

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
OREGON**

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY
BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH,
BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES
AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY
BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS
OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	36,340	22,654	13,468	201	3	14	334,406	204,479	128,465	1,343	29	90
Age												
5 and younger	7	0	6	0	1	0	70	0	58	0	12	0
6-14	7	0	6	0	1	0	84	0	72	0	12	0
15-20	57	0	56	0	1	0	534	0	529	0	5	0
21-44	5,265	0	5,130	135	0	0	49,668	0	48,820	848	0	0
45-64	7,918	9	7,841	60	0	8	75,594	70	75,022	438	0	64
65-74	6,959	6,794	155	4	0	6	63,351	62,007	1,282	36	0	26
75-84	8,388	8,287	99	2	0	0	76,860	75,823	1,016	21	0	0
85 and older	7,739	7,564	175	0	0	0	68,245	66,579	1,666	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	23,260	16,162	6,947	135	2	14	216,158	148,221	66,925	905	17	90
Male	13,080	6,492	6,521	66	1	0	118,248	56,258	61,540	438	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	31,834	19,604	12,054	161	3	12	292,392	176,210	115,004	1,071	29	78
African American	914	422	483	9	0	0	8,367	3,948	4,366	53	0	0
Other/unknown	3,592	2,628	931	31	0	2	33,647	24,321	9,095	219	0	12
Use of Nursing Facilities^c												
Entire year	3,949	3,593	356	0	0	0	34,287	30,924	3,363	0	0	0
Part year	2,734	2,306	428	0	0	0	23,349	19,533	3,816	0	0	0
None	29,657	16,755	12,684	201	3	14	276,770	154,022	121,286	1,343	29	90
Maintenance Assistance Status												
Cash	12,043	5,642	6,296	104	1	0	117,031	54,965	61,332	722	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	1,121	403	684	19	1	14	9,049	3,602	5,277	75	5	90
Other/unknown	23,176	16,609	6,488	78	1	0	208,326	145,912	61,856	546	12	0
Dual Medicare Status^d												
Full dual, all year	33,837	21,456	12,176	189	2	14	313,598	193,955	118,283	1,246	24	90
Full dual, part year	2,503	1,198	1,292	12	1	0	20,808	10,524	10,182	97	5	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	29,513	19,337	10,048	112	2	14	298,374	187,404	109,806	1,050	24	90
FFS part year, with Rx claims	5,442	2,597	2,778	66	1	0	30,336	14,223	15,878	230	5	0
FFS part year, no Rx claims	1,385	720	642	23	0	0	5,696	2,852	2,781	63	0	0

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	86.0	47.4	\$2,607	\$55	\$14,364	18.1	36,340
Age							
5 and younger	71.4	16.4	794	48	25,091	3.2	7
6-14	85.7	48.4	6,307	130	24,165	26.1	7
15-20	73.7	23.6	1,989	84	11,450	17.4	57
21-44	80.8	32.6	2,907	89	9,338	31.1	5,265
45-64	88.2	53.0	3,649	69	13,320	27.4	7,918
65-74	82.2	46.8	2,376	51	12,463	19.1	6,959
75-84	87.2	51.1	2,273	45	16,334	13.9	8,388
85 and older	89.8	48.6	1,910	39	18,428	10.4	7,739
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	86.5	48.8	2,171	44	15,858	13.7	22,654
Disabled	85.3	45.4	3,352	74	11,968	28.0	13,468
Adults	80.6	26.7	1,940	73	6,515	29.8	201
Children	100.0	17.7	1,223	69	42,890	2.9	3
Unknown	92.9	27.7	1,739	63	7,994	21.8	14
Gender							
Female	88.6	52.2	2,657	51	14,707	18.1	23,260
Male	81.4	38.9	2,518	65	13,754	18.3	13,080
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.8	49.0	2,698	55	14,896	18.1	31,834
African American	80.3	38.7	2,259	58	15,100	15.0	914
Other/unknown	80.9	35.2	1,883	53	9,462	19.9	3,592
Use of Nursing Facilities^f							
Entire year	94.3	62.1	2,882	46	38,049	7.6	3,949
Part year	94.2	56.1	2,609	47	21,966	11.9	2,734
None	84.2	44.7	2,570	58	10,509	24.5	29,657
Maintenance Assistance Status							
Cash	86.0	41.8	2,582	62	9,130	28.3	12,043
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	67.7	13.0	941	72	4,398	21.4	1,121
Other/unknown	86.9	52.0	2,701	52	17,566	15.4	23,176

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c								Number		Benefit Months
			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			
All	5.2	\$283	18.1	14.0	12.6	8.6	25.2	27.3	12.4	\$1,561	36,340	334,406	
Age													
5 and younger	1.6	79	3.2	28.6	28.6	28.6	14.3	0.0	0.0	2,509	7	70	
6-14	4.0	526	26.1	14.3	14.3	0.0	42.9	28.6	0.0	2,014	7	84	
15-20	2.5	212	17.4	26.3	22.8	12.3	28.1	8.8	1.8	1,222	57	534	
21-44	3.5	308	31.1	19.2	23.6	10.5	22.8	15.9	7.9	990	5,265	49,668	
45-64	5.6	382	27.4	11.8	12.8	8.7	24.0	26.6	16.0	1,395	7,918	75,594	
65-74	5.1	261	19.1	17.8	13.0	8.5	22.6	24.9	13.2	1,369	6,959	63,351	
75-84	5.6	248	13.9	12.8	9.5	8.0	25.7	30.9	13.1	1,783	8,388	76,860	
85 and older	5.5	217	10.4	10.2	7.7	8.1	29.6	34.2	10.2	2,090	7,739	68,245	
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	5.4	241	13.7	13.5	10.0	8.2	26.1	30.1	12.1	1,757	22,654	204,479	
Disabled	4.8	351	28.0	14.7	16.8	9.4	23.6	22.7	12.8	1,255	13,468	128,465	
Adults	4.0	290	29.8	19.4	16.4	9.0	23.9	19.9	11.4	975	201	1,343	
Children	1.8	127	2.9	0.0	33.3	66.7	0.0	0.0	0.0	4,437	3	29	
Unknown	4.3	271	21.8	7.1	7.1	28.6	7.1	42.9	7.1	1,244	14	90	
Gender													
Female	5.6	286	18.1	11.4	10.7	8.3	25.7	30.0	14.0	1,583	23,260	216,158	
Male	4.3	279	18.3	18.6	15.9	9.3	24.2	22.5	9.4	1,521	13,080	118,248	
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	294	18.1	13.2	11.7	8.3	25.2	28.5	13.1	1,622	31,834	292,392	
African American	4.2	247	15.0	19.7	15.5	8.6	22.9	24.0	9.3	1,650	914	8,367	
Other/unknown	3.8	201	19.9	19.1	19.6	11.5	25.7	17.7	6.5	1,010	3,592	33,647	
Use of Nursing Facilities^f													
Entire year	7.1	332	7.6	5.7	4.5	5.7	25.7	38.4	19.9	4,382	3,949	34,287	
Part year	6.6	306	11.9	5.8	8.2	6.9	25.8	36.6	16.8	2,572	2,734	23,349	
None	4.8	275	24.5	15.8	14.0	9.2	25.0	25.0	10.9	1,126	29,657	276,770	
Maintenance Assistance Status													
Cash	4.3	266	28.3	14.0	17.5	10.9	26.4	21.9	9.3	940	12,043	117,031	
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	117	21.4	32.3	31.8	12.0	14.4	6.6	2.9	545	1,121	9,049	
Other/unknown	5.8	300	15.4	13.1	9.1	7.3	25.0	31.1	14.4	1,954	23,176	208,326	

