22.2	13.5	19.2	11.1	25.6	21.5	9.2	1,040	13,565	128,930
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.6	98	20.2	26.5	39.4	10.7	15.2	5.4	2.7	485	2,196	18,419
Other/unknown	5.7	274	14.8	11.0	10.0	8.0	26.1	31.3	13.6	1,853	25,523	221,934

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.9</b>	<b>\$250</b>	<b>\$51</b>	<b>1.8</b>	<b>\$190</b>	<b>\$106</b>	<b>0.1</b>	<b>\$6</b>	<b>\$45</b>	<b>3.0</b>	<b>\$55</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	3.2	116	36	1.7	81	49	0.2	13	61	1.3	22	17
6-14	3.6	686	188	2.1	632	298	0.1	37	283	1.4	17	12
15-20	1.9	203	106	0.9	179	189	0.1	9	100	0.9	15	17
21-44	3.5	293	84	1.4	235	164	0.1	9	89	2.0	48	24
45-64	5.4	339	63	2.0	260	129	0.1	8	60	3.3	71	22
65-74	4.9	218	45	1.8	161	92	0.1	4	36	3.0	52	17
75-84	5.4	214	40	1.9	157	82	0.1	4	28	3.3	53	16
85 and older	5.1	188	37	1.7	137	79	0.1	4	27	3.3	47	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.1	207	40	1.8	152	84	0.1	4	30	3.2	51	16
Disabled	4.7	320	69	1.8	249	139	0.1	8	69	2.7	61	22
Adults	3.8	231	60	1.4	178	130	0.0	4	81	2.4	48	20
Children	5.7	886	156	3.3	838	255	0.3	14	40	2.1	34	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.4	251	47	2.0	189	96	0.1	5	39	3.3	57	17
Male	4.1	249	60	1.5	191	128	0.1	6	60	2.5	51	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.1	262	51	1.9	198	106	0.1	6	45	3.1	57	18
African American	4.1	212	52	1.4	156	114	0.1	5	41	2.6	50	19
Other/unknown	3.4	161	47	1.3	122	96	0.1	4	45	2.1	35	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.8	295	44	2.4	221	92	0.2	5	30	4.2	68	16
Part year	6.8	281	41	2.4	209	89	0.2	5	30	4.3	66	16
None	4.6	243	53	1.7	184	110	0.1	6	49	2.8	52	19
<b>Maintenance Assistance Status</b>												
Cash	4.2	231	56	1.5	177	115	0.1	5	52	2.5	48	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.6	98	63	0.6	79	124	0.0	2	47	0.9	17	19
Other/unknown	5.7	274	48	2.0	206	101	0.1	6	42	3.5	62	18

