

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 OREGON

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	37,187	23,319	13,620	236	4	8	349,070	214,720	132,867	1,382	48	53
Age												
5 and younger	3	0	3	0	0	0	23	0	23	0	0	0
6-14	8	0	7	0	1	0	81	0	69	0	12	0
15-20	54	0	50	1	3	0	514	0	476	2	36	0
21-44	5,454	0	5,314	140	0	0	52,735	0	51,898	837	0	0
45-64	7,881	3	7,791	84	0	3	76,788	36	76,252	474	0	26
65-74	7,211	7,046	152	8	0	5	67,304	65,992	1,229	56	0	27
75-84	8,862	8,754	105	3	0	0	82,403	81,331	1,059	13	0	0
85 and older	7,714	7,516	198	0	0	0	69,222	67,361	1,861	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	23,899	16,622	7,118	148	3	8	227,218	156,110	70,123	896	36	53
Male	13,288	6,697	6,502	88	1	0	121,852	58,610	62,744	486	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	32,501	20,140	12,165	185	4	7	304,115	184,026	118,885	1,109	48	47
African American	1,031	490	524	17	0	0	9,711	4,637	4,992	82	0	0
Other/unknown	3,655	2,689	931	34	0	1	35,244	26,057	8,990	191	0	6
Use of Nursing Facilities^c												
Entire year	4,038	3,671	367	0	0	0	35,917	32,401	3,516	0	0	0
Part year	2,712	2,316	395	1	0	0	23,306	19,743	3,551	12	0	0
None	30,437	17,332	12,858	235	4	8	289,847	162,576	125,800	1,370	48	53
Maintenance Assistance Status												
Cash	12,736	6,067	6,578	91	0	0	126,710	60,699	65,444	567	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	909	295	580	26	0	8	7,027	2,482	4,386	106	0	53
Other/unknown	23,542	16,957	6,462	119	4	0	215,333	151,539	63,037	709	48	0
Dual Medicare Status^d												
Full dual, all year	34,877	22,181	12,455	229	4	8	329,951	204,855	123,651	1,344	48	53
Full dual, part year	2,310	1,138	1,165	7	0	0	19,119	9,865	9,216	38	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	31,663	20,647	10,902	102	4	8	323,538	202,541	120,045	851	48	53
FFS part year, with Rx claims	4,252	1,971	2,178	103	0	0	20,670	9,487	10,730	453	0	0
FFS part year, no Rx claims	1,272	701	540	31	0	0	4,862	2,692	2,092	78	0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 2004. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	Percentage with at		Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
	Least One Rx	Mean Number of Rx						
All	86.9 %	47.5	\$2,497	\$53	\$13,656	18.3 %	37,187	
Age								
5 and younger	100.0	9.0	635	71	3,362	18.9	3	
6-14	100.0	36.1	4,586	127	15,207	30.2	8	
15-20	72.2	23.4	1,872	80	8,181	22.9	54	
21-44	82.4	32.8	2,854	87	9,254	30.8	5,454	
45-64	89.1	53.8	3,532	66	12,725	27.8	7,881	
65-74	83.2	47.6	2,258	47	11,741	19.2	7,211	
75-84	88.2	51.0	2,153	42	15,400	14.0	8,862	
85 and older	90.0	47.6	1,807	38	17,548	10.3	7,714	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	87.2	48.8	2,069	42	14,984	13.8	23,319	
Disabled	86.5	45.7	3,241	71	11,520	28.1	13,620	
Adults	80.9	24.8	1,726	70	5,976	28.9	236	
Children	100.0	48.5	4,667	96	10,427	44.8	4	
Unknown	87.5	33.8	1,989	59	7,381	26.9	8	
Gender								
Female	89.5	52.5	2,549	49	14,041	18.2	23,899	
Male	82.2	38.5	2,402	62	12,964	18.5	13,288	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	87.6	49.2	2,594	53	14,196	18.3	32,501	
African American	79.4	40.0	2,089	52	14,011	14.9	1,031	
Other/unknown	82.7	34.7	1,745	50	8,757	19.9	3,655	
Use of Nursing Facilities^f								
Entire year	95.4	62.1	2,752	44	35,519	7.7	4,038	
Part year	94.4	58.1	2,624	45	20,726	12.7	2,712	
None	85.1	44.7	2,451	55	10,126	24.2	30,437	
Maintenance Assistance Status								
Cash	86.1	41.6	2,417	58	8,566	28.2	12,736	
Medically needy	0.0	0.0	0	0	0	0.0	0	
Poverty related	68.4	13.9	893	64	4,244	21.0	909	
Other/unknown	88.1	52.0	2,602	50	16,774	15.5	23,542	

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Number		
				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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	5.1	\$266	18.3 %	13.1 %	13.2 %	9.1 %	25.6 %	27.4 %	11.6 %	\$1,455	37,187	349,070
Age												
5 and younger	1.2	83	18.9	0.0	33.3	33.3	33.3	0.0	0.0	439	3	23
6-14	3.6	453	30.2	0.0	12.5	37.5	12.5	37.5	0.0	1,502	8	81
15-20	2.5	197	22.9	27.8	33.3	5.6	18.5	13.0	1.9	860	54	514
21-44	3.4	295	30.8	17.6	24.0	11.9	22.8	16.2	7.5	957	5,454	52,735
45-64	5.5	363	27.8	10.9	12.9	8.9	24.8	27.6	14.9	1,306	7,881	76,788
65-74	5.1	242	19.2	16.8	13.8	8.8	22.9	25.3	12.4	1,258	7,211	67,304
75-84	5.5	232	14.0	11.8	9.9	8.4	26.3	30.5	13.1	1,656	8,862	82,403
85 and older	5.3	201	10.3	10.0	8.8	8.1	30.4	33.7	9.0	1,956	7,714	69,222
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.3	225	13.8	12.8	10.7	8.5	26.5	29.9	11.6	1,627	23,319	214,720
Disabled	4.7	332	28.1	13.5	17.3	10.0	24.1	23.3	11.8	1,181	13,620	132,867
Adults	4.2	295	28.9	19.1	14.0	13.6	24.2	21.2	8.1	1,021	236	1,382
Children	4.0	389	44.8	0.0	25.0	25.0	25.0	25.0	0.0	869	4	48
Unknown	5.1	300	26.9	12.5	12.5	12.5	37.5	25.0	0.0	1,114	8	53
Gender												
Female	5.5	268	18.2	10.5	11.3	8.7	26.2	30.1	13.3	1,477	23,899	227,218
Male	4.2	262	18.5	17.8	16.5	9.7	24.6	22.6	8.7	1,414	13,288	121,852
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.3	277	18.3	12.4	12.2	8.7	25.7	28.6	12.5	1,517	32,501	304,115
African American	4.2	222	14.9	20.6	15.5	7.5	24.2	24.3	7.9	1,488	1,031	9,711
Other/unknown	3.6	181	19.9	17.3	21.4	12.2	25.7	17.8	5.5	908	3,655	35,244
use of nursing Facilities^f												
Entire year	7.0	309	7.7	4.6	5.2	6.1	26.9	37.9	19.2	3,993	4,038	35,917
Part year	6.8	305	12.7	5.6	6.3	6.1	27.7	36.1	18.3	2,412	2,712	23,306
None	4.7	257	24.2	14.9	14.8	9.7	25.3	25.3	10.1	1,063	30,437	289,847
Maintenance Assistance Status												
Cash	4.2	243	28.2	13.9	18.6	11.3	26.1	21.9	8.3	861	12,736	126,710
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.8	116	21.0	31.6	30.7	10.9	16.2	6.3	4.4	549	909	7,027
Other/unknown	5.7	284	15.5	11.9	9.5	7.8	25.8	31.2	13.7	1,834	23,542	215,333