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

Benef(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, 2005

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	5.2	\$283	\$55	1.6	\$199	\$126	0.1	\$11	\$80	3.4	\$73	\$21
Age												
5 and younger	1.6	79	48	0.5	48	98	0.0	1	17	1.1	31	28
6-14	4.0	526	130	1.9	480	249	0.0	8	315	2.1	38	18
15-20	2.5	212	84	1.2	175	150	0.1	12	138	1.3	25	20
21-44	3.5	308	89	1.2	235	199	0.1	14	127	2.2	59	27
45-64	5.6	382	69	1.7	265	158	0.1	17	117	3.7	100	27
65-74	5.1	261	51	1.6	181	116	0.1	9	69	3.4	71	21
75-84	5.6	248	45	1.8	173	99	0.1	8	56	3.7	68	18
85 and older	5.5	217	39	1.6	146	92	0.2	8	49	3.8	63	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.4	241	44	1.6	165	101	0.1	8	57	3.6	67	19
Disabled	4.8	351	74	1.5	252	169	0.1	16	118	3.1	83	27
Adults	4.0	290	73	1.2	200	173	0.1	24	196	2.7	67	25
Children	1.8	127	69	0.7	84	122	0.0	1	22	1.1	42	38
Unknown	4.3	271	63	1.2	204	173	0.1	4	65	3.0	62	20
Gender												
Female	5.6	286	51	1.7	196	115	0.2	12	74	3.7	78	21
Male	4.3	279	65	1.3	204	151	0.1	10	97	2.8	65	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.3	294	55	1.6	206	126	0.1	11	81	3.6	77	22
African American	4.2	247	58	1.2	171	144	0.1	9	96	2.9	67	23
Other/unknown	3.8	201	53	1.2	147	119	0.1	7	65	2.4	47	19
Use of Nursing Facilities^e												
Entire year	7.1	332	46	2.0	222	108	0.2	13	57	4.9	97	20
Part year	6.6	306	47	1.9	208	109	0.2	11	63	4.5	87	19
None	4.8	275	58	1.5	195	131	0.1	11	87	3.2	69	22
Maintenance Assistance Status												
Cash	4.3	266	62	1.4	192	141	0.1	10	92	2.8	64	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.6	117	72	0.5	87	167	0.0	4	103	1.1	26	24
Other/unknown	5.8	300	52	1.8	208	119	0.2	12	75	3.9	81	21

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 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).

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, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months			
		Name	Name		Name	Name		Name	Name						Name		
Anti-infective Agents	0.4	0.1	0.0	0.3	\$22	\$14	\$2	\$5	\$56	\$193	\$72	\$18	71,552	\$4,016,552	17,590	48.4	181,281
Biologicals	0.1	0.1	0.0	0.0	4	2	0	2	43	25	18	92	1,236	53,276	1,173	3.2	12,976
Antineoplastic Agents	0.6	0.1	0.0	0.4	96	74	0	22	162	508	165	49	5,505	889,418	939	2.6	9,299
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.7	48	35	4	9	41	89	45	13	186,475	7,649,805	16,132	44.4	161,004
Cardiovascular Agents	2.0	0.5	0.0	1.4	58	36	0	21	29	70	29	15	416,421	12,222,695	21,543	59.3	211,507
Respiratory Agents	0.7	0.4	0.0	0.3	45	40	0	5	64	107	72	16	77,658	4,952,390	10,666	29.4	108,967
Gastrointestinal Agents	0.8	0.2	0.0	0.5	41	32	0	8	54	142	53	16	100,791	5,424,022	13,253	36.5	133,342
Genitourinary Agents	0.6	0.3	0.0	0.3	32	25	0	6	55	91	66	21	32,139	1,770,948	5,374	14.8	55,222
CNS Drugs	1.6	0.7	0.0	0.9	130	107	1	22	82	159	129	24	329,428	27,109,449	21,829	60.1	207,897
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	94	80	2	11	135	212	194	38	3,867	522,067	553	1.5	5,566
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	162	161	0	1	184	186	78	57	24,754	4,550,168	2,870	7.9	28,068
Analgesics and Anesthetics	1.0	0.1	0.0	0.9	56	15	8	33	56	164	203	38	184,254	10,321,906	18,476	50.8	183,539
Neuromuscular Agents	1.1	0.3	0.0	0.7	79	49	3	27	74	151	94	37	117,133	8,637,102	10,851	29.9	109,191
Nutritional Products	0.7	0.0	0.0	0.7	10	0	1	9	14	19	16	14	58,815	828,999	8,181	22.5	81,361
Hematological Agents	0.9	0.3	0.0	0.7	54	46	1	7	57	178	27	10	62,084	3,544,439	6,675	18.4	65,640
Topical Products	0.4	0.1	0.0	0.2	15	11	0	4	38	71	51	18	45,521	1,735,142	10,681	29.4	112,866
Miscellaneous Products	0.5	0.2	0.0	0.3	76	56	4	16	141	252	108	58	3,173	448,953	571	1.6	5,870
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	21	0	0	0	2,521	53,838	812	2.2	8,219
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.	1,723,327	94,731,169	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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. Beneficiary 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, 0.2 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.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 2005.

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, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	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	\$15,028,748	9,509	26.2	95,503	0.8	\$188	\$157
ANTIDEPRESSANTS	7,864,315	20,684	56.9	210,178	0.7	50	37
ANALGESICS - Narcotic	7,555,823	22,716	62.5	231,204	0.6	55	33
ANTICONVULSANT	6,596,779	8,394	23.1	86,712	0.8	90	76
ANTIHYPERLIPIDEMIC	4,766,866	9,038	24.9	93,563	0.7	72	51
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,578,870	3,893	10.7	38,932	0.7	177	118
ANTIASTHMATIC	4,414,682	11,798	32.5	121,169	0.5	78	36
ANTIDIABETIC	4,365,298	10,735	29.5	108,903	0.8	51	40
ULCER DRUGS	4,017,152	13,652	37.6	138,949	0.6	47	29
ANTIHYPERTENSIVE	2,641,200	13,630	37.5	138,055	0.7	26	19
Total	61,829,733	124,049		1,263,168	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Number of Rx per Rx Month	Mean Benefit \$ per Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Number of Rx per Rx Month	Mean Benefit \$ per Month
All	867,550	\$61,829,733	9,509	26.2	95,503	0.8	\$157	20,684	56.9	210,178	0.7	\$37
Female												
All Females	591,251	39,824,038	5,663	24.3	57,200	0.8	138	14,721	63.3	150,199	0.7	37
Female, Disabled												
All Ages	190,536	16,556,201	2,144	30.9	22,861	0.8	175	5,109	73.5	54,716	0.7	40
5 and younger	5	96	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	35	1,315	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	254	33,685	7	33.3	60	0.6	163	12	57.1	121	0.6	54
21-44	44,513	4,456,083	706	31.5	7,502	0.8	169	1,293	57.6	13,944	0.7	40
45-64	137,283	11,551,230	1,357	31.1	14,584	0.8	180	3,608	82.6	38,656	0.7	40
65-74	2,338	164,312	20	23.8	192	1.0	181	53	63.1	511	0.7	36
75-84	2,510	137,347	18	23.7	188	0.8	114	63	82.9	652	0.7	33
85 and older	3,598	212,133	36	24.0	335	0.7	127	80	53.3	832	0.8	38
Female, Other Eligibles												
All Ages	400,715	23,267,837	3,519	21.6	34,339	0.8	114	9,612	58.9	95,483	0.8	36
5 and younger	3	222	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	0.0	0
21-44	1,442	105,471	19	19.6	181	0.4	111	53	54.6	513	0.6	44
45-64	822	52,382	5	10.4	41	0.3	57	29	60.4	298	0.5	28
65-74	112,028	6,903,342	738	17.1	7,589	0.8	132	2,512	58.2	25,352	0.7	35
75-84	154,737	9,010,220	1,294	22.3	12,838	0.8	117	3,509	60.5	35,507	0.8	36
85 and older	131,683	7,196,200	1,463	24.2	13,690	0.7	101	3,509	58.0	33,813	0.8	36
Male												
All Males	276,299	22,005,695	3,846	29.4	38,303	0.9	186	5,963	45.6	59,979	0.7	38
Male, Disabled												
All Ages	140,146	13,730,670	2,430	37.3	25,113	1.0	216	2,946	45.2	31,024	0.7	41
5 and younger	21	769	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	32	1,339	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	447	36,209	9	25.7	99	0.5	102	10	28.6	116	0.8	24
21-44	48,295	5,408,360	1,142	39.6	11,846	0.9	214	1,057	36.6	11,248	0.7	41
45-64	88,664	8,124,819	1,256	36.2	12,984	1.0	220	1,824	52.5	19,123	0.7	40
65-74	1,473	102,688	17	23.9	136	1.1	154	32	45.1	299	0.7	36
75-84	673	29,867	2	8.7	24	1.2	17	12	52.2	141	0.8	35
85 and older	541	26,619	4	16.0	24	0.8	184	11	44.0	97	0.6	31