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, 0.3 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name						
Anti-infective Agents	0.4	0.2	0.0	0.2	\$24	\$19	\$0	\$5	\$63	\$123	\$92	\$22	74,337	\$4,687,538	19,134	46.3 %	193,644
Biologics	0.1	0.1	0.0	0.0	11	1	0	10	115	18	0	431	755	86,756	697	1.7	7,550
Antineoplastic Agents	0.5	0.2	0.0	0.3	118	99	1	18	219	459	97	57	6,075	1,332,911	1,190	2.9	11,294
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	40	31	1	8	35	61	20	13	203,047	7,007,309	18,156	44.0	175,460
Cardiovascular Agents	1.9	0.5	0.0	1.4	48	27	1	20	26	58	21	15	428,378	10,931,865	24,075	58.3	228,653
Respiratory Agents	0.8	0.4	0.0	0.4	38	31	1	7	50	82	70	18	92,130	4,612,552	12,153	29.4	120,902
Gastrointestinal Agents	0.7	0.2	0.0	0.5	39	29	1	10	52	127	107	18	107,377	5,562,034	14,665	35.5	143,355
Genitourinary Agents	0.6	0.3	0.0	0.2	31	26	0	4	55	80	36	18	31,260	1,708,234	5,440	13.2	55,291
CNS Drugs	1.6	0.8	0.0	0.7	122	103	2	16	77	127	95	22	360,730	27,794,975	24,641	59.7	228,021
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.3	69	55	2	12	105	184	68	38	3,340	352,328	526	1.3	5,076
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	103	99	0	4	165	170	0	90	14,626	2,408,184	2,403	5.8	23,363
Analgesics and Anesthetics	0.9	0.2	0.0	0.7	46	30	2	15	50	160	77	21	188,667	9,375,021	21,008	50.9	202,940
Neuromuscular Agents	1.1	0.5	0.0	0.6	80	62	2	16	73	124	50	29	133,303	9,723,806	12,625	30.6	122,061
Nutritional Products	0.7	0.0	0.1	0.6	10	0	1	9	14	21	19	14	62,119	892,175	8,992	21.8	86,844
Hematological Agents	0.9	0.2	0.1	0.6	48	39	1	7	51	167	21	11	62,618	3,179,691	6,984	16.9	66,738
Topical Products	0.4	0.2	0.0	0.2	13	10	0	3	34	60	41	15	46,711	1,606,389	11,596	28.1	120,189
Miscellaneous Products	0.7	0.3	0.1	0.3	137	94	23	20	206	362	319	59	4,682	964,133	714	1.7	7,049
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	20	0	0	0	66	0	0	0	3,144	206,066	985	2.4	10,509
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,823,299	92,431,967	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$13,745,873	10,333	25.0 %	104,112	0.8	\$161
ANTIDEPRESSANTS	9,170,128	22,616	54.8	226,344	0.7	55
ANTICONVULSANT	7,314,761	10,039	24.3	101,279	0.8	86
ANALGESICS - Narcotic	6,678,906	24,833	60.2	247,207	0.5	50
ANTIDIABETIC	4,028,094	11,581	28.1	113,626	0.8	45
ULCER DRUGS	3,948,803	15,199	36.8	151,314	0.5	48
ANTIASTHMATIC	3,878,932	13,460	32.6	134,147	0.5	60
ANTIHYPERTENSIVE	3,450,007	7,675	18.6	76,769	0.7	66
ANTIHYPERTENSIVE	2,725,017	14,925	36.2	146,792	0.7	26
NEUROLOGICAL	2,427,404	2,663	6.5	26,230	0.6	159
Total	57,367,925	133,324		1,327,820	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
<b>All</b>	<b>882,154</b>	<b>\$57,367,925</b>	<b>10,333</b>	<b>25.0 %</b>	<b>104,112</b>	<b>0.8</b>	<b>\$132</b>	<b>22,616</b>	<b>54.8 %</b>	<b>226,344</b>	<b>0.7</b>	<b>\$41</b>				
<b>Female</b>																
<b>Disabled</b>	597,247	36,770,500	6,140	23.3	62,594	0.8	113	15,981	60.7	160,917	0.7	40				
5 and younger	195,246	15,068,464	2,287	29.1	24,557	0.8	136	5,694	72.5	59,851	0.7	43				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	73	2,609	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	139	9,728	2	10.5	19	0.7	90	10	52.6	118	0.3	17				
45-64	49,517	4,357,513	850	32.5	9,213	0.8	136	1,572	60.0	16,829	0.7	43				
65-74	136,540	10,234,816	1,362	28.3	14,651	0.8	138	3,866	80.3	40,561	0.7	43				
75-84	3,153	180,466	21	17.6	209	0.8	109	79	66.4	717	0.8	40				
85 and older	2,137	110,504	13	15.1	120	0.6	90	50	58.1	501	0.8	45				
<b>Other Eligibles</b>	3,687	172,828	39	20.1	345	0.6	69	117	60.3	1,125	0.8	40				
5 and younger	402,001	21,702,036	3,853	20.9	38,037	0.7	98	10,287	55.7	101,066	0.8	39				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	11	766	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	29	1,810	0	0.0	0	0.0	0	3	75.0	21	0.4	24				
45-64	3,088	251,557	54	24.5	490	0.6	109	134	60.9	1,073	0.7	51				
65-74	4,726	262,219	41	12.0	315	0.5	93	230	67.3	1,800	0.7	45				
75-84	119,914	6,644,276	852	16.7	8,575	0.8	114	2,715	53.3	27,530	0.7	36				
85 and older	155,902	8,360,521	1,431	21.7	14,467	0.7	99	3,715	56.5	37,404	0.8	39				
<b>Male</b>	118,331	6,180,887	1,475	23.7	14,190	0.7	88	3,490	56.1	33,238	0.8	41				
<b>Disabled</b>	284,907	20,597,425	4,193	28.0	41,518	0.9	161	6,635	44.4	65,427	0.7	41				
5 and younger	146,858	13,090,076	2,632	36.4	27,446	1.0	188	3,325	46.0	34,563	0.7	43				
6-14	35	983	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	8	348	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	135	11,015	3	8.6	34	0.7	156	6	17.1	61	0.4	20				
45-64	56,176	5,728,174	1,388	40.4	14,420	1.0	183	1,300	37.8	13,635	0.7	45				
65-74	88,393	7,241,938	1,217	33.6	12,757	1.1	195	1,963	54.2	20,316	0.7	43				
75-84	963	66,124	10	13.7	110	0.7	179	27	37.0	262	0.7	37				
85 and older	525	18,766	7	25.9	47	0.7	23	14	51.9	141	0.6	34				
<b>Other Eligibles</b>	623	22,728	7	23.3	78	0.2	29	15	50.0	148	0.7	29				
5 and younger	138,049	7,507,349	1,561	20.2	14,072	0.7	108	3,310	42.8	30,864	0.7	38				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	4	38	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	46	1,590	1	16.7	12	0.3	22	1	16.7	12	0.8	8				
45-64	2,390	176,888	43	17.5	366	0.9	166	99	40.2	833	0.6	36				
65-74	3,431	196,002	34	9.5	285	0.6	128	138	38.5	1,021	0.7	36				
75-84	53,162	3,051,145	482	16.9	4,609	0.8	128	1,096	38.4	10,976	0.7	37				
85 and older	52,403	2,756,712	617	23.1	5,507	0.7	99	1,236	46.3	11,608	0.8	39				
<b>Unknown</b>	26,613	1,324,974	384	24.2	3,293	0.7	87	740	46.6	6,414	0.8	41				
5 and younger	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 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>10,039</b>	<b>24.3 %</b>	<b>101,279</b>	<b>0.8</b>	<b>\$72</b>	<b>24,833</b>	<b>60.2 %</b>	<b>247,207</b>	<b>0.5</b>	<b>\$27</b>	<b>11,581</b>	<b>28.1 %</b>	<b>113,626</b>	<b>0.8</b>	<b>\$36</b>
<b>Female</b>	6,139	23.3	62,373	0.8	66	17,600	66.8	176,795	0.6	27	7,852	29.8	77,983	0.8	36
<b>Disabled</b>	2,992	38.1	31,208	0.8	83	5,917	75.3	61,517	0.6	38	2,137	27.2	21,381	0.8	42
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	20.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	36.8	71	0.7	71	9	47.4	98	0.3	4	1	5.3	12	0.1	1
21-44	1,043	39.8	11,112	0.8	89	1,676	64.0	17,780	0.5	33	354	13.5	3,701	0.7	42
45-64	1,875	38.9	19,410	0.8	80	3,947	81.9	40,885	0.6	41	1,648	34.2	16,463	0.8	43
65-74	27	22.7	258	0.7	71	91	76.5	826	0.6	24	63	52.9	533	0.9	48
75-84	11	12.8	107	0.7	33	57	66.3	611	0.4	15	40	46.5	389	0.9	42
85 and older	28	14.4	238	0.8	39	137	70.6	1,317	0.4	7	31	16.0	283	0.9	42
<b>Other Eligibles</b>	3,147	17.0	31,165	0.8	49	11,683	63.3	115,278	0.5	22	5,715	30.9	56,602	0.8	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	50.0	14	0.4	3	0	0.0	0	0.0	0