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

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
All	5.1	\$266	\$53	1.6	\$189	\$119	0.2	\$16	\$72	3.3	\$61	\$19
Age												
5 and younger	1.2	83	71	0.1	23	178	0.0	1	14	1.0	59	59
6-14	3.6	453	127	1.6	420	266	0.1	2	22	1.9	31	16
15-20	2.5	197	80	1.1	162	152	0.1	9	61	1.2	26	21
21-44	3.4	295	87	1.2	227	191	0.2	19	112	2.0	50	25
45-64	5.5	363	66	1.7	253	150	0.3	27	105	3.6	82	23
65-74	5.1	242	47	1.6	168	107	0.2	13	64	3.3	61	18
75-84	5.5	232	42	1.7	162	93	0.2	11	50	3.5	59	17
85 and older	5.3	201	38	1.6	140	88	0.2	9	42	3.5	52	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.3	225	42	1.6	156	96	0.2	11	51	3.4	57	17
Disabled	4.7	332	71	1.5	241	161	0.2	23	105	3.0	68	23
Adults	4.2	295	70	1.3	206	161	0.2	24	157	2.8	64	23
Children	4.0	389	96	1.7	284	164	0.6	50	83	1.7	55	32
Unknown	5.1	300	59	1.6	214	134	0.1	6	77	3.4	80	24
Gender												
Female	5.5	268	49	1.7	188	109	0.2	16	65	3.5	64	18
Male	4.2	262	62	1.3	190	145	0.2	16	91	2.7	56	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	277	53	1.6	196	120	0.2	17	73	3.4	64	19
African American	4.2	222	52	1.2	156	132	0.2	12	68	2.9	54	19
Other/unknown	3.6	181	50	1.2	131	111	0.1	9	64	2.3	40	18
Use of Nursing Facilities^e												
Entire year	7.0	309	44	2.1	216	103	0.4	18	49	4.5	75	17
Part year	6.8	305	45	2.1	219	104	0.3	14	51	4.4	72	17
None	4.7	257	55	1.5	183	124	0.2	16	80	3.0	59	20
Maintenance Assistance Status												
Cash	4.2	243	58	1.3	175	132	0.2	14	84	2.7	54	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.8	116	64	0.6	84	147	0.1	9	98	1.1	23	21
Other/unknown	5.7	284	50	1.8	200	114	0.3	17	67	3.7	67	18