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean	Number of	Users as % of Dual Benes	Number of	Mean	Mean
					Benefit Months Among Users	of Rx per Rx \$ per Month				Benefit Months Among Users	of Rx per Rx \$ per Month	
Male, Other Eligibles												
All Ages	136,153	8,275,025	1,416	21.6	13,190	0.8	129	3,017	46.0	28,955	0.8	35
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	8	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	306	24,094	5	13.2	48	0.3	37	10	26.3	77	0.7	71
45-64	387	31,100	1	3.4	12	0.3	62	15	51.7	141	0.5	39
65-74	54,976	3,575,219	472	19.0	4,638	0.8	158	1,054	42.4	10,791	0.7	34
75-84	51,887	3,141,770	574	23.1	5,226	0.7	123	1,151	46.3	10,884	0.8	36
85 and older	28,596	1,502,834	364	24.0	3,266	0.7	99	787	51.8	7,062	0.8	34
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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	22,716	62.5	231,204	0.6	\$33	8,394	23.1	86,712	0.8	\$76	9,038	24.9	93,563	0.7	\$51
Female															
All Females	16,232	69.8	166,156	0.6	33	5,196	22.3	53,550	0.8	68	6,047	26.0	62,841	0.7	51
Female, Disabled															
All Ages	5,526	79.5	59,239	0.7	47	2,548	36.7	27,038	0.8	87	1,657	23.9	17,688	0.6	48
5 and younger	1	50.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.0	93
15-20	8	38.1	70	0.2	1	5	23.8	39	0.5	222	1	4.8	12	0.8	80
21-44	1,467	65.4	15,893	0.5	41	833	37.1	8,990	0.9	104	240	10.7	2,693	0.6	42
45-64	3,845	88.0	41,152	0.7	50	1,662	38.0	17,485	0.8	79	1,325	30.3	14,015	0.6	49
65-74	59	70.2	609	0.5	21	16	19.0	164	0.9	102	39	46.4	395	0.6	42
75-84	53	69.7	551	0.5	21	14	18.4	154	0.7	40	30	39.5	327	0.7	48
85 and older	93	62.0	952	0.5	23	18	12.0	206	0.9	39	21	14.0	234	0.8	58
Female, Other Eligibles															
All Ages	10,706	65.6	106,917	0.6	25	2,648	16.2	26,512	0.8	48	4,390	26.9	45,153	0.7	52
5 and younger	1	100.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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	103	106.2	928	0.6	18	33	34.0	286	0.6	80	10	10.3	81	0.5	38
45-64	39	81.3	381	0.7	44	11	22.9	71	0.5	99	10	20.8	92	0.7	36
65-74	2,995	69.4	31,177	0.6	27	850	19.7	8,809	0.8	58	1,590	36.8	16,571	0.7	51
75-84	3,822	65.9	38,777	0.6	24	996	17.2	10,072	0.8	46	1,864	32.1	19,347	0.7	53
85 and older	3,746	62.0	35,642	0.6	24	758	12.5	7,274	0.8	36	916	15.2	9,062	0.8	53
Male															
All Males	6,484	49.6	65,048	0.6	33	3,198	24.4	33,162	0.9	90	2,991	22.9	30,722	0.7	51
Male, Disabled															
All Ages	3,327	51.0	34,741	0.6	43	2,164	33.2	23,033	0.9	105	1,264	19.4	13,239	0.7	50
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	0	1	20.0	12	0.5	70	0	0.0	0	0.0	0
15-20	16	45.7	178	0.3	2	12	34.3	134	1.3	134	0	0.0	0	0.0	0
21-44	1,204	41.7	12,741	0.5	37	940	32.6	9,945	0.9	115	350	12.1	3,687	0.6	47
45-64	2,051	59.1	21,278	0.7	47	1,187	34.2	12,705	0.9	98	881	25.4	9,227	0.7	52
65-74	26	36.6	235	0.9	67	21	29.6	216	0.8	64	16	22.5	149	0.5	47
75-84	18	78.3	203	0.4	5	1	4.3	12	0.8	56	10	43.5	113	0.7	48
85 and older	11	44.0	94	0.6	18	2	8.0	9	0.7	14	7	28.0	63	0.8	54