21-44	80	36.4	662	0.7	76	173	78.6	1,412	0.7	40	17	7.7	133	0.5	35
45-64	96	28.1	731	0.6	56	230	67.3	1,788	0.6	22	88	25.7	705	0.7	26
65-74	999	19.6	10,071	0.8	56	3,273	64.2	33,507	0.6	22	2,134	41.9	21,640	0.8	37
75-84	1,168	17.8	11,926	0.8	47	4,309	65.5	43,315	0.5	21	2,337	35.5	23,229	0.8	32
85 and older	804	12.9	7,775	0.8	40	3,696	59.4	35,242	0.5	21	1,139	18.3	10,895	0.9	28
<b>Male</b>	3,900	26.1	38,906	0.9	83	7,233	48.4	70,412	0.5	27	3,729	24.9	35,643	0.8	35
<b>Disabled</b>	2,538	35.1	26,211	0.9	96	3,517	48.6	36,390	0.5	36	1,494	20.7	14,687	0.8	42
5 and younger	1	25.0	12	0.5	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.4	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	11.4	36	0.5	42	8	22.9	87	0.1	1	1	2.9	12	1.0	106
21-44	1,199	34.9	12,433	1.0	107	1,358	39.5	14,288	0.5	30	367	10.7	3,877	0.8	45
45-64	1,311	36.2	13,507	0.9	86	2,088	57.6	21,424	0.6	40	1,091	30.1	10,513	0.8	41
65-74	15	20.5	142	0.7	58	28	38.4	237	0.6	21	22	30.1	160	0.7	26
75-84	4	14.8	48	0.4	8	13	48.1	133	0.7	10	5	18.5	54	0.8	25
85 and older	3	10.0	21	1.1	60	22	73.3	221	0.5	12	8	26.7	71	1.1	45
<b>Other Eligibles</b>	1,362	17.6	12,695	0.8	55	3,716	48.1	34,022	0.5	17	2,235	28.9	20,956	0.8	31
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	100.0	12	0.1	1	0	0.0	0	0.0	0
15-20	1	16.7	12	0.8	80	1	16.7	12	0.1	1	0	0.0	0	0.0	0
21-44	56	22.8	436	0.7	64	136	55.3	1,012	0.6	34	22	8.9	173	0.7	37
45-64	49	13.7	355	0.7	71	195	54.5	1,362	0.7	36	80	22.3	465	0.7	29
65-74	553	19.4	5,486	0.9	63	1,258	44.1	12,364	0.5	19	953	33.4	9,139	0.7	32
75-84	489	18.3	4,553	0.8	50	1,304	48.8	12,373	0.5	14	862	32.3	8,305	0.8	29
85 and older	214	13.5	1,853	0.7	37	821	51.7	6,887	0.5	12	318	20.0	2,874	0.8	29
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>15,199</b>	<b>36.8 %</b>	<b>151,314</b>	<b>\$26</b>	<b>0.5</b>	<b>13,460</b>	<b>32.6 %</b>	<b>134,147</b>	<b>\$29</b>	<b>0.5</b>	<b>7,675</b>	<b>18.6 %</b>	<b>76,769</b>	<b>\$45</b>	<b>0.7</b>
<b>Female</b>	10,772	40.9	107,841	26	0.5	9,430	35.8	94,314	29	0.5	5,106	19.4	51,492	45	0.7
<b>Disabled</b>	3,149	40.1	32,318	27	0.5	3,315	42.2	33,998	27	0.4	1,427	18.2	14,475	43	0.6
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	3	60.0	35	21	0.5	0	0.0	0	0	0.0	2	40.0	24	27	0.8
15-20	3	15.8	34	7	0.1	2	10.5	21	2	0.1	0	0.0	0	0	0.0
21-44	713	27.2	7,531	22	0.5	817	31.2	8,633	22	0.4	176	6.7	1,777	41	0.6
45-64	2,223	46.1	22,695	28	0.5	2,341	48.6	23,891	29	0.5	1,170	24.3	11,917	43	0.6
65-74	56	47.1	514	37	0.6	75	63.0	641	27	0.5	38	31.9	336	57	0.9
75-84	52	60.5	547	28	0.6	28	32.6	288	27	0.4	26	30.2	266	49	0.6
85 and older	99	51.0	962	25	0.6	52	26.8	524	30	0.5	15	7.7	155	70	1.0
<b>Other Eligibles</b>	7,623	41.3	75,523	25	0.6	6,115	33.1	60,316	30	0.5	3,679	19.9	37,017	45	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	1	50.0	10	77	1.1	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	1	25.0	4	225	2.5	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	63	28.6	560	21	0.4	49	22.3	420	15	0.3	11	5.0	86	48	0.7
45-64	112	32.7	888	17	0.4	110	32.2	774	16	0.3	73	21.3	559	33	0.5
65-74	2,226	43.7	22,524	26	0.5	2,263	44.4	22,624	32	0.5	1,467	28.8	14,829	47	0.7
75-84	2,788	42.4	28,005	24	0.5	2,221	33.8	22,026	31	0.5	1,569	23.8	16,017	44	0.7
85 and older	2,432	39.1	23,532	26	0.6	1,472	23.7	14,472	24	0.4	559	9.0	5,526	46	0.7
<b>Male</b>	4,427	29.6	43,473	27	0.6	4,030	26.9	39,833	30	0.5	2,569	17.2	25,277	45	0.7
<b>Disabled</b>	1,905	26.3	19,641	29	0.6	1,544	21.4	15,779	28	0.5	1,099	15.2	11,184	44	0.7
5 and younger	0	0.0	0	0	0.0	1	25.0	12	10	0.8	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	4	11.4	47	4	0.2	0	0.0	0	0	0.0	1	2.9	12	4	0.4
21-44	718	20.9	7,464	28	0.5	442	12.9	4,758	22	0.4	281	8.2	2,922	44	0.7
45-64	1,141	31.5	11,739	30	0.6	1,056	29.2	10,605	30	0.5	803	22.2	8,138	45	0.7
65-74	23	31.5	211	19	0.4	26	35.6	224	47	0.5	8	11.0	63	44	0.6
75-84	11	40.7	101	36	0.5	10	37.0	98	33	1.0	5	18.5	37	39	0.7
85 and older	8	26.7	79	28	0.8	9	30.0	82	47	0.6	1	3.3	12	19	0.3
<b>Other Eligibles</b>	2,522	32.6	23,832	25	0.6	2,486	32.2	24,054	31	0.5	1,470	19.0	14,093	46	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	1	100.0	12	3	0.3	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	2	33.3	19	10	0.8	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	49	19.9	389	18	0.4	39	15.9	336	14	0.4	19	7.7	132	27	0.5
45-64	73	20.4	419	17	0.4	58	16.2	382	16	0.4	69	19.3	465	30	0.5
65-74	910	31.9	9,029	26	0.5	988	34.6	10,064	36	0.6	661	23.2	6,535	49	0.7
75-84	922	34.5	8,857	25	0.6	925	34.6	8,866	28	0.5	555	20.8	5,396	44	0.7
85 and older	565	35.6	5,107	26	0.6	476	30.0	4,406	28	0.5	166	10.4	1,565	45	0.8
<b>Unknown</b>	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 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>14,925</b>	<b>36.2 %</b>	<b>146,792</b>	<b>0.7</b>	<b>2,663</b>	<b>6.5 %</b>	<b>26,230</b>	<b>0.6</b>	<b>41,284</b>	<b>369,283</b>
<b>Female</b>										
<b>Disabled</b>	9,974	37.9	98,687	0.7	1,817	6.9	18,271	0.6	26,328	239,700
5 and younger	2,058	26.2	20,700	0.7	468	6.0	4,980	0.4	7,859	73,493
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	5	100.0	58	0.6	0	0.0	0	0.0	5	58
21-44	1	5.3	12	0.5	0	0.0	0	0.0	19	176
45-64	323	12.3	3,287	0.5	130	5.0	1,429	0.3	2,619	24,723
65-74	1,562	32.4	15,710	0.7	314	6.5	3,317	0.4	4,817	45,115
75-84	48	40.3	451	0.8	7	5.9	63	0.5	119	862
85 and older	43	50.0	438	0.8	6	7.0	61	0.6	86	799
<b>Other Eligibles</b>	76	39.2	744	0.8	11	5.7	110	0.7	194	1,760
5 and younger	7,916	42.9	77,987	0.8	1,349	7.3	13,291	0.7	18,469	166,207
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	2	15
21-44	1	25.0	7	0.6	0	0.0	0	0.0	4	27
45-64	25	11.4	183	0.6	12	5.5	110	0.2	220	1,310
65-74	92	26.9	686	0.6	8	2.3	59	0.3	342	2,060
75-84	2,270	44.5	22,808	0.7	254	5.0	2,544	0.5	5,097	46,324
85 and older	3,105	47.2	30,923	0.8	559	8.5	5,577	0.7	6,580	60,856
<b>Male</b>	2,423	38.9	23,380	0.8	516	8.3	5,001	0.8	6,224	55,615
<b>Disabled</b>	4,951	33.1	48,105	0.7	846	5.7	7,959	0.5	14,956	129,583
5 and younger	1,694	23.4	17,103	0.7	311	4.3	3,251	0.3	7,230	66,094
6-14	2	50.0	24	0.8	0	0.0	0	0.0	4	42
15-20	1	50.0	12	0.3	0	0.0	0	0.0	2	14
21-44	4	11.4	46	0.7	0	0.0	0	0.0	35	283
45-64	433	12.6	4,505	0.6	107	3.1	1,156	0.3	3,437	31,255
65-74	1,206	33.3	12,072	0.7	201	5.5	2,068	0.4	3,622	33,514
75-84	18	24.7	161	0.6	1	1.4	12	0.1	73	469
85 and older	10	37.0	104	0.7	1	3.7	5	0.2	27	256
<b>Other Eligibles</b>	20	66.7	179	0.9	1	3.3	10	0.4	30	261
5 and younger	3,257	42.2	31,002	0.7	535	6.9	4,708	0.7	7,726	63,489
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	1	12
21-44	1	16.7	7	1.0	0	0.0	0	0.0	6	39
45-64	30	12.2	196	0.6	7	2.8	56	0.2	246	1,302
65-74	102	28.5	630	0.6	7	2.0	65	0.2	358	1,810
75-84	1,190	41.7	11,822	0.7	133	4.7	1,183	0.5	2,854	24,541