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx					Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months	
Anti-infective Agents	0.4	0.1	0.0	0.3	\$23	\$16	\$2	\$5	\$62	\$154	\$85	\$21	70,728	\$4,361,532	17,764	47.8 %	185,771	
Biologicals	0.1	0.1	0.0	0.0	3	1	0	2	36	19	79	89	820	29,763	795	2.1	8,911	
Antineoplastic Agents	0.6	0.1	0.0	0.5	83	58	1	24	142	484	146	52	5,273	750,997	924	2.5	9,054	
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	43	33	2	9	38	76	24	14	192,278	7,239,374	16,566	44.5	167,320	
Cardiovascular Agents	1.9	0.4	0.1	1.4	52	29	2	22	27	65	32	15	426,369	11,517,565	22,146	59.6	220,740	
Respiratory Agents	0.7	0.4	0.0	0.4	43	36	0	7	57	93	59	18	83,438	4,775,488	10,766	29.0	112,001	
Gastrointestinal Agents	0.8	0.2	0.0	0.5	39	29	1	9	51	131	78	18	108,010	5,483,645	13,698	36.8	140,301	
Genitourinary Agents	0.6	0.3	0.0	0.3	31	24	1	6	55	90	56	21	31,698	1,729,305	5,294	14.2	55,433	
CNS Drugs	1.6	0.6	0.1	0.8	125	98	7	20	80	153	85	24	339,975	27,181,514	22,420	60.3	217,377	
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.3	78	63	2	12	114	183	128	38	3,516	399,181	495	1.3	5,145	
Miscellaneous Psychological/																		
Neurological Agents	0.8	0.7	0.0	0.0	143	141	0	1	185	189	118	60	21,487	3,977,955	2,821	7.6	27,913	
Analgesics and Anesthetics	1.0	0.2	0.0	0.8	52	32	2	17	53	163	174	22	188,738	9,964,081	18,988	51.1	191,844	
Neuromuscular Agents	1.1	0.3	0.1	0.6	80	45	18	17	74	135	129	28	120,027	8,896,759	10,840	29.1	111,230	
Nutritional Products	0.7	0.0	0.1	0.6	10	0	1	9	14	15	18	14	60,123	865,704	8,309	22.3	83,020	
Hematological Agents	1.0	0.3	0.1	0.7	53	45	2	7	56	178	40	10	63,019	3,506,654	6,649	17.9	65,973	
Topical Products	0.4	0.1	0.0	0.2	14	9	1	4	36	65	58	16	45,311	1,633,325	10,771	29.0	115,445	
Miscellaneous Products	0.5	0.2	0.0	0.3	78	55	7	16	143	300	165	51	3,170	452,252	550	1.5	5,768	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	23	0	0	0	3,237	73,110	932	2.5	9,628	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,767,217	92,838,204	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.medispans.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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispans.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 2004.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$14,929,588	10,072	27.1 %	104,463	0.8	\$175	\$143
ANTIDEPRESSANTS	8,467,004	21,454	57.7	222,803	0.7	52	38
ANALGESICS - Narcotic	7,031,376	22,927	61.7	237,543	0.6	52	30
ANTICONVULSANT	6,927,819	8,492	22.8	89,516	0.9	91	77
ANTIDIABETIC	4,186,604	10,782	29.0	110,702	0.8	48	38
ANTIHYPERLIPIDEMIC	4,150,004	8,255	22.2	86,782	0.7	68	48
ANTIASTHMATIC	4,121,490	11,971	32.2	124,953	0.5	69	33
ULCER DRUGS	4,097,907	14,407	38.7	149,556	0.6	48	27
NEUROLOGICAL	4,006,175	3,635	9.8	36,862	0.6	178	109
ANTIHYPERTENSIVE	2,644,568	13,818	37.2	141,914	0.7	25	19
Total	60,562,535	125,813		1,305,094	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	881,299	\$60,562,535	10,072	27.1 %	104,463	0.8	\$143	21,454	57.7 %	222,803	0.7	\$38
Female	603,306	39,118,318	6,084	25.5	63,144	0.8	125	15,297	64.0	159,470	0.7	38
Disabled	195,579	16,239,205	2,269	31.9	24,864	0.8	153	5,325	74.8	58,260	0.7	41
5 and younger	1	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	26	467	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	221	19,960	3	12.0	27	0.3	63	6	24.0	62	0.5	53
21-44	46,637	4,520,131	795	34.1	8,709	0.8	155	1,433	61.5	15,643	0.6	41
45-64	140,112	11,228,184	1,409	31.9	15,506	0.8	154	3,671	83.0	40,315	0.7	41
65-74	2,527	147,055	18	20.9	176	0.6	97	59	68.6	570	0.7	35
75-84	2,425	137,456	17	21.0	199	0.7	104	55	67.9	607	0.8	38
85 and older	3,630	185,939	27	15.8	247	0.8	113	101	59.1	1,063	0.7	33
Other Eligibles	407,727	22,879,113	3,815	22.7	38,280	0.7	107	9,972	59.4	101,210	0.8	36
5 and younger	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
15-20	67	6,864	1	33.3	12	1.7	353	3	100.0	36	0.8	42
21-44	1,205	105,431	22	22.2	183	0.5	109	62	62.6	535	0.5	44
45-64	782	56,927	11	23.4	100	0.6	124	36	76.6	314	0.6	46
65-74	119,001	6,975,395	786	17.3	8,235	0.8	129	2,570	56.7	27,462	0.7	35
75-84	160,978	9,027,492	1,488	24.3	14,995	0.7	107	3,757	61.5	38,014	0.8	36
85 and older	125,694	6,707,004	1,507	25.2	14,755	0.7	93	3,544	59.2	34,849	0.8	37
Male	277,993	21,444,217	3,988	30.0	41,319	0.9	170	6,157	46.3	63,333	0.7	38
Disabled	140,892	13,475,973	2,479	38.1	26,886	1.0	201	3,026	46.5	32,725	0.7	41
5 and younger	1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	27	1,811	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	232	15,913	12	48.0	144	0.5	62	8	32.0	88	0.5	10
21-44	51,369	5,642,297	1,194	40.0	13,023	1.0	202	1,183	39.6	12,905	0.7	41
45-64	87,010	7,675,988	1,245	36.9	13,421	1.0	203	1,785	53.0	19,257	0.7	42
65-74	1,095	84,211	18	27.3	193	0.6	164	24	36.4	223	0.6	41
75-84	608	24,103	5	20.8	54	0.8	24	16	66.7	158	0.7	37
85 and older	550	31,643	5	18.5	51	0.6	98	10	37.0	94	0.8	35
Other Eligibles	137,101	7,968,244	1,509	22.2	14,433	0.7	114	3,131	46.1	30,608	0.7	35
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	12	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	0	0.0	0
21-44	468	38,648	16	39.0	112	0.7	105	20	48.8	148	0.6	33
45-64	545	63,955	5	11.6	43	0.4	90	9	20.9	84	1.0	95
65-74	55,725	3,488,703	477	18.9	5,019	0.8	143	1,108	43.9	11,618	0.7	34
75-84	53,059	2,977,722	611	23.1	5,736	0.7	107	1,250	47.3	11,834	0.7	36
85 and older	27,303	1,399,204	400	26.1	3,523	0.7	86	744	48.6	6,924	0.8	35
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	22,927	61.7 %	237,543	0.6	\$30	8,492	22.8 %	89,516	0.9	\$77	10,782	29.0 %	110,702	0.8	\$38
Female	16,384	68.6	170,471	0.6	30	5,247	22.0	55,101	0.8	70	7,344	30.7	76,052	0.8	37
Disabled	5,598	78.6	60,956	0.6	41	2,588	36.4	28,083	0.9	88	2,014	28.3	21,444	0.8	44
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	33.3	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	10	40.0	117	0.5	7	9	36.0	97	0.7	117	0	0.0	0	0.0	0
21-44	1,498	64.3	16,272	0.5	35	888	38.1	9,632	0.9	93	327	14.0	3,537	0.7	41
45-64	3,852	87.1	42,133	0.7	45	1,641	37.1	17,902	0.8	87	1,563	35.4	16,642	0.8	45
65-74	71	82.6	713	0.6	21	18	20.9	151	1.0	97	50	58.1	517	0.8	37
75-84	51	63.0	558	0.5	30	12	14.8	137	0.8	42	43	53.1	473	0.8	44
85 and older	115	67.3	1,151	0.4	11	20	11.7	164	0.8	36	31	18.1	275	0.9	28
Other Eligibles	10,786	64.3	109,515	0.6	23	2,659	15.8	27,018	0.8	52	5,330	31.8	54,608	0.8	35
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	4	133.3	48	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	71	71.7	633	0.7	28	30	30.3	274	0.6	89	10	10.1	85	0.6	60
45-64	43	91.5	393	0.7	33	10	21.3	76	0.6	88	10	21.3	102	0.5	29
65-74	3,072	67.8	32,791	0.6	24	817	18.0	8,570	0.8	64	1,944	42.9	20,552	0.8	39
75-84	4,008	65.6	40,701	0.6	23	1,079	17.7	11,014	0.8	50	2,186	35.8	22,411	0.8	35
85 and older	3,588	59.9	34,949	0.5	23	723	12.1	7,084	0.8	37	1,180	19.7	11,458	0.8	28
Male	6,543	49.2	67,072	0.5	29	3,245	24.4	34,415	0.9	89	3,438	25.9	34,650	0.8	39
Disabled	3,319	51.0	35,704	0.6	38	2,151	33.1	23,480	0.9	103	1,342	20.6	14,094	0.8	46
5 and younger	1	50.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.7	91	0	0.0	0	0.0	0
15-20	6	24.0	72	0.1	1	7	28.0	82	0.3	26	0	0.0	0	0.0	0
21-44	1,264	42.4	13,853	0.5	35	965	32.3	10,604	0.9	116	323	10.8	3,558	0.8	52
45-64	1,999	59.3	21,236	0.6	40	1,150	34.1	12,483	0.9	94	988	29.3	10,244	0.8	44
65-74	24	36.4	267	0.6	17	20	30.3	208	0.7	61	15	22.7	132	0.7	43
75-84	13	54.2	130	0.5	3	2	8.3	19	0.8	43	8	33.3	80	0.9	31
85 and older	12	44.4	134	0.4	8	6	22.2	72	0.9	62	8	29.6	80	0.6	14
Other Eligibles	3,224	47.5	31,368	0.5	20	1,094	16.1	10,935	0.8	58	2,096	30.9	20,556	0.8	34
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	26	63.4	202	0.7	51	6	14.6	43	0.7	39	3	7.3	36	0.9	70
21-44	18	41.9	151	1.2	139	7	16.3	67	0.5	32	12	27.9	70	0.6	27
45-64	1,229	48.7	12,796	0.5	24	476	18.9	5,027	0.9	69	911	36.1	9,394	0.8	37
65-74	1,243	47.0	11,915	0.5	17	424	16.0	4,173	0.8	53	829	31.4	8,019	0.8	33
75-84	708	46.2	6,304	0.5	12	181	11.8	1,625	0.8	38	341	22.3	3,037	0.8	29
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTI-ASTHMATIC					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month
All	8,255	22.2 %	86,782	0.7	\$48	11,971	32.2 %	124,953	0.5	\$33	14,407	38.7 %	149,556	0.6	\$27
Female	5,558	23.3	58,986	0.7	48	8,424	35.2	89,198	0.5	32	10,169	42.5	106,194	0.6	27
Disabled	1,543	21.7	16,625	0.6	45	2,959	41.6	32,113	0.4	30	2,838	39.9	30,936	0.5	29
5 and younger	0	0.0	0	0.0	0	1	100.0	9	0.1	1	0	0.0	0	0.0	0
6-14	1	33.3	12	0.3	21	0	0.0	0	0.0	0	3	100.0	23	0.5	5
15-20	1	4.0	12	0.1	6	3	12.0	26	0.2	2	5	20.0	60	0.3	24
21-44	206	8.8	2,200	0.6	43	725	31.1	7,857	0.4	23	655	28.1	7,124	0.5	26
45-64	1,255	28.4	13,568	0.6	45	2,093	47.3	22,776	0.5	33	1,997	45.2	21,880	0.5	31
65-74	33	38.4	328	0.8	51	49	57.0	492	0.5	27	45	52.3	444	0.5	28
75-84	23	28.4	250	0.7	49	26	32.1	276	0.4	38	40	49.4	443	0.7	32
85 and older	24	14.0	255	0.7	52	62	36.3	677	0.4	31	93	54.4	962	0.6	29
Other Eligibles	4,015	23.9	42,361	0.7	48	5,465	32.6	57,085	0.5	33	7,331	43.7	75,258	0.6	26
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	0	0.0	0	0.0	0	2	66.7	24	0.5	43
21-44	7	7.1	63	0.3	21	23	23.2	207	0.2	22	20	20.2	190	0.4	28
45-64	9	19.1	67	0.7	38	9	19.1	72	0.2	16	13	27.7	112	0.4	18
65-74	1,508	33.3	16,156	0.7	48	1,913	42.2	20,294	0.5	36	2,001	44.1	21,476	0.6	28
75-84	1,746	28.6	18,476	0.7	49	2,156	35.3	22,475	0.5	33	2,786	45.6	28,630	0.6	26
85 and older	745	12.4	7,599	0.8	48	1,364	22.8	14,037	0.4	29	2,509	41.9	24,826	0.6	26
Male	2,697	20.3	27,796	0.7	49	3,547	26.7	35,755	0.5	36	4,238	31.9	43,362	0.6	28
Disabled	1,121	17.2	11,902	0.7	48	1,354	20.8	14,336	0.5	34	1,787	27.5	19,184	0.6	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	1	25.0	12	0.1	6	2	50.0	24	0.1	3	2	50.0	22	0.1	2
15-20	1	4.0	10	0.6	44	5	20.0	60	0.3	26	4	16.0	48	0.2	3
21-44	309	10.4	3,325	0.7	46	390	13.1	4,258	0.4	20	627	21.0	6,894	0.5	31
45-64	784	23.3	8,321	0.7	48	918	27.2	9,617	0.5	39	1,109	32.9	11,765	0.6	32
65-74	16	24.2	141	0.7	44	21	31.8	183	0.5	35	26	39.4	256	0.5	15
75-84	7	29.2	57	0.6	26	8	33.3	80	1.9	97	12	50.0	129	0.4	15
85 and older	3	11.1	36	1.0	68	10	37.0	114	0.6	51	7	25.9	70	0.6	47
Other Eligibles	1,576	23.2	15,894	0.7	49	2,193	32.3	21,419	0.5	37	2,451	36.1	24,178	0.6	26
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	7.3	36	0.3	12	6	14.6	45	0.3	18	9	22.0	72	0.6	74
45-64	15	34.9	93	0.7	45	9	20.9	76	0.5	50	7	16.3	41	0.6	14
65-74	717	28.4	7,535	0.7	50	906	35.9	9,397	0.6	42	901	35.7	9,297	0.5	27
75-84	620	23.4	6,109	0.7	50	815	30.8	7,829	0.5	33	955	36.1	9,343	0.6	23
85 and older	221	14.4	2,121	0.8	45	456	29.8	4,060	0.5	32	579	37.8	5,425	0.6	25
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Benefit per Rx \$ per Month		
All	3,635	9.8 %	36,862	0.6	\$109	13,818	37.2 %	141,914	0.7	\$19	37,187	349,070
Female	2,523	10.6	25,848	0.6	114	9,293	38.9	95,957	0.7	20	23,899	227,218
Disabled	539	7.6	5,943	0.4	197	1,858	26.1	20,183	0.7	18	7,118	70,123
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
6-14	0	0.0	0	0.0	0	2	66.7	24	0.4	4	3	23
15-20	1	4.0	11	0.1	4	5	20.0	60	0.4	21	25	227
21-44	147	6.3	1,614	0.4	264	270	11.6	2,962	0.6	12	2,330	22,819
45-64	358	8.1	3,960	0.4	179	1,428	32.3	15,556	0.7	18	4,421	43,834
65-74	8	9.3	78	0.6	157	35	40.7	363	0.6	18	86	747
75-84	7	8.6	84	0.3	40	46	56.8	486	0.8	21	81	837
85 and older	18	10.5	196	0.8	99	72	42.1	732	0.8	22	171	1,627
Other Eligibles	1,984	11.8	19,905	0.7	89	7,435	44.3	75,774	0.8	21	16,781	157,095
5 and younger	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
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
21-44	5	5.1	60	0.2	60	4	4.0	24	0.6	14	99	592
45-64	3	6.4	35	0.1	6	16	34.0	126	0.5	13	47	305
65-74	324	7.1	3,311	0.5	82	2,008	44.3	21,258	0.7	21	4,534	43,114
75-84	841	13.8	8,411	0.7	89	2,969	48.6	30,461	0.8	21	6,113	58,214
85 and older	811	13.6	8,088	0.7	93	2,438	40.7	23,905	0.8	21	5,985	54,834
Male	1,112	8.4	11,014	0.6	97	4,525	34.1	45,957	0.7	15	13,288	121,852
Disabled	336	5.2	3,664	0.4	111	1,535	23.6	16,345	0.7	16	6,502	62,744
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
6-14	0	0.0	0	0.0	0	1	25.0	12	1.1	44	4	46
15-20	0	0.0	0	0.0	0	5	20.0	60	0.6	31	25	249
21-44	116	3.9	1,274	0.3	56	410	13.7	4,460	0.6	13	2,984	29,079
45-64	209	6.2	2,268	0.4	146	1,072	31.8	11,383	0.7	16	3,370	32,418
65-74	4	6.1	44	0.3	28	21	31.8	188	0.7	18	66	482
75-84	1	4.2	12	0.8	101	11	45.8	90	0.7	9	24	222
85 and older	6	22.2	66	0.5	45	15	55.6	152	0.7	14	27	234
Other Eligibles	776	11.4	7,350	0.7	90	2,990	44.1	29,612	0.7	15	6,786	59,108
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
21-44	1	2.4	12	0.1	24	7	17.1	54	0.6	13	41	245
45-64	3	7.0	25	1.0	715	10	23.3	68	0.6	11	43	231
65-74	188	7.4	1,947	0.6	88	1,128	44.7	11,789	0.7	15	2,525	22,961
75-84	355	13.4	3,260	0.7	89	1,213	45.9	11,785	0.7	15	2,644	23,130
85 and older	229	15.0	2,106	0.7	86	632	41.3	5,916	0.8	15	1,531	12,527
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