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Rx \$ per Benefit Month				Rx per Benefit Month	Rx \$ per Benefit Month				Rx per Benefit Month	Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	3,157	48.1	30,307	0.5	21	1,034	15.8	10,129	0.8	54	1,727	26.3	17,483	0.7	52
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	0	0.0	0	0.0	0
21-44	24	63.2	203	0.5	31	6	15.8	58	0.4	40	2	5.3	24	0.3	19
45-64	17	58.6	138	0.7	62	4	13.8	42	0.5	129	5	17.2	49	0.5	26
65-74	1,186	47.7	12,175	0.6	27	449	18.1	4,640	0.8	62	802	32.2	8,351	0.7	52
75-84	1,168	47.0	11,081	0.5	20	397	16.0	3,810	0.8	51	651	26.2	6,392	0.8	54
85 and older	762	50.2	6,710	0.5	11	178	11.7	1,579	0.8	37	267	17.6	2,667	0.8	51
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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,893	10.7	38,932	0.7	\$118	11,798	32.5	121,169	0.5	\$36	10,735	29.5	108,903	0.8	\$40
Female															
All Females	2,709	11.6	27,348	0.7	122	8,303	35.7	85,823	0.5	36	7,257	31.2	74,354	0.8	39
Female, Disabled															
All Ages	535	7.7	5,838	0.4	195	2,924	42.1	31,472	0.4	33	1,938	27.9	20,504	0.8	47
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	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	4	19.0	29	0.3	31	0	0.0	0	0.0	0
21-44	140	6.2	1,543	0.4	227	674	30.0	7,489	0.4	27	318	14.2	3,458	0.7	42
45-64	359	8.2	3,908	0.4	193	2,133	48.8	22,748	0.4	34	1,522	34.8	16,036	0.8	48
65-74	9	10.7	96	0.4	115	35	41.7	376	0.7	61	36	42.9	351	0.8	31
75-84	9	11.8	104	0.7	71	32	42.1	362	0.5	49	41	53.9	452	0.8	37
85 and older	18	12.0	187	0.7	90	45	30.0	456	0.6	54	21	14.0	207	0.9	36
Female, Other Eligibles															
All Ages	2,174	13.3	21,510	0.8	102	5,379	33.0	54,351	0.5	37	5,319	32.6	53,850	0.8	37
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	0	0.0	0	0.0	0
21-44	8	8.2	89	0.2	65	26	26.8	260	0.3	18	24	24.7	236	0.4	28
45-64	6	12.5	57	0.2	11	20	41.7	173	0.3	18	10	20.8	93	0.6	20
65-74	322	7.5	3,238	0.6	93	1,855	43.0	19,106	0.5	39	1,894	43.9	19,651	0.8	41
75-84	921	15.9	9,087	0.8	99	2,026	34.9	20,384	0.5	38	2,125	36.6	21,448	0.8	37
85 and older	917	15.2	9,039	0.8	109	1,452	24.0	14,428	0.4	34	1,266	20.9	12,422	0.8	30
Male															
All Males	1,184	9.1	11,584	0.6	108	3,495	26.7	35,346	0.5	39	3,478	26.6	34,549	0.8	42
Male, Disabled															
All Ages	320	4.9	3,405	0.4	125	1,383	21.2	14,426	0.5	35	1,391	21.3	14,254	0.8	49
5 and younger	0	0.0	0	0.0	0	3	75.0	36	0.4	15	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	20.0	12	0.1	1	0	0.0	0	0.0	0
15-20	1	2.9	12	0.1	5	4	11.4	48	0.4	18	1	2.9	12	1.8	120
21-44	99	3.4	1,040	0.3	73	368	12.8	4,070	0.4	25	344	11.9	3,566	0.7	52
45-64	210	6.0	2,264	0.4	150	959	27.6	9,862	0.5	39	1,008	29.0	10,318	0.8	48
65-74	8	11.3	65	0.6	84	30	42.3	245	0.7	53	20	28.2	178	0.8	42
75-84	1	4.3	12	1.1	153	7	30.4	67	0.7	53	7	30.4	81	1.4	68
85 and older	1	4.0	12	0.9	39	11	44.0	86	1.6	96	11	44.0	99	0.7	24

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	864	13.2	8,179	0.7	101	2,112	32.2	20,920	0.5	41	2,087	31.8	20,295	0.8	37
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	2	5.3	14	0.2	6	8	21.1	64	0.4	22	0	0.0	0	0.0	0
45-64	3	10.3	36	0.2	31	7	24.1	84	0.5	36	11	37.9	104	0.5	40
65-74	205	8.2	2,040	0.7	113	901	36.2	9,280	0.5	44	944	38.0	9,532	0.7	38
75-84	418	16.8	3,949	0.7	95	761	30.6	7,506	0.5	39	775	31.2	7,566	0.8	38
85 and older	236	15.5	2,140	0.8	104	434	28.6	3,974	0.5	37	357	23.5	3,093	0.8	28
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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	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	13,652	37.6	138,949	0.6	\$29	13,630	37.5	138,055	0.7	\$19	36,340	334,406
Female												
All Females	9,671	41.6	98,863	0.6	29	9,116	39.2	92,522	0.7	21	23,260	216,158
Female, Disabled												
All Ages	2,757	39.7	29,444	0.6	32	1,890	27.2	20,035	0.7	17	6,947	66,925
5 and younger	1	50.0	12	0.3	8	0	0.0	0	0.0	0	2	14
6-14	1	100.0	12	0.9	6	1	100.0	12	1.0	10	1	12
15-20	6	28.6	58	0.7	90	7	33.3	77	0.6	21	21	196
21-44	613	27.3	6,629	0.5	30	269	12.0	2,931	0.6	13	2,244	21,443
45-64	1,979	45.3	21,110	0.6	33	1,460	33.4	15,424	0.7	18	4,369	42,279
65-74	30	35.7	316	0.7	43	40	47.6	397	0.7	17	84	743
75-84	38	50.0	429	0.6	20	54	71.1	612	0.7	17	76	775
85 and older	89	59.3	878	0.7	35	59	39.3	582	0.9	24	150	1,463
Female, Other Eligibles												
All Ages	6,914	42.4	69,419	0.6	28	7,226	44.3	72,487	0.8	22	16,313	149,233
5 and younger	1	100.0	12	0.2	18	0	0.0	0	0.0	0	1	12
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	1	5
21-44	25	25.8	261	0.3	11	8	8.2	77	0.5	9	97	610
45-64	17	35.4	186	0.5	37	14	29.2	142	0.7	14	48	374
65-74	1,856	43.0	19,202	0.6	29	1,926	44.6	19,927	0.7	21	4,317	40,034
75-84	2,514	43.3	25,460	0.6	28	2,786	48.0	28,137	0.8	22	5,803	54,133
85 and older	2,501	41.4	24,298	0.7	26	2,492	41.2	24,204	0.8	22	6,046	54,065
Male												
All Males	3,981	30.4	40,086	0.6	29	4,514	34.5	45,533	0.7	16	13,080	118,248
Male, Disabled												
All Ages	1,759	27.0	18,369	0.6	32	1,569	24.1	16,447	0.7	15	6,521	61,540
5 and younger	1	25.0	12	0.5	18	0	0.0	0	0.0	0	4	44
6-14	4	80.0	48	0.3	3	4	80.0	48	0.3	7	5	60
15-20	5	14.3	53	0.2	10	6	17.1	72	0.5	29	35	333
21-44	605	21.0	6,457	0.6	32	422	14.6	4,475	0.6	13	2,886	27,377
45-64	1,106	31.9	11,434	0.6	32	1,085	31.3	11,319	0.7	16	3,472	32,743
65-74	19	26.8	175	0.6	25	27	38.0	273	0.7	16	71	539
75-84	11	47.8	119	0.7	40	14	60.9	161	0.7	12	23	241
85 and older	8	32.0	71	0.6	13	11	44.0	99	0.8	19	25	203

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months	
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per 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 Month	Mean Rx \$ per Benefit Month			
Male, Other Eligibles													
All Ages	2,222	33.9	21,717	0.6	26	2,945	44.9	29,086	0.7	16	6,559	56,708	
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	0	0	
21-44	11	28.9	87	0.6	60	6	15.8	45	0.5	23	38	238	
45-64	5	17.2	36	0.4	9	9	31.0	90	0.5	10	29	198	
65-74	811	32.6	8,326	0.6	28	1,125	45.2	11,525	0.7	16	2,487	22,035	
75-84	840	33.8	8,294	0.6	26	1,130	45.5	11,261	0.7	16	2,486	21,711	
85 and older	555	36.6	4,974	0.7	23	675	44.5	6,165	0.8	16	1,518	12,514	
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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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).