85 and older	1,254	46.9	12,232	0.7	239	8.9	2,136	0.7	2,672	23,171
<b>Unknown</b>	680	42.8	6,115	0.8	149	9.4	1,268	0.7	1,589	12,614
	0	0.0	0	0.0	0	0.0	0	0.0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				6.8	4,248
<b>All</b>	<b>\$295</b>	<b>6.8</b>	<b>4,248</b>		<b>37,498</b>
<b>Age</b>					
0-64	505	8.3	318		3,172
65-74	372	8.1	535		4,676
75-84	300	7.1	1,502		13,280
85 and older	228	5.9	1,893		16,370
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	291	6.8	2,896		26,151
Male	304	6.7	1,352		11,347
Unknown	0	0.0	0		0
<b>Race</b>					
White	293	6.8	3,982		35,105
African American	319	7.2	102		973
Other/unknown	318	6.7	164		1,420
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	276	6.6	3,870		33,835
Disabled	470	8.0	377		3,662
Adults	183	7.0	1		1
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 2,721 beneficiaries who were in nursing facilities for part of their enrollment and their 22,886 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.4	0.2	0.0	0.2	\$18	\$14	\$0	\$4	\$43	\$58	\$17	11,434	\$487,673	2,712	63.8 %	26,412
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	22	16	0	188	4,148	173	4.1	1,838
Antineoplastic Agents	0.7	0.2	0.0	0.5	112	76	1	35	162	450	61	1,177	190,915	192	4.5	1,710
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.8	39	29	1	9	29	54	16	26,319	750,433	2,048	48.2	19,172
Cardiovascular Agents	2.1	0.4	0.0	1.7	40	19	1	21	19	52	17	53,560	1,041,142	2,846	67.0	26,064
Respiratory Agents	0.6	0.2	0.0	0.4	25	18	0	7	40	72	36	7,610	301,212	1,271	29.9	12,141
Gastrointestinal Agents	0.9	0.2	0.0	0.7	32	22	0	11	35	107	37	15,983	564,216	1,849	43.5	17,435
Genitourinary Agents	0.6	0.3	0.0	0.3	28	21	0	7	48	70	28	4,834	231,476	831	19.6	8,242
CNS Drugs	1.7	1.0	0.0	0.6	125	110	2	12	75	107	58	51,248	3,823,538	3,306	77.8	30,568
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.6	15	4	1	9	22	95	38	215	4,712	34	0.8	310
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	116	116	0	0	140	140	0	3,067	429,255	396	9.3	3,702
Analgesics and Anesthetics	1.1	0.3	0.0	0.8	47	34	1	12	42	111	49	25,740	1,083,453	2,550	60.0	22,989
Neuromuscular Agents	1.4	0.6	0.0	0.7	81	53	1	26	59	92	51	20,981	1,248,204	1,608	37.9	15,443
Nutritional Products	0.8	0.0	0.1	0.8	11	0	1	10	14	14	18	10,550	143,461	1,361	32.0	12,516
Hematological Agents	1.4	0.3	0.1	1.0	54	44	1	8	39	163	13	13,542	522,488	1,062	25.0	9,738
Topical Products	0.4	0.2	0.0	0.3	13	9	0	4	29	52	35	6,944	201,811	1,565	36.8	15,568
Miscellaneous Products	0.4	0.0	0.0	0.3	13	2	2	9	34	49	274	364	12,358	107	2.5	954
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	16	0	0	0	43	0	0	431	18,606	118	2.8	1,184
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.	254,187	11,059,101	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 2,721 beneficiaries who were in nursing facilities for part of their enrollment and their 22,886 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			Nursing Facility Residents %	Benefit Months				
ANTIPSYCHOTICS	\$1,957,388	1,653	38.9 %	16,095	0.8	\$148	\$122	
ANTIDEPRESSANTS	1,610,061	3,514	82.7	33,854	0.9	54	48	
ANTICONVULSANT	877,637	1,460	34.4	14,426	1.0	62	61	
ANALGESICS - Narcotic	940,395	2,970	69.9	26,755	0.8	46	35	
ULCER DRUGS	466,973	1,874	44.1	17,788	0.7	36	26	
ANTIDIABETIC	432,842	1,394	32.8	13,346	1.0	34	32	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	428,910	401	9.4	3,767	0.8	139	114	
ANTIHYPERTENSIVE	271,399	1,536	36.2	14,398	0.9	21	19	
ASTHMATIC	258,068	1,245	29.3	11,786	0.5	46	22	
MISC. ENDOCRINE	252,718	507	11.9	5,010	0.8	67	50	
<b>Total</b>	<b>7,496,391</b>	<b>16,554</b>		<b>157,225</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 2,721 beneficiaries who were in nursing facilities for part of their enrollment and their 22,886 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
<b>All</b>	<b>128,448</b>	<b>\$7,496,391</b>	<b>1,653</b>	<b>38.9 %</b>	<b>16,095</b>	<b>0.8</b>	<b>\$122</b>	<b>3,514</b>	<b>82.7 %</b>	<b>33,854</b>	<b>0.9</b>	<b>\$48</b>
<b>Female</b>	89,044	5,158,774	1,077	37.2	10,717	0.8	117	2,463	85.0	23,895	0.9	48
<b>Disabled</b>	9,215	682,631	104	50.2	1,108	0.9	161	207	100.0	2,128	0.9	50
64 or younger	7,931	615,057	84	53.5	935	0.9	175	159	101.3	1,711	1.0	51
65-74	350	19,367	4	50.0	46	0.6	61	7	87.5	64	1.0	41
75-84	140	5,720	2	40.0	9	0.8	126	5	100.0	36	1.3	68
85 and older	794	42,487	14	37.8	118	0.8	92	36	97.3	317	0.8	44
<b>Other Eligibles</b>	79,829	4,476,143	973	36.2	9,609	0.8	112	2,256	83.9	21,767	0.9	48
64 or younger	3	137	0	0.0	0	0.0	0	1	100.0	1	2.0	123
65-74	11,519	636,970	130	47.1	1,281	0.8	119	288	104.3	2,781	0.9	45
75-84	31,781	1,848,189	379	39.7	3,878	0.9	122	824	86.3	8,132	0.9	48
85 and older	36,526	1,990,847	464	31.8	4,450	0.8	101	1,143	78.4	10,853	0.9	48
<b>Male</b>	39,404	2,337,617	576	42.6	5,378	0.8	131	1,051	77.7	9,959	0.9	47
<b>Disabled</b>	6,535	489,702	81	47.6	844	0.9	195	132	77.6	1,332	0.9	50
64 or younger	6,272	469,199	77	48.1	796	1.0	195	127	79.4	1,286	0.9	50
65-74	138	16,370	4	80.0	48	0.6	199	1	20.0	12	1.0	69
75-84	108	3,560	0	0.0	0	0.0	0	4	100.0	34	0.8	43
85 and older	17	573	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	32,869	1,847,915	495	41.9	4,534	0.8	119	919	77.7	8,627	0.9	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,599	524,411	117	47.6	1,138	0.8	142	212	86.2	2,105	0.9	45
75-84	15,589	858,203	242	45.0	2,248	0.8	113	418	77.7	3,973	0.9	48
85 and older	8,681	465,301	136	34.2	1,148	0.8	110	289	72.6	2,549	0.9	47
<b>Unknown</b>	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 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 2,721 beneficiaries who were in nursing facilities for part of their enrollment and their 22,886 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,460</b>	<b>34.4 %</b>	<b>14,426</b>	<b>1.0</b>	<b>\$61</b>	<b>2,970</b>	<b>69.9 %</b>	<b>26,755</b>	<b>0.8</b>	<b>\$35</b>	<b>1,874</b>	<b>44.1 %</b>	<b>17,788</b>	<b>0.7</b>	<b>\$26</b>
<b>Female</b>	907	31.3	8,960	1.0	59	2,129	73.5	19,472	0.8	39	1,292	44.6	12,396	0.7	26
<b>Disabled</b>	151	72.9	1,548	1.1	98	176	85.0	1,741	0.9	51	132	63.8	1,304	0.7	33
64 or younger	134	85.4	1,414	1.2	103	143	91.1	1,467	0.9	55	106	67.5	1,070	0.7	33
65-74	4	50.0	48	0.9	62	4	50.0	41	1.2	103	9	112.5	91	0.7	36
75-84	3	60.0	11	0.9	22	1	20.0	12	0.5	5	2	40.0	14	0.5	12
85 and older	10	27.0	75	0.9	40	28	75.7	221	0.6	14	15	40.5	129	0.8	33
<b>Other Eligibles</b>	756	28.1	7,412	1.0	51	1,953	72.6	17,731	0.8	38	1,160	43.1	11,092	0.7	25
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	141	51.1	1,384	1.1	63	229	83.0	2,094	0.9	36	155	56.2	1,464	0.7	27
75-84	316	33.1	3,188	1.0	51	704	73.7	6,578	0.8	42	405	42.4	3,889	0.7	24
85 and older	299	20.5	2,840	0.9	44	1,020	70.0	9,059	0.7	35	600	41.2	5,739	0.7	25