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
All	\$309	7.0	4,038	35,917
Age				
0-64	527	8.5	313	3,078
65-74	407	8.5	505	4,513
75-84	306	7.1	1,476	12,924
85 and older	240	6.1	1,744	15,402
Unknown	0	0.0	0	0
Gender				
Female	306	7.1	2,746	25,067
Male	317	6.8	1,292	10,850
Unknown	0	0.0	0	0
Race				
White	308	7	3,797	33,638
African American	324	7.5	101	967
Other/unknown	334	6.6	140	1,312
Basis of Eligibility^c				
Aged	290	6.8	3,671	32,401
Disabled	492	8.2	367	3,516
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 2,712 beneficiaries who were in nursing facilities for part of their enrollment and their 23,306 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$17	\$11	\$2	\$4	\$40	\$83	\$49	\$17	10,942	\$433,852	2,587	64.1 %	25,445
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	34	23	112	37	167	5,619	157	3.9	1,704
Antineoplastic Agents	0.7	0.1	0.0	0.6	61	20	0	41	90	233	93	69	933	83,886	161	4.0	1,383
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.8	41	31	2	9	31	64	16	12	25,132	771,724	1,989	49.3	18,717
Cardiovascular Agents	2.1	0.3	0.0	1.7	43	20	1	22	21	57	24	13	51,789	1,069,816	2,714	67.2	24,997
Respiratory Agents	0.6	0.3	0.0	0.3	30	24	0	6	49	83	18	19	6,879	338,739	1,181	29.2	11,270
Gastrointestinal Agents	0.9	0.2	0.0	0.7	31	20	0	11	34	106	42	15	16,105	542,627	1,844	45.7	17,597
Genitourinary Agents	0.6	0.2	0.0	0.3	28	16	2	9	47	80	56	26	4,838	225,931	811	20.1	8,136
CNS Drugs	1.7	0.8	0.1	0.8	125	98	8	19	72	123	67	23	50,747	3,674,897	3,130	77.5	29,374
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	28	18	1	9	41	179	45	16	228	9,295	33	0.8	335
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	153	152	0	0	157	158	0	58	4,891	769,176	519	12.9	5,037
Analgesics and Anesthetics	1.2	0.3	0.0	0.9	49	36	1	13	42	119	55	14	26,956	1,125,990	2,495	61.8	22,890
Neuromuscular Agents	1.4	0.4	0.2	0.8	79	38	14	27	59	98	89	34	19,242	1,131,393	1,458	36.1	14,246
Nutritional Products	0.8	0.0	0.1	0.7	11	0	2	9	13	13	19	12	10,261	131,792	1,332	33.0	12,183
Hematological Agents	1.5	0.3	0.1	1.1	60	50	2	8	41	167	29	7	13,558	556,633	999	24.7	9,217
Topical Products	0.4	0.2	0.0	0.3	14	9	1	4	31	58	44	14	6,923	213,372	1,508	37.3	15,397
Miscellaneous Products	0.3	0.0	0.0	0.3	9	1	0	8	31	25	54	30	287	8,763	99	2.5	991
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	25	0	0	0	699	17,497	182	4.5	1,831
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.	250,577	11,111,002	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 2,712 beneficiaries who were in nursing facilities for part of their enrollment and their 23,306 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 2004. 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.medspan.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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Oregon, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$2,013,815	1,578	39.1 %	15,810	0.8	\$152	\$127
ANTIDEPRESSANTS	1,427,809	3,465	85.8	33,972	0.9	49	42
ANALGESICS - Narcotic	948,585	2,939	72.8	27,040	0.8	44	35
ANTICONVULSANT	778,265	1,258	31.2	12,602	1.0	62	62
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	770,418	637	15.8	6,262	0.8	156	123
ULCER DRUGS	453,965	1,888	46.8	18,185	0.7	35	25
ANTIDIABETIC	449,569	1,392	34.5	13,228	1.0	35	34
ANTIHYPERLIPIDEMIC	300,605	591	14.6	5,616	0.9	61	54
ANTIASTHMATIC	298,141	1,172	29.0	10,899	0.5	57	27
MISC. ENDOCRINE	274,644	556	13.8	5,478	0.7	67	50
Total	7,715,816	15,476		149,092	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 2,712 beneficiaries who were in nursing facilities for part of their enrollment and their 23,306 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