Benef(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.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2005

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	\$332	7.1	3,949	34,287
Age				
0-64	559	8.7	310	2,982
65-74	441	8.5	537	4,775
75-84	331	7.3	1,317	11,428
85 and older	253	6.3	1,785	15,102
Unknown	0	0.0	0	0
Gender				
Female	331	7.2	2,680	23,669
Male	335	6.9	1,269	10,618
Unknown	0	0.0	0	0
Race				
White	331	7.2	3,721	32,247
African American	328	7	81	783
Other/unknown	365	7.1	147	1,257
Basis of Eligibility^c				
Aged	310	7.0	3,593	30,924
Disabled	529	8.5	356	3,363
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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 2,734 beneficiaries who were in nursing facilities for part of their enrollment and their 23,349 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, 2005

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	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 of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.0	0.3	\$17	\$8	\$4	\$5	\$38	\$82	\$88	\$17	11,572	\$434,687	2,605	66.0	25,062
Biologicals	0.1	0.0	0.0	0.1	4	1	0	3	34	32	0	35	280	9,476	256	6.5	2,703
Antineoplastic Agents	0.7	0.1	0.0	0.6	68	26	0	42	97	315	0	68	858	83,417	140	3.5	1,230
Endocrine/Metabolic Drugs	1.4	0.4	0.2	0.8	46	32	5	9	34	75	33	11	24,585	830,822	1,944	49.2	18,129
Cardiovascular Agents	2.1	0.4	0.0	1.7	48	26	0	21	23	63	18	13	50,580	1,146,828	2,656	67.3	24,036
Respiratory Agents	0.5	0.3	0.0	0.3	31	26	0	4	57	95	49	17	5,986	342,214	1,175	29.8	11,172
Gastrointestinal Agents	0.9	0.2	0.0	0.7	31	20	0	11	35	114	27	15	15,006	519,980	1,761	44.6	16,517
Genitourinary Agents	0.6	0.2	0.0	0.4	28	18	0	9	46	80	40	25	5,223	240,123	874	22.1	8,642
CNS Drugs	1.7	0.9	0.0	0.9	133	112	0	21	77	131	37	24	48,359	3,727,959	3,048	77.2	28,031
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.0	0.6	43	34	0	9	52	158	0	14	337	17,619	42	1.1	411
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	172	171	0	0	162	163	59	62	5,663	918,928	552	14.0	5,353
Analgesics and Anesthetics	1.3	0.1	0.1	1.1	54	8	8	38	43	94	115	34	27,677	1,176,477	2,409	61.0	21,838
Neuromuscular Agents	1.3	0.4	0.0	0.9	77	43	2	33	59	109	79	36	18,108	1,061,017	1,424	36.1	13,701
Nutritional Products	0.9	0.0	0.0	0.8	11	0	1	10	13	12	22	13	10,054	133,259	1,283	32.5	11,804
Hematological Agents	1.4	0.3	0.0	1.1	53	44	1	8	38	146	11	8	13,153	498,792	1,019	25.8	9,386
Topical Products	0.4	0.1	0.0	0.3	14	9	0	4	32	63	44	16	6,574	210,207	1,550	39.3	15,556
Miscellaneous Products	0.3	0.1	0.0	0.2	11	4	0	7	39	61	0	32	316	12,315	118	3.0	1,119
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	21	0	0	0	759	15,617	237	6.0	2,382
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.	245,090	11,379,737	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 2,734 beneficiaries who were in nursing facilities for part of their enrollment and their 23,349 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 2005. 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.medispn.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, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,133,170	1,538	38.9	14,797	0.9	\$167	\$144
ANTIDEPRESSANTS	1,369,919	3,354	84.9	32,316	0.9	49	42
ANALGESICS - Narcotic	973,693	2,934	74.3	26,598	0.9	43	37
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	918,292	692	17.5	6,804	0.8	161	135
ANTICONVULSANT	707,429	1,204	30.5	11,854	1.0	62	60
ANTI-DIABETIC	510,684	1,420	36.0	13,633	1.0	38	37
ULCER DRUGS	432,800	1,815	46.0	17,193	0.7	34	25
ANTIHYPERLIPIDEMIC	385,757	716	18.1	6,992	0.8	65	55
MISC. ENDOCRINE	316,491	534	13.5	5,262	0.8	77	60
ANTI-ASTHMATIC	311,867	1,130	28.6	10,563	0.4	69	30
Total	8,060,102	15,337		146,012	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 2,734 beneficiaries who were in nursing facilities for part of their enrollment and their 23,349 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 2005. 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. 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 2005 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).

d. 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.

Dual Eligible Beneficiaries

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, 2005

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	121,612	\$8,060,102	1,538	38.9	14,797	0.9	\$144	3,354	84.9	32,316	0.9	\$42
Female												
All Females	85,151	5,600,894	1,006	37.5	9,895	0.9	141	2,343	87.4	22,960	0.9	43
Female, Disabled												
All Ages	8,610	771,012	100	54.6	1,015	1.0	230	200	109.3	2,000	0.9	48
64 or younger	7,470	711,933	86	59.7	892	1.0	247	165	114.6	1,689	0.9	50
65-74	12	697	1	50.0	1	1.0	206	4	200.0	5	1.0	58
75-84	417	21,592	4	44.4	36	1.1	137	13	144.4	132	0.8	44
85 and older	711	36,790	9	32.1	86	0.7	95	18	64.3	174	1.0	38
Female, Other Eligibles												
All Ages	76,541	4,829,882	906	36.3	8,880	0.8	131	2,143	85.8	20,960	0.9	42
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12,497	887,137	133	48.4	1,453	0.9	162	292	106.2	2,845	0.9	45
75-84	29,313	1,870,984	319	38.2	3,157	0.9	144	753	90.3	7,694	0.9	44
85 and older	34,731	2,071,761	454	32.7	4,270	0.8	110	1,098	79.1	10,421	0.9	40
Male												
All Males	36,461	2,459,208	532	41.9	4,902	0.9	151	1,011	79.7	9,356	0.9	42
Male, Disabled												
All Ages	6,742	558,626	86	49.7	805	0.9	207	149	86.1	1,478	0.8	47
64 or younger	6,490	543,067	79	47.9	764	1.0	210	142	86.1	1,435	0.9	47
65-74	178	12,815	4	100.0	29	0.9	208	6	150.0	39	0.8	35
75-84	37	1,552	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	37	1,192	3	150.0	12	0.4	22	1	50.0	4	1.0	71
Male, Other Eligibles												
All Ages	29,719	1,900,582	446	40.7	4,097	0.8	140	862	78.6	7,878	0.9	41
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,523	639,165	129	50.4	1,227	0.9	160	222	86.7	2,160	0.9	44
75-84	12,295	815,056	195	41.3	1,747	0.8	144	356	75.4	3,235	0.9	41
85 and older	7,901	446,361	122	33.2	1,123	0.8	111	284	77.4	2,483	0.9	39
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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 2,734 beneficiaries who were in nursing facilities for part of their enrollment and their 23,349 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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	2,934	74.3	26,598	0.9	\$37	692	17.5	6,804	0.8	\$135	1,204	30.5	11,854	1.0	\$60
Female															
All Females	2,084	77.8	19,160	0.9	40	451	16.8	4,590	0.8	138	745	27.8	7,374	1.0	56
Female, Disabled															
All Ages	155	84.7	1,525	1.1	51	19	10.4	204	0.8	602	117	63.9	1,154	1.1	82
64 or younger	123	85.4	1,232	1.2	59	18	12.5	192	0.8	630	109	75.7	1,063	1.1	87
65-74	1	50.0	1	4.0	194	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	7	77.8	61	0.6	5	0	0.0	0	0.0	0	2	22.2	24	0.7	10
85 and older	24	85.7	231	0.8	22	1	3.6	12	1.1	142	6	21.4	67	0.9	40
Female, Other Eligibles															
All Ages	1,929	77.3	17,635	0.9	40	432	17.3	4,386	0.9	116	628	25.2	6,220	0.9	51
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	219	79.6	2,086	1.0	43	50	18.2	558	0.8	139	145	52.7	1,528	1.0	66
75-84	655	78.5	6,228	0.9	40	174	20.9	1,736	0.8	108	228	27.3	2,256	1.0	52
85 and older	1,055	76.0	9,321	0.8	38	208	15.0	2,092	0.9	117	255	18.4	2,436	0.9	39
Male															
All Males	850	67.0	7,438	0.8	27	241	19.0	2,214	0.8	129	459	36.2	4,480	1.0	67
Male, Disabled															
All Ages	126	72.8	1,203	1.0	45	15	8.7	141	0.9	444	125	72.3	1,311	1.0	77
64 or younger	114	69.1	1,115	1.0	48	13	7.9	135	0.9	458	119	72.1	1,264	1.0	77
65-74	6	150.0	44	1.0	30	2	50.0	6	1.0	117	5	125.0	35	1.0	65
75-84	2	100.0	24	0.4	2	0	0.0	0	0.0	0	1	50.0	12	0.8	56
85 and older	4	200.0	20	0.9	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	724	66.1	6,235	0.7	23	226	20.6	2,073	0.8	107	334	30.5	3,169	1.0	62
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	165	64.5	1,568	0.9	37	51	19.9	470	0.8	105	126	49.2	1,297	1.0	73
75-84	295	62.5	2,475	0.8	25	107	22.7	971	0.8	107	140	29.7	1,286	0.9	58
85 and older	264	71.9	2,192	0.6	11	68	18.5	632	0.8	109	68	18.5	586	0.9	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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 2,734 beneficiaries who were in nursing facilities for part of their enrollment and their 23,349 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 2005. 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 2005 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 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, 2005