<b>Male</b>	553	40.9	5,466	0.9	64	841	62.2	7,283	0.7	26	582	43.0	5,392	0.7	27
<b>Disabled</b>	137	80.6	1,474	1.0	75	107	62.9	1,078	0.8	37	83	48.8	868	0.8	42
64 or younger	133	83.1	1,426	1.0	75	101	63.1	1,028	0.8	36	76	47.5	815	0.8	43
65-74	4	80.0	48	0.7	75	2	40.0	16	1.3	83	5	100.0	36	1.0	26
75-84	0	0.0	0	0.0	0	3	75.0	22	1.0	8	2	50.0	17	0.8	10
85 and older	0	0.0	0	0.0	0	1	100.0	0	1.4	48	0	0.0	0	0.0	0
<b>Other Eligibles</b>	416	35.2	3,992	0.9	60	734	62.1	6,205	0.7	24	499	42.2	4,524	0.7	25
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	143	58.1	1,412	1.0	76	156	63.4	1,374	0.8	32	120	48.8	1,121	0.7	28
75-84	191	35.5	1,819	1.0	56	321	59.7	2,797	0.7	22	213	39.6	1,940	0.7	22
85 and older	82	20.6	761	0.8	41	257	64.6	2,034	0.6	20	166	41.7	1,463	0.7	26
<b>Unknown</b>	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 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 2,721 beneficiaries who were in nursing facilities for part of their enrollment and their 22,886 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	ANTIDIABETIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANTIHYPERTENSIVE						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,394</b>	<b>32.8 %</b>	<b>13,346</b>	<b>1.0</b>	<b>\$32</b>	<b>401</b>	<b>9.4 %</b>	<b>3,767</b>	<b>0.8</b>	<b>\$114</b>	<b>1,536</b>	<b>36.2 %</b>	<b>14,398</b>	<b>0.9</b>	<b>\$19</b>
<b>Female</b>	946	32.7	9,221	1.0	33	268	9.3	2,594	0.8	112	966	33.4	9,132	0.9	20
<b>Disabled</b>	74	35.7	747	1.1	40	17	8.2	165	0.7	251	49	23.7	495	0.9	16
64 or younger	62	39.5	639	1.1	42	14	8.9	150	0.6	264	41	26.1	417	0.9	17
65-74	3	37.5	36	1.0	11	0	0.0	0	0.0	0	1	12.5	12	1.0	7
75-84	6	120.0	48	1.0	21	1	20.0	2	1.0	103	2	40.0	10	0.8	16
85 and older	3	8.1	24	1.1	83	2	5.4	13	1.1	130	5	13.5	56	0.8	9
<b>Other Eligibles</b>	872	32.4	8,474	1.0	33	251	9.3	2,429	0.8	103	917	34.1	8,637	0.9	20
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	1	1.0	14
65-74	167	60.5	1,612	1.0	36	23	8.3	178	0.8	112	113	40.9	1,101	0.9	22
75-84	406	42.5	3,969	0.9	33	108	11.3	1,077	0.9	103	347	36.3	3,312	0.9	21
85 and older	299	20.5	2,893	1.0	30	120	8.2	1,174	0.8	101	456	31.3	4,223	0.9	19
<b>Male</b>	448	33.1	4,125	0.9	31	133	9.8	1,173	0.8	117	570	42.2	5,266	0.9	17
<b>Disabled</b>	62	36.5	617	1.0	41	9	5.3	80	0.8	300	50	29.4	556	0.8	21
64 or younger	60	37.5	601	1.0	41	9	5.6	80	0.8	300	49	30.6	544	0.8	21
65-74	1	20.0	4	1.0	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	25.0	12	1.6	44	0	0.0	0	0.0	0	1	25.0	12	0.7	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	386	32.7	3,508	0.9	29	124	10.5	1,093	0.8	104	520	44.0	4,710	0.9	17
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	101	41.1	979	0.9	29	19	7.7	164	0.7	90	120	48.8	1,113	0.9	16
75-84	197	36.6	1,785	1.0	28	63	11.7	577	0.9	110	232	43.1	2,163	0.9	17
85 and older	88	22.1	744	0.9	33	42	10.6	352	0.8	100	168	42.2	1,434	0.9	16
<b>Unknown</b>	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 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 2,721 beneficiaries who were in nursing facilities for part of their enrollment and their 22,886 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				MISC. ENDOCRINE				Benefit Months Among All-Year			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>1,245</b>	<b>29.3 %</b>	<b>11,786</b>	<b>0.5</b>	<b>\$22</b>	<b>507</b>	<b>11.9 %</b>	<b>5,010</b>	<b>0.8</b>	<b>\$50</b>	<b>4,248</b>	<b>37,498</b>
<b>Female</b>	795	27.5	7,557	0.4	22	446	15.4	4,405	0.8	51	2,896	26,151
<b>Disabled</b>	63	30.4	595	0.6	25	34	16.4	362	0.7	59	207	2,042
64 or younger	38	24.2	352	0.7	31	30	19.1	314	0.7	60	157	1,635
65-74	11	137.5	113	0.4	23	1	12.5	12	1.1	35	8	70
75-84	4	80.0	20	0.4	14	0	0.0	0	0.0	0	5	27
85 and older	10	27.0	110	0.3	10	3	8.1	36	0.8	54	37	310
<b>Other Eligibles</b>	732	27.2	6,962	0.4	21	412	15.3	4,043	0.8	50	2,689	24,109
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	100	36.2	939	0.5	31	47	17.0	441	0.9	59	276	2,500
75-84	284	29.7	2,684	0.4	23	154	16.1	1,580	0.8	52	955	8,672
85 and older	348	23.9	3,339	0.4	18	211	14.5	2,022	0.7	46	1,457	12,936
<b>Male</b>	450	33.3	4,229	0.5	22	61	4.5	605	0.8	48	1,352	11,347
<b>Disabled</b>	41	24.1	422	0.6	13	11	6.5	116	1.0	59	170	1,620
64 or younger	38	23.8	394	0.6	13	10	6.3	104	0.9	56	160	1,536
65-74	1	20.0	4	0.5	28	0	0.0	0	0.0	0	5	31
75-84	2	50.0	24	0.3	4	1	25.0	12	1.2	84	4	41
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
<b>Other Eligibles</b>	409	34.6	3,807	0.5	23	50	4.2	489	0.7	46	1,182	9,727
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	87	35.4	825	0.6	28	6	2.4	61	0.9	47	246	2,075
75-84	200	37.2	1,835	0.5	26	29	5.4	301	0.6	42	538	4,540
85 and older	122	30.7	1,147	0.4	17	15	3.8	127	0.8	54	398	3,112
<b>Unknown</b>	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 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 2,721 beneficiaries who were in nursing facilities for part of their enrollment and their 22,886 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 OREGON, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
<b>All</b>	<b>24,715</b>	<b>59.9 %</b>	<b>8.2</b>	<b>338,199</b>	<b>\$81</b>	<b>\$3,340,743</b>	<b>\$10</b>	<b>3.6 %</b>	<b>41,284</b>	
<b>Age</b>										
5 and younger	3	75.0	11.0	44	379	1,517	34	31.2	4	
6-14	8	80.0	9.5	95	105	1,051	11	1.5	10	
15-20	23	35.9	2.7	170	32	2,054	12	1.9	64	
21-44	2,947	45.2	5.2	33,592	62	405,499	12	2.4	6,522	
45-64	5,489	60.1	8.0	73,345	94	856,251	12	3.1	9,139	
65-74	4,434	54.5	6.8	55,462	65	533,218	10	3.4	8,143	
75-84	6,113	65.3	9.3	86,813	82	771,264	9	4.2	9,365	
85 and older	5,698	70.9	11.0	88,678	96	769,889	9	5.8	8,037	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	15,886	63.8	9.0	224,913	81	2,020,001	9	4.4	24,910	
Disabled	8,356	55.4	7.3	110,537	86	1,291,288	12	2.9	15,089	
Adults	467	36.6	2.1	2,669	22	28,491	11	1.8	1,277	
Children	6	75.0	10.0	80	120	963	12	1.6	8	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Gender</b>										
Female	16,918	64.3	9.1	240,852	91	2,385,926	10	4.0	26,328	
Male	7,797	52.1	6.5	97,347	64	954,817	10	3.0	14,956	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	22,153	61.2	8.6	312,293	83	3,003,292	10	3.6	36,181	
African American	596	51.2	6.1	7,051	134	155,771	22	7.2	1,164	
Other/unknown	1,966	49.9	4.8	18,855	46	181,680	10	3.1	3,939	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	2,961	69.7	7.5	31,791	75	316,498	10	2.9	4,248	
Part year	2,225	81.8	10.9	29,722	100	272,817	9	4.2	2,721	
None	19,529	56.9	8.1	276,686	80	2,751,428	10	3.7	34,315	
<b>Maintenance Assistance Status</b>										
Cash	7,186	53.0	6.3	85,486	72	975,781	11	3.3	13,565	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	720	32.8	1.6	3,405	16	35,846	11	2.0	2,196	
Other/unknown	16,809	65.9	9.8	249,308	91	2,329,116	9	3.8	25,523	