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 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	121,780	\$7,715,816	1,578	39.1 %	15,810	0.8	\$127	3,465	85.8 %	33,972	0.9	\$42
Female	85,564	5,337,926	1,063	38.7	10,763	0.8	121	2,438	88.8	24,089	0.9	42
Disabled	8,780	740,301	98	51.0	1,080	0.9	168	187	97.4	2,011	0.9	50
64 or younge ^r	7,728	687,924	90	59.2	1,010	0.9	167	151	99.3	1,653	0.9	52
65-74	152	10,178	2	33.3	12	1.3	504	4	66.7	26	0.9	46
75-84	287	13,522	2	33.3	24	1.4	186	8	133.3	96	0.9	46
85 and older	613	28,677	4	14.3	34	0.9	69	24	85.7	236	0.8	33
Other Eligibles	76,784	4,597,625	965	37.8	9,683	0.8	116	2,251	88.1	22,078	0.9	42
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	11,222	691,692	126	49.4	1,312	1.0	143	264	103.5	2,713	0.9	42
75-84	30,961	1,902,750	377	40.1	3,802	0.8	125	854	90.9	8,198	0.9	43
85 and older	34,601	2,003,183	462	34.0	4,569	0.8	100	1,133	83.4	11,167	0.8	41
Male	36,216	2,377,890	515	39.9	5,047	0.9	141	1,027	79.5	9,883	0.9	41
Disabled	6,276	554,632	81	46.3	844	1.0	211	119	68.0	1,197	0.9	47
64 or younge ^r	5,813	523,113	76	47.2	790	1.0	214	112	69.6	1,133	0.9	47
65-74	152	14,294	4	80.0	48	0.7	189	2	40.0	17	1.0	41
75-84	257	11,642	1	16.7	6	0.3	6	5	83.3	47	0.7	43
85 and older	54	5,583	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	29,940	1,823,258	434	38.9	4,203	0.8	127	908	81.3	8,686	0.8	40
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,984	586,474	105	43.9	1,099	0.9	155	218	91.2	2,246	0.9	40
75-84	13,785	829,479	213	40.6	2,061	0.8	122	415	79.2	3,868	0.8	41
85 and older	7,171	407,305	116	32.8	1,043	0.8	106	275	77.7	2,572	0.8	41
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 2,712 beneficiaries who were in nursing facilities for part of their enrollment and their 23,306 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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 \$
All	2,939	72.8 %	27,040	0.8	\$35	1,258	31.2 %	12,602	1.0	\$62	637	15.8 %	6,262	0.8	\$123
Female	2,127	77.5	19,726	0.8	38	798	29.1	7,889	1.0	59	448	16.3	4,491	0.8	124
Disabled	172	89.6	1,736	0.9	37	130	67.7	1,357	1.1	102	23	12.0	253	0.8	454
64 or younger	140	92.1	1,474	0.9	42	119	78.3	1,263	1.1	106	21	13.8	229	0.8	487
65-74	6	100.0	35	0.8	18	3	50.0	17	1.5	58	0	0.0	0	0.0	0
75-84	3	50.0	36	0.6	6	2	33.3	17	0.8	4	0	0.0	0	0.0	0
85 and older	23	82.1	191	0.5	8	6	21.4	60	0.8	41	2	7.1	24	1.2	140
Other Eligibles	1,955	76.5	17,990	0.8	38	668	26.2	6,532	1.0	50	425	16.6	4,238	0.8	104
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	216	84.7	2,060	0.9	33	122	47.8	1,226	1.1	67	44	17.3	431	0.8	149
75-84	724	77.0	6,615	0.9	41	299	31.8	2,890	1.0	51	177	18.8	1,783	0.8	101
85 and older	1,015	74.7	9,315	0.8	38	247	18.2	2,416	0.9	39	204	15.0	2,024	0.8	97
Male	812	62.8	7,314	0.7	27	460	35.6	4,713	1.0	67	189	14.6	1,771	0.7	122
Disabled	103	58.9	1,035	0.8	50	116	66.3	1,264	1.1	82	10	5.7	113	0.7	524
64 or younger	96	59.6	963	0.9	52	111	68.9	1,204	1.1	81	10	6.2	113	0.7	524
65-74	2	40.0	24	1.0	39	3	60.0	36	1.1	84	0	0.0	0	0.0	0
75-84	3	50.0	31	0.5	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	66.7	17	0.2	6	2	66.7	24	1.1	163	0	0.0	0	0.0	0
Other Eligibles	709	63.5	6,279	0.7	23	344	30.8	3,449	0.9	62	179	16.0	1,658	0.8	94
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	157	65.7	1,491	0.9	39	118	49.4	1,251	1.0	79	30	12.6	323	0.6	85
75-84	338	64.5	3,028	0.7	20	167	31.9	1,669	0.9	55	96	18.3	861	0.8	95
85 and older	214	60.5	1,760	0.7	16	59	16.7	529	0.9	42	53	15.0	474	0.8	99
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 2,712 beneficiaries who were in nursing facilities for part of their enrollment and their 23,306 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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 BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTHYPERLIPIDEMIC				
	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 \$
All	1,888	46.8 %	18,185	0.7	\$25	1,392	34.5 %	13,228	1.0	\$34	591	14.6 %	5,616	0.9	\$54
Female	1,306	47.6	12,600	0.7	25	922	33.6	8,931	1.0	34	379	13.8	3,654	0.9	53
Disabled	111	57.8	1,140	0.8	37	92	47.9	963	0.9	36	36	18.8	381	0.9	56
64 or younger	95	62.5	1,002	0.8	37	71	46.7	766	0.9	39	33	21.7	355	0.9	59
65-74	3	50.0	15	0.9	38	5	83.3	43	1.0	14	1	16.7	2	1.0	27
75-84	3	50.0	29	1.0	11	10	166.7	106	0.9	36	1	16.7	12	0.2	8
85 and older	10	35.7	94	0.8	43	6	21.4	48	0.9	22	1	3.6	12	0.1	8
Other Eligibles	1,195	46.8	11,460	0.7	24	830	32.5	7,968	1.0	34	343	13.4	3,273	0.9	53
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	55.3	1,390	0.8	24	153	60.0	1,464	1.1	37	72	28.2	651	0.9	52
75-84	448	47.7	4,194	0.7	24	388	41.3	3,747	1.0	38	171	18.2	1,609	0.9	57
85 and older	606	44.6	5,876	0.7	24	289	21.3	2,757	0.9	27	100	7.4	1,013	0.9	48
Male	582	45.0	5,585	0.7	25	470	36.4	4,297	0.9	34	212	16.4	1,962	0.8	54
Disabled	97	55.4	1,020	0.7	28	61	34.9	648	1.0	43	32	18.3	336	0.8	53
64 or younger	89	55.3	933	0.7	30	59	36.6	636	1.0	43	31	19.3	330	0.8	54
65-74	3	60.0	29	1.0	11	1	20.0	5	1.0	9	0	0.0	0	0.0	0
75-84	4	66.7	46	0.6	9	1	16.7	7	1.7	50	1	16.7	6	0.5	24
85 and older	1	33.3	12	0.8	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	485	43.4	4,565	0.7	24	409	36.6	3,649	0.9	32	180	16.1	1,626	0.9	54
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	125	52.3	1,267	0.8	27	131	54.8	1,235	1.0	35	68	28.5	649	0.9	57
75-84	218	41.6	1,991	0.7	21	197	37.6	1,737	0.9	31	91	17.4	790	0.9	52
85 and older	142	40.1	1,307	0.7	26	81	22.9	677	0.9	29	21	5.9	187	0.8	49
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 2,712 beneficiaries who were in nursing facilities for part of their enrollment and their 23,306 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ANTIASTHMATIC					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
All	1,172	29.0 %	10,899	0.5	\$27	556	13.8 %	5,478	0.7	\$50	4,038	35,917
Female	763	27.8	7,347	0.4	26	491	17.9	4,807	0.8	51	2,746	25,067
Disabled	62	32.3	609	0.6	36	34	17.7	362	0.8	62	192	1,894
64 or younge r	45	29.6	424	0.7	42	28	18.4	311	0.8	64	152	1,554
65-74	0	0.0	0	0.0	0	1	16.7	2	1.0	46	6	33
75-84	1	16.7	12	0.1	9	0	0.0	0	0.0	0	6	65
85 and older	16	57.1	173	0.4	21	5	17.9	49	0.7	50	28	242
Other Eligibles	701	27.4	6,738	0.4	25	457	17.9	4,445	0.7	50	2,554	23,173
64 or younge r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	85	33.3	810	0.6	39	50	19.6	501	0.8	51	255	2,382
75-84	291	31.0	2,676	0.4	24	169	18.0	1,623	0.8	50	940	8,408
85 and older	325	23.9	3,252	0.4	22	238	17.5	2,321	0.7	49	1,359	12,383
Male	409	31.7	3,552	0.5	31	65	5.0	671	0.7	48	1,292	10,850
Disabled	57	32.6	532	0.7	48	11	6.3	127	0.6	49	175	1,622
64 or younge r	48	29.8	441	0.5	36	10	6.2	115	0.6	46	161	1,524
65-74	2	40.0	10	0.5	20	0	0.0	0	0.0	0	5	31
75-84	6	100.0	69	2.2	110	1	16.7	12	1.1	80	6	49
85 and older	1	33.3	12	1.1	124	0	0.0	0	0.0	0	3	18
Other Eligibles	352	31.5	3,020	0.5	28	54	4.8	544	0.8	47	1,117	9,228
64 or younge r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	88	36.8	804	0.5	28	9	3.8	86	0.7	47	239	2,067
75-84	156	29.8	1,358	0.5	27	29	5.5	298	0.8	45	524	4,402
85 and older	108	30.5	858	0.5	29	16	4.5	160	0.8	51	354	2,759
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A total of 2,712 beneficiaries who were in nursing facilities for part of their enrollment and their 23,306 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a,b}
 OREGON, 2004