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	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	1,420	36.0	13,633	1.0	\$38	1,815	46.0	17,193	0.7	\$25	716	18.1	6,992	0.8	\$55
Female															
All Females	945	35.3	9,252	1.0	38	1,238	46.2	11,953	0.7	26	463	17.3	4,590	0.8	54
Female, Disabled															
All Ages	86	47.0	865	1.0	47	102	55.7	1,058	0.8	34	41	22.4	432	0.9	54
64 or younger	70	48.6	703	1.0	45	86	59.7	892	0.8	37	35	24.3	376	0.9	56
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	2	1.0	3
75-84	11	122.2	126	1.1	52	6	66.7	66	0.5	10	5	55.6	54	0.5	39
85 and older	5	17.9	36	1.2	78	10	35.7	100	0.9	21	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	859	34.4	8,387	1.0	38	1,136	45.5	10,895	0.7	25	422	16.9	4,158	0.8	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	184	66.9	1,804	1.0	38	147	53.5	1,465	0.7	28	94	34.2	936	0.9	57
75-84	361	43.3	3,629	1.1	42	395	47.4	3,806	0.8	29	187	22.4	1,872	0.8	56
85 and older	314	22.6	2,954	0.9	31	594	42.8	5,624	0.7	23	141	10.2	1,350	0.8	50
Male															
All Males	475	37.4	4,381	1.0	36	577	45.5	5,240	0.7	23	253	19.9	2,402	0.9	57
Male, Disabled															
All Ages	63	36.4	629	1.1	53	92	53.2	884	0.8	32	36	20.8	382	0.8	56
64 or younger	63	38.2	629	1.1	53	87	52.7	841	0.8	33	35	21.2	379	0.8	55
65-74	0	0.0	0	0.0	0	3	75.0	25	0.9	10	1	25.0	3	1.3	143
75-84	0	0.0	0	0.0	0	1	50.0	12	0.8	26	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	50.0	6	0.8	7	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	412	37.6	3,752	0.9	32	485	44.3	4,356	0.7	21	217	19.8	2,020	0.9	57
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	122	47.7	1,230	1.0	36	120	46.9	1,161	0.7	22	79	30.9	793	0.9	61
75-84	181	38.3	1,621	0.9	33	205	43.4	1,833	0.7	20	97	20.6	860	0.8	58
85 and older	109	29.7	901	0.9	28	160	43.6	1,362	0.7	22	41	11.2	367	0.8	46
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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.
 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 2005. A total of 2,734 beneficiaries who were in nursing facilities for part of their enrollment and their 23,349 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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, 2005

Beneficiary Characteristics	MISC. ENDOCRINE					ANTIASTHMATIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	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	534	13.5	5,262	0.8	\$60	1,130	28.6	10,563	0.4	\$30	3,949	34,287
Female												
All Females	466	17.4	4,666	0.8	61	740	27.6	7,128	0.4	30	2,680	23,669
Female, Disabled												
All Ages	26	14.2	273	0.9	65	62	33.9	602	0.6	46	183	1,737
64 or younger	23	16.0	237	0.9	64	50	34.7	476	0.6	45	144	1,407
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
75-84	1	11.1	12	0.9	65	1	11.1	12	0.3	20	9	74
85 and older	2	7.1	24	1.0	75	11	39.3	114	0.5	52	28	253
Female, Other Eligibles												
All Ages	440	17.6	4,393	0.8	61	678	27.2	6,526	0.4	28	2,497	21,932
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	51	18.5	514	0.8	100	111	40.4	1,043	0.5	39	275	2,506
75-84	153	18.3	1,560	0.8	55	245	29.4	2,332	0.5	32	834	7,489
85 and older	236	17.0	2,319	0.8	56	322	23.2	3,151	0.4	23	1,388	11,937
Male												
All Males	68	5.4	596	0.7	54	390	30.7	3,435	0.4	29	1,269	10,618
Male, Disabled												
All Ages	14	8.1	139	0.8	71	44	25.4	406	0.5	29	173	1,626
64 or younger	11	6.7	115	0.8	74	43	26.1	400	0.5	30	165	1,574
65-74	1	25.0	6	1.0	74	0	0.0	0	0.0	0	4	28
75-84	1	50.0	12	0.8	44	0	0.0	0	0.0	0	2	14
85 and older	1	50.0	6	0.8	61	1	50.0	6	0.2	2	2	10
Male, Other Eligibles												
All Ages	54	4.9	457	0.7	49	346	31.6	3,029	0.4	29	1,096	8,992
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	12	4.7	98	0.8	60	103	40.2	863	0.4	26	256	2,238
75-84	24	5.1	208	0.6	43	148	31.4	1,247	0.5	33	472	3,851
85 and older	18	4.9	151	0.7	50	95	25.9	919	0.4	25	367	2,902
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 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 2,734 beneficiaries who were in nursing facilities for part of their enrollment and their 23,349 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 2005. 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 2005 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^{a,b}
 OREGON, 2005