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 OREGON, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$9	\$10	\$0	\$2	Number of Benefit Months
<b>All</b>	<b>0.9</b>		<b>\$9</b>	<b>\$10</b>	<b>\$0</b>	<b>\$2</b>	<b>369,283</b>
<b>Age</b>							
5 and younger	1.0		36	34	0	0	42
6-14	1.0		11	11	0	0	99
15-20	0.3		4	12	0	1	525
21-44	0.6		7	12	0	3	58,590
45-64	0.9		10	12	0	3	82,499
65-74	0.8		7	10	0	2	72,196
75-84	1.0		9	9	0	1	85,082
85 and older	1.3		11	9	0	1	70,250
Unknown	0.0		0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	1.0		9	9	0	1	222,651
Disabled	0.8		9	12	0	3	139,587
Adults	0.4		4	11	0	3	6,976
Children	1.2		14	12	0	0	69
Unknown	0.0		0	0	0	0	0
<b>Gender</b>							
Female	1.0		10	10	0	2	239,700
Male	0.8		7	10	0	2	129,583
Unknown	0.0		0	0	0	0	0
<b>Race</b>							
White	1.0		9	10	0	2	322,825
African American	0.7		15	22	0	3	10,234
Other/unknown	0.5		5	10	0	1	36,224
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	0.8		8	10	0	2	37,498
Part year	1.3		12	9	0	2	22,886
None	0.9		9	10	0	2	308,899
<b>Maintenance Assistance Status</b>							
Cash	0.7		8	11	0	2	128,930
Medically needy	0.0		0	0	0	0	0
Poverty related	0.2		2	11	0	1	18,419
Other/unknown	1.1		10	9	0	2	221,934