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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	22,895	61.6 %	9.5	353,463	\$88	\$3,271,543	\$9	3.5 %	37,187
Age									
5 and younger	3	100.0	3.0	9	420	1,259	140	66.1	3
6-14	6	75.0	7.0	56	65	523	9	1.4	8
15-20	22	40.7	3.4	182	44	2,382	13	2.4	54
21-44	2,522	46.2	5.6	30,311	63	341,051	11	2.2	5,454
45-64	4,963	63.0	9.4	74,338	99	784,066	11	2.8	7,881
65-74	4,044	56.1	8.0	57,578	77	555,354	10	3.4	7,211
75-84	5,827	65.8	10.6	93,857	92	811,267	9	4.3	8,862
85 and older	5,508	71.4	12.6	97,132	101	775,641	8	5.6	7,714
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	15,063	64.6	10.4	242,743	90	2,094,537	9	4.3	23,319
Disabled	7,725	56.7	8.1	109,975	86	1,166,940	11	2.6	13,620
Adults	103	43.6	3.1	730	42	9,988	14	2.5	236
Children	1	25.0	1.0	4	11	45	11	0.2	4
Unknown	3	37.5	1.4	11	4	33	3	0.2	8
Gender									
Female	15,746	65.9	10.6	253,140	98	2,331,194	9	3.8	23,899
Male	7,149	53.8	7.5	100,323	71	940,349	9	2.9	13,288
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	20,477	63.0	10.0	326,295	92	2,997,200	9	3.6	32,501
African American	545	52.9	6.7	6,922	73	74,887	11	3.5	1,031
Other/unknown	1,873	51.2	5.5	20,246	55	199,456	10	3.1	3,655
Use of Nursing Facilities^d									
Entire year	2,846	70.5	8.3	33,524	82	329,339	10	3.0	4,038
Part year	2,169	80.0	11.9	32,172	105	284,224	9	4.0	2,712
None	17,880	58.7	9.5	287,767	87	2,657,980	9	3.6	30,437
Maintenance Assistance Status									
Cash	6,820	53.5	6.9	88,378	71	905,479	10	2.9	12,736
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	270	29.7	1.8	1,599	18	16,599	10	2.0	909
Other/unknown	15,805	67.1	11.2	263,486	100	2,349,465	9	3.8	23,542