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	22,684	62.4	10.3	375,380	\$96	\$3,471,832	\$9	3.7	36,340	
Age										
5 and younger	5	71.4	6.6	46	293	2,048	45	36.9	7	
6-14	4	57.1	7.0	49	159	1,112	23	2.5	7	
15-20	21	36.8	3.8	217	46	2,604	12	2.3	57	
21-44	2,435	46.2	5.9	31,032	63	331,942	11	2.2	5,265	
45-64	5,047	63.7	10.0	78,964	104	826,944	10	2.9	7,918	
65-74	4,012	57.7	8.4	58,577	84	584,877	10	3.5	6,959	
75-84	5,556	66.2	11.5	96,082	99	833,645	9	4.4	8,388	
85 and older	5,604	72.4	14.3	110,413	115	888,660	8	6.0	7,739	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	14,861	65.6	11.4	258,346	99	2,246,361	9	4.6	22,654	
Disabled	7,715	57.3	8.6	116,417	90	1,217,919	10	2.7	13,468	
Adults	97	48.3	2.9	573	32	6,527	11	1.7	201	
Children	1	33.3	4.7	14	147	440	31	12.0	3	
Unknown	10	71.4	2.1	30	42	585	20	2.4	14	
Gender										
Female	15,584	67.0	11.5	268,492	107	2,482,672	9	4.0	23,260	
Male	7,100	54.3	8.2	106,888	76	989,160	9	3.0	13,080	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	20,319	63.8	10.9	347,345	100	3,176,140	9	3.7	31,834	
African American	493	53.9	7.0	6,367	84	76,751	12	3.7	914	
Other/unknown	1,872	52.1	6.0	21,668	61	218,941	10	3.2	3,592	
Use of Nursing Facilities^d										
Entire year	2,751	69.7	8.4	33,228	85	334,862	10	2.9	3,949	
Part year	2,183	79.8	12.7	34,595	115	313,772	9	4.4	2,734	
None	17,750	59.9	10.4	307,557	95	2,823,198	9	3.7	29,657	
Maintenance Assistance Status										
Cash	6,704	55.7	7.4	89,099	74	896,130	10	2.9	12,043	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	363	32.4	1.7	1,869	17	19,571	10	1.9	1,121	
Other/unknown	15,617	67.4	12.3	284,412	110	2,556,131	9	4.1	23,176	

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

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	1.1	\$10	\$9	\$0	\$2	334,406
Age						
5 and younger	0.7	29	45	0	0	70
6-14	0.6	13	23	0	0	84
15-20	0.4	5	12	0	2	534
21-44	0.6	7	11	0	3	49,668
45-64	1.0	11	10	0	3	75,594
65-74	0.9	9	10	0	2	63,351
75-84	1.3	11	9	0	1	76,860
85 and older	1.6	13	8	0	1	68,245
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.3	11	9	0	1	204,479
Disabled	0.9	9	10	0	3	128,465
Adults	0.4	5	11	0	2	1,343
Children	0.5	15	31	0	0	29
Unknown	0.3	7	20	0	1	90
Gender						
Female	1.2	11	9	0	2	216,158
Male	0.9	8	9	0	2	118,248
Unknown	0.0	0	0	0	0	0
Race						
White	1.2	11	9	0	2	292,392
African American	0.8	9	12	0	1	8,367
Other/unknown	0.6	7	10	0	1	33,647
Use of Nursing Facilities^d						
Entire year	1.0	10	10	0	2	34,287
Part year	1.5	13	9	0	2	23,349
None	1.1	10	9	0	2	276,770
Maintenance Assistance Status						
Cash	0.8	8	10	0	2	117,031
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	10	0	1	9,049
Other/unknown	1.4	12	9	0	2	208,326

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	
All	37,616	\$92	\$3,471,832	100.0	375,380	\$9	100.0
Anorexia or weight loss/gain	3	294	882	0.0	19	46	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	2,848	49	140,552	4.0	7,620	18	2.0
Vitamins and minerals	7,781	102	791,870	22.8	54,844	14	14.6
Non-prescription drugs	16,366	109	1,779,154	51.2	246,432	7	65.6
Barbiturates	284	68	19,251	0.6	2,701	7	0.7
Benzodiazepines	9,393	70	653,911	18.8	60,240	11	16.0
Other Part D Excl Rx Drugs	941	92	86,212	2.5	3,524	24	0.9

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Benef(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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 OREGON, 2005

Total Number of Dual Eligible Beneficiaries: 36,340
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$94,731,169
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,606

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,076	14.0	\$0	0.0
1-500	7,338	20.2	1,484,120	1.6
501-1,000	3,908	10.8	2,875,551	3.0
1,001-1,500	3,170	8.7	3,939,532	4.2
1,501-2,000	2,453	6.8	4,276,872	4.5
2,001-2,500	1,921	5.3	4,304,709	4.5
2,501-3,000	1,723	4.7	4,725,877	5.0
3,001-3,500	1,486	4.1	4,816,729	5.1
3,501-4,000	1,302	3.6	4,883,790	5.2
4,001-4,500	1,103	3.0	4,680,744	4.9
4,501-5,000	909	2.5	4,309,122	4.5
5,001-5,500	839	2.3	4,404,357	4.6
5,501-6,000	683	1.9	3,917,157	4.1
6,001-6,500	563	1.5	3,515,492	3.7
6,501-7,000	476	1.3	3,211,240	3.4
7,001-7,500	427	1.2	3,089,624	3.3
7,501-8,000	375	1.0	2,904,021	3.1
8,001-8,500	309	0.9	2,545,996	2.7
8,501-9,000	266	0.7	2,327,601	2.5
9,001-9,500	217	0.6	2,003,587	2.1
9,501-10,000	215	0.6	2,094,467	2.2
10,001+	1,581	4.4	24,420,581	25.8

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 13,039
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$43,948,814
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,370

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	1,927	14.8	0	0	0.0
1-500	2,634	20.2	488,632	1.1	1.1
501-1,000	1,152	8.8	845,266	1.9	1.9
1,001-1,500	899	6.9	1,110,059	2.5	2.5
1,501-2,000	703	5.4	1,228,437	2.8	2.8
2,001-2,500	563	4.3	1,262,718	2.9	2.9
2,501-3,000	510	3.9	1,399,848	3.2	3.2
3,001-3,500	461	3.5	1,492,842	3.4	3.4
3,501-4,000	408	3.1	1,530,442	3.5	3.5
4,001-4,500	392	3.0	1,662,958	3.8	3.8
4,501-5,000	341	2.6	1,618,629	3.7	3.7
5,001-5,500	331	2.5	1,740,276	4.0	4.0
5,501-6,000	253	1.9	1,451,784	3.3	3.3
6,001-6,500	240	1.8	1,499,152	3.4	3.4
6,501-7,000	211	1.6	1,424,319	3.2	3.2
7,001-7,500	199	1.5	1,438,851	3.3	3.3
7,501-8,000	181	1.4	1,401,305	3.2	3.2
8,001-8,500	159	1.2	1,308,585	3.0	3.0
8,501-9,000	144	1.1	1,259,348	2.9	2.9
9,001-9,500	114	0.9	1,051,661	2.4	2.4
9,501-10,000	117	0.9	1,141,423	2.6	2.6
10,001+	1,100	8.4	17,592,279	40.0	40.0

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 23,086
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$50,372,417
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,181

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	3,107	13.5	0	0.0
1-500	4,642	20.1	984,544	2.0
501-1,000	2,731	11.8	2,011,981	4.0
1,001-1,500	2,248	9.7	2,800,144	5.6
1,501-2,000	1,739	7.5	3,029,320	6.0
2,001-2,500	1,355	5.9	3,035,269	6.0
2,501-3,000	1,204	5.2	3,301,140	6.6
3,001-3,500	1,020	4.4	3,307,682	6.6
3,501-4,000	887	3.8	3,327,055	6.6
4,001-4,500	709	3.1	3,009,440	6.0
4,501-5,000	567	2.5	2,685,809	5.3
5,001-5,500	500	2.2	2,621,993	5.2
5,501-6,000	427	1.8	2,448,519	4.9
6,001-6,500	321	1.4	2,004,048	4.0
6,501-7,000	264	1.1	1,780,141	3.5
7,001-7,500	227	1.0	1,643,555	3.3
7,501-8,000	194	0.8	1,502,716	3.0
8,001-8,500	150	0.6	1,237,411	2.5
8,501-9,000	120	0.5	1,050,764	2.1
9,001-9,500	103	0.4	951,926	1.9
9,501-10,000	98	0.4	953,044	1.9
10,001+	473	2.0	6,685,916	13.3