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 OREGON, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
				Excluded Rx \$	100.0 %			
<b>All</b>	<b>40,376</b>	<b>\$83</b>	<b>\$3,340,743</b>	<b>100.0 %</b>	<b>338,199</b>	<b>\$10</b>	<b>100.0 %</b>	
Anorexia or weight loss/gain	2	296	592	0.0	14	42	0.0	
Fertility drugs	1	152	152	0.0	1	152	0.0	
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	
Cough and cold medications	3,775	50	190,168	5.7	11,253	17	3.3	
Vitamins and minerals	8,551	101	867,094	26.0	58,152	15	17.2	
Non-prescription drugs	16,482	81	1,342,568	40.2	198,338	7	58.6	
Barbiturates	346	56	19,283	0.6	3,133	6	0.9	
Benzodiazepines	10,254	77	787,874	23.6	63,634	12	18.8	
Other Part D Excl Rx Drugs	965	138	133,012	4.0	3,674	36	1.1	

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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







SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 OREGON, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 8,143  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$15,700,366  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,928

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,293	15.9%	0	0.0%
1-500	2,025	24.9	392,570	2.5
501-1,000	935	11.5	689,784	4.4
1,001-1,500	670	8.2	831,302	5.3
1,501-2,000	569	7.0	996,167	6.3
2,001-2,500	445	5.5	1,000,669	6.4
2,501-3,000	399	4.9	1,093,357	7.0
3,001-3,500	271	3.3	874,242	5.6
3,501-4,000	250	3.1	937,816	6.0
4,001-4,500	213	2.6	902,999	5.8
4,501-5,000	175	2.1	828,400	5.3
5,001-5,500	147	1.8	770,741	4.9
5,501-6,000	137	1.7	788,653	5.0
6,001-6,500	103	1.3	642,399	4.1
6,501-7,000	67	0.8	451,349	2.9
7,001-7,500	74	0.9	533,844	3.4
7,501-8,000	71	0.9	548,061	3.5
8,001-8,500	48	0.6	396,883	2.5
8,501-9,000	33	0.4	288,209	1.8
9,001-9,500	43	0.5	398,421	2.5
9,501-10,000	37	0.5	361,798	2.3
10,001+	138	1.7	1,972,702	12.6

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 OREGON, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 9,365  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$18,222,196  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,946

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,027	11.0 %	0	0.0 %
1-500	2,003	21.4	423,076	2.3
501-1,000	1,202	12.8	891,802	4.9
1,001-1,500	931	9.9	1,151,646	6.3
1,501-2,000	775	8.3	1,349,437	7.4
2,001-2,500	650	6.9	1,455,668	8.0
2,501-3,000	540	5.8	1,483,016	8.1
3,001-3,500	487	5.2	1,575,271	8.6
3,501-4,000	384	4.1	1,438,638	7.9
4,001-4,500	262	2.8	1,114,104	6.1
4,501-5,000	224	2.4	1,061,356	5.8
5,001-5,500	181	1.9	949,788	5.2
5,501-6,000	147	1.6	841,431	4.6
6,001-6,500	113	1.2	704,640	3.9
6,501-7,000	92	1.0	619,069	3.4
7,001-7,500	61	0.7	441,579	2.4
7,501-8,000	61	0.7	471,814	2.6
8,001-8,500	51	0.5	420,918	2.3
8,501-9,000	32	0.3	279,019	1.5
9,001-9,500	43	0.5	398,618	2.2
9,501-10,000	16	0.2	155,670	0.9
10,001+	83	0.9	995,636	5.5

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 OREGON, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+                      8,037  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+     \$13,214,657  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+     \$1,644

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 9.8 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	790		0	0.0 %
1-500	1,885	23.5	423,472	3.2
501-1,000	1,199	14.9	888,862	6.7
1,001-1,500	899	11.2	1,110,711	8.4
1,501-2,000	728	9.1	1,266,840	9.6
2,001-2,500	635	7.9	1,426,786	10.8
2,501-3,000	497	6.2	1,364,264	10.3
3,001-3,500	318	4.0	1,034,948	7.8
3,501-4,000	277	3.4	1,034,263	7.8
4,001-4,500	218	2.7	924,888	7.0
4,501-5,000	161	2.0	760,795	5.8
5,001-5,500	121	1.5	633,077	4.8
5,501-6,000	84	1.0	481,534	3.6
6,001-6,500	51	0.6	319,462	2.4
6,501-7,000	44	0.5	297,142	2.2
7,001-7,500	30	0.4	217,016	1.6
7,501-8,000	20	0.2	154,096	1.2
8,001-8,500	17	0.2	139,957	1.1
8,501-9,000	11	0.1	97,075	0.7
9,001-9,500	4	0.0	36,977	0.3
9,501-10,000	7	0.1	69,111	0.5
10,001+	41	0.5	533,381	4.0

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>65,042</b>	<b>37,209</b>	<b>26,011</b>	<b>1,814</b>	<b>0</b>	<b>675,458</b>	<b>376,760</b>	<b>285,048</b>	<b>13,561</b>	<b>89</b>	<b>0</b>
<b>Age</b>											
5 and younger	6	0	6	0	0	68	0	68	0	0	0
6-14	12	0	9	0	3	127	0	98	0	29	0
15-20	114	0	102	7	5	1,214	0	1,113	41	60	0
21-44	11,573	1	10,855	717	0	125,710	12	120,127	5,571	0	0
45-64	15,204	15	14,261	928	0	163,563	140	156,401	7,022	0	0
65-74	14,064	13,581	327	156	0	148,565	144,863	2,837	865	0	0
75-84	13,530	13,370	156	4	0	136,969	135,340	1,591	38	0	0
85 and older	10,539	10,242	295	2	0	99,242	96,405	2,813	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	40,891	26,510	13,498	878	5	427,311	271,486	148,706	7,066	53	0
Male	24,151	10,699	12,513	936	3	248,147	105,274	136,342	6,495	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	56,431	31,367	23,470	1,586	8	582,573	313,271	257,387	11,826	89	0
African American	1,814	831	918	65	0	19,480	8,956	10,037	487	0	0
Other/unknown	6,797	5,011	1,623	163	0	73,405	54,533	17,624	1,248	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	5,452	4,947	504	1	0	51,054	45,839	5,214	1	0	0
Part year	3,536	3,015	517	4	0	33,255	28,026	5,200	29	0	0
None	56,054	29,247	24,990	1,809	8	591,149	302,895	274,634	13,531	89	0
<b>Maintenance Assistance Status</b>											
Cash	27,587	13,101	14,263	223	0	308,528	146,017	160,334	2,177	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	2,225	1,029	1,175	20	1	23,930	10,951	12,817	150	12	0
Other/unknown	35,230	23,079	10,573	1,571	7	343,000	219,792	111,897	11,234	77	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	61,432	35,457	24,162	1,805	8	636,567	358,168	264,853	13,457	89	0
Full dual, part year	3,610	1,752	1,849	9	0	38,891	18,592	20,195	104	0	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	32,368	20,918	10,976	470	4	323,832	201,820	118,667	3,304	41	0
FFS part year, with Rx claims	7,114	3,082	3,376	652	4	76,869	33,601	37,432	5,788	48	0
FFS part year, no Rx claims	1,802	910	737	155	0	16,994	8,725	7,290	979	0	0
MC all year, with Rx claims	13,939	6,346	7,271	322	0	153,468	68,320	82,618	2,530	0	0
MC all year, no Rx claims	9,819	5,953	3,651	215	0	104,295	64,294	39,041	960	0	0



Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>65,042</b>	<b>675,458</b>	<b>41,284</b>	<b>369,283</b>	<b>0</b>	<b>306,175</b>	
Fee-for-service (FFS) all year	32,368	323,832	32,368	323,832	0	0	0
FFS part year, with Rx claims	7,114	76,869	7,114	37,435	0	39,434	
FFS part year, with no Rx claims	1,802	16,994	1,802	8,016	0	8,978	
Managed care (MC) all year, with Rx claims	13,939	153,468	0	0	0	153,468	
MC all year, with no Rx claims	9,819	104,295	0	0	0	104,295	

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

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