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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^{a,b}
 OREGON, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	1.0	\$9	\$9	\$0	\$2	349,070
Age						
5 and younger	0.4	55	140	0	0	23
6-14	0.7	6	9	0	0	81
15-20	0.4	5	13	0	0	514
21-44	0.6	6	11	0	3	52,735
45-64	1.0	10	11	0	3	76,788
65-74	0.9	8	10	0	2	67,304
75-84	1.1	10	9	0	1	82,403
85 and older	1.4	11	8	0	1	69,222
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.1	10	9	0	1	214,720
Disabled	0.8	9	11	0	3	132,867
Adults	0.5	7	14	0	3	1,382
Children	0.1	1	11	0	0	48
Unknown	0.2	1	3	0	1	53
Gender						
Female	1.1	10	9	0	2	227,218
Male	0.8	8	9	0	2	121,852
Unknown	0.0	0	0	0	0	0
Race						
White	1.1	10	9	0	2	304,115
African American	0.7	8	11	0	1	9,711
Other/unknown	0.6	6	10	0	1	35,244
Use of Nursing Facilities^d						
Entire year	0.9	9	10	0	2	35,917
Part year	1.4	12	9	0	2	23,306
None	1.0	9	9	0	2	289,847
Maintenance Assistance Status						
Cash	0.7	7	10	0	2	126,710
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	10	0	1	7,027
Other/unknown	1.2	11	9	0	2	215,333

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 2004.
- 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^{a,b,c}
 OREGON, 2004

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
All	37,579	\$87	\$3,271,543	100.0 %	353,463	\$9	100.0 %
Anorexia or weight loss/gain	2	477	954	0.0	19	50	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	2,854	58	164,760	5.0	8,332	20	2.4
Vitamins and minerals	7,942	105	830,611	25.4	56,673	15	16.0
Non-prescription drugs	16,071	92	1,470,702	45.0	220,993	7	62.5
Barbiturates	318	60	19,213	0.6	3,056	6	0.9
Benzodiazepines	9,454	73	691,687	21.1	60,569	11	17.1
Other Part D Excl Rx Drugs	938	100	93,616	2.9	3,821	25	1.1

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 OREGON, 2004

Total Number of Dual Eligible Beneficiaries	37,187
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$92,838,204
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,497

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,864	13.1 %	\$0	0.0 %
1-500	7,759	20.9	1,546,541	1.7
501-1,000	4,229	11.4	3,126,243	3.4
1,001-1,500	3,230	8.7	4,010,003	4.3
1,501-2,000	2,587	7.0	4,518,506	4.9
2,001-2,500	2,151	5.8	4,819,582	5.2
2,501-3,000	1,858	5.0	5,104,398	5.5
3,001-3,500	1,558	4.2	5,055,441	5.4
3,501-4,000	1,274	3.4	4,773,642	5.1
4,001-4,500	1,132	3.0	4,799,775	5.2
4,501-5,000	897	2.4	4,255,964	4.6
5,001-5,500	747	2.0	3,911,693	4.2
5,501-6,000	687	1.8	3,951,196	4.3
6,001-6,500	601	1.6	3,752,217	4.0
6,501-7,000	484	1.3	3,265,829	3.5
7,001-7,500	405	1.1	2,934,968	3.2
7,501-8,000	337	0.9	2,608,652	2.8
8,001-8,500	307	0.8	2,531,094	2.7
8,501-9,000	236	0.6	2,067,740	2.2
9,001-9,500	216	0.6	1,996,018	2.1
9,501-10,000	181	0.5	1,759,507	1.9
10,001+	1,447	3.9	22,049,195	23.8

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 OREGON, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	13,165
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$43,108,640
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,275

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,792	13.6 %	0	0.0 %
1-500	2,740	20.8	497,886	1.2
501-1,000	1,265	9.6	929,963	2.2
1,001-1,500	898	6.8	1,113,810	2.6
1,501-2,000	729	5.5	1,275,869	3.0
2,001-2,500	632	4.8	1,417,429	3.3
2,501-3,000	530	4.0	1,459,073	3.4
3,001-3,500	489	3.7	1,586,314	3.7
3,501-4,000	427	3.2	1,600,740	3.7
4,001-4,500	379	2.9	1,609,670	3.7
4,501-5,000	325	2.5	1,540,806	3.6
5,001-5,500	272	2.1	1,427,378	3.3
5,501-6,000	286	2.2	1,646,361	3.8
6,001-6,500	260	2.0	1,624,132	3.8
6,501-7,000	220	1.7	1,485,602	3.4
7,001-7,500	197	1.5	1,427,995	3.3
7,501-8,000	157	1.2	1,215,231	2.8
8,001-8,500	150	1.1	1,238,094	2.9
8,501-9,000	129	1.0	1,130,306	2.6
9,001-9,500	124	0.9	1,145,467	2.7
9,501-10,000	118	0.9	1,146,593	2.7
10,001+	1,046	7.9	16,589,921	38.5

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 OREGON, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	23,787
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$49,295,470
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,072

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,028	12.7 %	0	0.0 %
1-500	4,950	20.8	1,036,615	2.1
501-1,000	2,936	12.3	2,175,038	4.4
1,001-1,500	2,310	9.7	2,869,519	5.8
1,501-2,000	1,846	7.8	3,222,145	6.5
2,001-2,500	1,512	6.4	3,385,924	6.9
2,501-3,000	1,323	5.6	3,631,553	7.4
3,001-3,500	1,064	4.5	3,453,321	7.0
3,501-4,000	843	3.5	3,157,753	6.4
4,001-4,500	749	3.1	3,173,046	6.4
4,501-5,000	566	2.4	2,687,576	5.5
5,001-5,500	469	2.0	2,453,110	5.0
5,501-6,000	398	1.7	2,287,388	4.6
6,001-6,500	336	1.4	2,096,735	4.3
6,501-7,000	261	1.1	1,759,853	3.6
7,001-7,500	208	0.9	1,506,973	3.1
7,501-8,000	180	0.8	1,393,421	2.8
8,001-8,500	155	0.7	1,276,645	2.6
8,501-9,000	106	0.4	928,718	1.9
9,001-9,500	90	0.4	832,189	1.7
9,501-10,000	61	0.3	593,563	1.2
10,001+	396	1.7	5,374,385	10.9

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 OREGON, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	7,211
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$16,279,232
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,258

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,212	16.8 %	0	0.0 %
1-500	1,533	21.3	288,999	1.8
501-1,000	740	10.3	543,721	3.3
1,001-1,500	580	8.0	724,953	4.5
1,501-2,000	475	6.6	834,792	5.1
2,001-2,500	379	5.3	849,055	5.2
2,501-3,000	375	5.2	1,032,427	6.3
3,001-3,500	276	3.8	895,359	5.5
3,501-4,000	241	3.3	905,181	5.6
4,001-4,500	226	3.1	958,273	5.9
4,501-5,000	176	2.4	837,719	5.1
5,001-5,500	136	1.9	712,133	4.4
5,501-6,000	124	1.7	711,597	4.4
6,001-6,500	127	1.8	791,204	4.9
6,501-7,000	90	1.2	606,845	3.7
7,001-7,500	74	1.0	533,687	3.3
7,501-8,000	64	0.9	495,356	3.0
8,001-8,500	58	0.8	476,643	2.9
8,501-9,000	44	0.6	386,351	2.4
9,001-9,500	38	0.5	351,608	2.2
9,501-10,000	32	0.4	310,126	1.9
10,001+	211	2.9	3,033,203	18.6

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 2004.
- 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^{a, b}
 OREGON, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	8,862
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$19,078,891
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,153

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,045	11.8 %	0	0.0 %
1-500	1,722	19.4	374,333	2.0
501-1,000	1,076	12.1	802,114	4.2
1,001-1,500	896	10.1	1,112,707	5.8
1,501-2,000	712	8.0	1,242,195	6.5
2,001-2,500	594	6.7	1,328,391	7.0
2,501-3,000	459	5.2	1,263,446	6.6
3,001-3,500	435	4.9	1,406,846	7.4
3,501-4,000	331	3.7	1,239,731	6.5
4,001-4,500	274	3.1	1,163,101	6.1
4,501-5,000	227	2.6	1,075,872	5.6
5,001-5,500	193	2.2	1,008,415	5.3
5,501-6,000	182	2.1	1,048,157	5.5
6,001-6,500	125	1.4	781,190	4.1
6,501-7,000	117	1.3	788,698	4.1
7,001-7,500	93	1.0	675,297	3.5
7,501-8,000	84	0.9	649,595	3.4
8,001-8,500	74	0.8	610,984	3.2
8,501-9,000	35	0.4	305,598	1.6
9,001-9,500	34	0.4	313,850	1.6
9,501-10,000	23	0.3	224,798	1.2
10,001+	131	1.5	1,663,573	8.7

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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^{a, b}
 OREGON, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	7,714
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$13,937,347
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,807

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	771	10.0 %	0	0.0 %
1-500	1,695	22.0	373,283	2.7
501-1,000	1,120	14.5	829,203	5.9
1,001-1,500	834	10.8	1,031,859	7.4
1,501-2,000	659	8.5	1,145,158	8.2
2,001-2,500	539	7.0	1,208,478	8.7
2,501-3,000	489	6.3	1,335,680	9.6
3,001-3,500	353	4.6	1,151,116	8.3
3,501-4,000	271	3.5	1,012,841	7.3
4,001-4,500	249	3.2	1,051,672	7.5
4,501-5,000	163	2.1	773,985	5.6
5,001-5,500	140	1.8	732,562	5.3
5,501-6,000	92	1.2	527,634	3.8
6,001-6,500	84	1.1	524,341	3.8
6,501-7,000	54	0.7	364,310	2.6
7,001-7,500	41	0.5	297,989	2.1
7,501-8,000	32	0.4	248,470	1.8
8,001-8,500	23	0.3	189,018	1.4
8,501-9,000	27	0.4	236,769	1.7
9,001-9,500	18	0.2	166,731	1.2
9,501-10,000	6	0.1	58,639	0.4
10,001+	54	0.7	677,609	4.9

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	62,070	36,069	25,536	450	7	8	657,124	368,925	283,969	4,104	73	53
Age												
5 and younger	5	0	5	0	0	0	53	0	53	0	0	0
6-14	11	0	8	0	3	0	121	0	96	0	25	0
15-20	112	0	106	2	4	0	1,256	0	1,189	19	48	0
21-44	10,670	0	10,403	267	0	0	119,075	0	116,680	2,395	0	0
45-64	14,486	10	14,305	168	0	3	160,831	120	159,100	1,585	0	26
65-74	13,407	13,096	296	10	0	5	144,278	141,415	2,749	87	0	27
75-84	13,189	13,036	150	3	0	0	134,404	132,831	1,555	18	0	0
85 and older	10,190	9,927	263	0	0	0	97,106	94,559	2,547	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	39,164	25,587	13,293	272	4	8	415,767	264,610	148,547	2,509	48	53
Male	22,906	10,482	12,243	178	3	0	241,357	104,315	135,422	1,595	25	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	53,436	30,072	22,976	376	5	7	563,180	303,686	255,994	3,393	60	47
African American	1,785	808	952	24	1	0	19,185	8,561	10,374	249	1	0
Other/unknown	6,849	5,189	1,608	50	1	1	74,759	56,678	17,601	462	12	6
Use of Nursing Facilities^c												
Entire year	5,172	4,657	515	0	0	0	48,397	43,167	5,230	0	0	0
Part year	3,551	2,988	562	1	0	0	33,789	28,013	5,764	12	0	0
None	53,347	28,424	24,459	449	7	8	574,938	297,745	272,975	4,092	73	53
Maintenance Assistance Status												
Cash	27,918	13,389	14,303	226	0	0	312,350	149,108	161,145	2,097	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	943	300	597	37	1	8	10,316	3,356	6,697	209	1	53
Other/unknown	33,209	22,380	10,636	187	6	0	334,458	216,461	116,127	1,798	72	0
Dual Status^d												
Full dual, all year	59,726	34,922	24,346	443	7	8	631,361	356,542	270,649	4,044	73	53
Full dual, part year	2,344	1,147	1,190	7	0	0	25,763	12,383	13,320	60	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	31,663	20,647	10,902	102	4	8	323,538	202,541	120,045	851	48	53
FFS part year, with Rx claims	4,252	1,971	2,178	103	0	0	44,823	20,347	23,482	994	0	0
FFS part year, no Rx claims	1,272	701	540	31	0	0	11,998	6,501	5,253	244	0	0
MC all year, with Rx claims	14,516	6,407	7,958	150	1	0	162,886	69,744	91,558	1,572	12	0
MC all year, no Rx claims	10,367	6,343	3,958	64	2	0	113,879	69,792	43,631	443	13	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 2004. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	62,070	657,124	37,187	349,070	0	308,054
Fee-for-service (FFS) all year	31,663	323,538	31,663	323,538	0	0
FFS part year, with Rx claims	4,252	44,823	4,252	20,670	0	24,153
FFS part year, with no Rx claims	1,272	11,998	1,272	4,862	0	7,136
Managed care (MC) all year, with Rx claims	14,516	162,886	0	0	0	162,886
MC all year, with no Rx claims	10,367	113,879	0	0	0	113,879

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.