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,959
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$16,532,242
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,375

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	1,240	17.8		0	0.0
1-500	1,421	20.4		274,569	1.7
501-1,000	680	9.8		499,710	3.0
1,001-1,500	590	8.5		735,393	4.4
1,501-2,000	452	6.5		787,219	4.8
2,001-2,500	340	4.9		762,927	4.6
2,501-3,000	314	4.5		858,487	5.2
3,001-3,500	271	3.9		880,151	5.3
3,501-4,000	248	3.6		931,898	5.6
4,001-4,500	196	2.8		832,701	5.0
4,501-5,000	159	2.3		754,850	4.6
5,001-5,500	152	2.2		796,362	4.8
5,501-6,000	140	2.0		801,977	4.9
6,001-6,500	93	1.3		579,553	3.5
6,501-7,000	77	1.1		519,272	3.1
7,001-7,500	70	1.0		507,031	3.1
7,501-8,000	78	1.1		604,615	3.7
8,001-8,500	51	0.7		419,708	2.5
8,501-9,000	48	0.7		421,156	2.5
9,001-9,500	47	0.7		434,215	2.6
9,501-10,000	41	0.6		398,356	2.4
10,001+	251	3.6		3,732,092	22.6

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 8,388
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$19,062,035
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,272

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,076	12.8	0	0.0
1-500	1,564	18.6	335,049	1.8
501-1,000	987	11.8	725,980	3.8
1,001-1,500	791	9.4	986,641	5.2
1,501-2,000	660	7.9	1,155,945	6.1
2,001-2,500	497	5.9	1,111,675	5.8
2,501-3,000	477	5.7	1,309,529	6.9
3,001-3,500	347	4.1	1,125,416	5.9
3,501-4,000	351	4.2	1,316,971	6.9
4,001-4,500	262	3.1	1,111,630	5.8
4,501-5,000	229	2.7	1,082,813	5.7
5,001-5,500	205	2.4	1,074,021	5.6
5,501-6,000	171	2.0	980,377	5.1
6,001-6,500	134	1.6	838,356	4.4
6,501-7,000	117	1.4	788,641	4.1
7,001-7,500	97	1.2	702,419	3.7
7,501-8,000	72	0.9	557,263	2.9
8,001-8,500	71	0.8	586,868	3.1
8,501-9,000	48	0.6	419,653	2.2
9,001-9,500	35	0.4	323,855	1.7
9,501-10,000	39	0.5	378,242	2.0
10,001+	158	1.9	2,150,691	11.3

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 7,739
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$14,778,140
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$1,909

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			+		
\$0	791	10.2		0	0.0
1-500	1,657	21.4		374,926	2.5
501-1,000	1,064	13.7		786,291	5.3
1,001-1,500	867	11.2		1,078,110	7.3
1,501-2,000	627	8.1		1,086,156	7.3
2,001-2,500	518	6.7		1,160,667	7.9
2,501-3,000	413	5.3		1,133,124	7.7
3,001-3,500	402	5.2		1,302,115	8.8
3,501-4,000	288	3.7		1,078,186	7.3
4,001-4,500	251	3.2		1,065,109	7.2
4,501-5,000	179	2.3		848,146	5.7
5,001-5,500	143	1.8		751,610	5.1
5,501-6,000	116	1.5		666,165	4.5
6,001-6,500	94	1.2		586,139	4.0
6,501-7,000	70	0.9		472,228	3.2
7,001-7,500	60	0.8		434,105	2.9
7,501-8,000	44	0.6		340,838	2.3
8,001-8,500	28	0.4		230,835	1.6
8,501-9,000	24	0.3		209,955	1.4
9,001-9,500	21	0.3		193,856	1.3
9,501-10,000	18	0.2		176,446	1.2
10,001+	64	0.8		803,133	5.4

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	63,163	36,155	26,497	493	4	14	669,945	370,051	294,849	4,907	48	90
Age												
5 and younger	10	0	9	0	1	0	107	0	95	0	12	0
6-14	10	0	8	0	2	0	120	0	96	0	24	0
15-20	103	0	102	0	1	0	1,151	0	1,139	0	12	0
21-44	10,857	0	10,533	324	0	0	121,115	0	117,954	3,161	0	0
45-64	15,363	17	15,180	158	0	8	170,814	164	168,958	1,628	0	64
65-74	13,581	13,283	283	9	0	6	145,897	143,017	2,757	97	0	26
75-84	12,930	12,779	149	2	0	0	132,740	131,184	1,535	21	0	0
85 and older	10,309	10,076	233	0	0	0	98,001	95,686	2,315	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	39,717	25,600	13,767	333	3	14	421,682	264,249	153,981	3,326	36	90
Male	23,446	10,555	12,730	160	1	0	248,263	105,802	140,868	1,581	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	54,164	29,973	23,771	405	3	12	571,770	302,838	264,783	4,035	36	78
African American	1,783	781	975	27	0	0	19,508	8,429	10,805	274	0	0
Other/unknown	7,216	5,401	1,751	61	1	2	78,667	58,784	19,261	598	12	12
Use of Nursing Facilities^c												
Entire year	5,117	4,620	497	0	0	0	47,201	42,101	5,100	0	0	0
Part year	3,640	3,040	600	0	0	0	34,873	28,631	6,242	0	0	0
None	54,406	28,495	25,400	493	4	14	587,871	299,319	283,507	4,907	48	90
Maintenance Assistance Status												
Cash	28,326	13,426	14,625	273	2	0	317,714	150,223	164,668	2,799	24	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	1,163	410	703	35	1	14	12,640	4,606	7,704	228	12	90
Other/unknown	33,674	22,319	11,169	185	1	0	339,591	215,222	122,477	1,880	12	0
Dual Status^d												
Full dual, all year	60,613	34,941	25,174	481	3	14	641,960	356,789	280,271	4,774	36	90
Full dual, part year	2,550	1,214	1,323	12	1	0	27,985	13,262	14,578	133	12	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	29,513	19,337	10,048	112	2	14	298,374	187,404	109,806	1,050	24	90
FFS part year, with Rx claims	5,442	2,597	2,778	66	1	0	59,246	27,768	30,799	667	12	0
FFS part year, no Rx claims	1,385	720	642	23	0	0	13,366	6,779	6,396	191	0	0
MC all year, with Rx claims	15,586	6,697	8,682	206	1	0	175,388	73,389	99,753	2,234	12	0
MC all year, no Rx claims	11,237	6,804	4,347	86	0	0	123,571	74,711	48,095	765	0	0

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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, 2005

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	63,163	669,945	36,340	334,406	0	335,539
Fee-for-service (FFS) all year	29,513	298,374	29,513	298,374	0	0
FFS part year, with Rx claims	5,442	59,246	5,442	30,336	0	28,910
FFS part year, with no Rx claims	1,385	13,366	1,385	5,696	0	7,670
Managed care (MC) all year, with Rx claims	15,586	175,388	0	0	0	175,388
MC all year, with no Rx claims	11,237	123,571	0	0	0	123,571

Source: Data for this table are from the MAX 2005 file for Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries