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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
OREGON**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	33,706	20,901	12,595	191	3	16	309,370	189,753	118,322	1,138	26	131
Age												
5 and younger	6	0	5	0	1	0	72	0	60	0	12	0
6-14	6	0	4	0	2	0	52	0	38	0	14	0
15-20	65	0	64	1	0	0	496	0	495	1	0	0
21-44	4,878	0	4,752	126	0	0	45,462	0	44,727	735	0	0
45-64	7,480	5	7,404	61	0	10	70,127	38	69,614	383	0	92
65-74	6,292	6,146	137	3	0	6	57,285	56,040	1,187	19	0	39
75-84	7,555	7,484	71	0	0	0	69,651	68,996	655	0	0	0
85 and older	7,424	7,266	158	0	0	0	66,225	64,679	1,546	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	21,512	14,832	6,529	133	2	16	199,969	136,949	62,097	778	14	131
Male	12,194	6,069	6,066	58	1	0	109,401	52,804	56,225	360	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	29,370	17,986	11,214	153	2	15	269,847	162,985	105,781	929	24	128
African American	799	373	418	8	0	0	6,991	3,427	3,530	34	0	0
Other/unknown	3,537	2,542	963	30	1	1	32,532	23,341	9,011	175	2	3
Use of Nursing Facilities^c												
Entire year	3,795	3,447	348	0	0	0	33,421	30,122	3,299	0	0	0
Part year	2,569	2,194	375	0	0	0	21,946	18,661	3,285	0	0	0
None	27,342	15,260	11,872	191	3	16	254,003	140,970	111,738	1,138	26	131
Maintenance Assistance Status												
Cash	10,859	4,984	5,762	112	1	0	105,765	49,401	55,629	723	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	1,546	507	990	32	1	16	12,336	4,236	7,854	113	2	131
Other/unknown	21,301	15,410	5,843	47	1	0	191,269	136,116	54,839	302	12	0
Dual Medicare Status^d												
Full dual, all year	30,875	19,653	11,029	174	3	16	285,929	179,019	105,741	1,012	26	131
Full dual, part year	2,831	1,248	1,566	17	0	0	23,441	10,734	12,581	126	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	28,180	18,423	9,652	87	2	16	285,989	179,740	105,273	821	24	131
FFS part year, with Rx claims	2,678	1,141	1,473	63	1	0	11,570	4,756	6,599	213	2	0
FFS part year, no Rx claims	2,848	1,337	1,470	41	0	0	11,811	5,257	6,450	104	0	0

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx						FFS \$ ^d		
All	38.9		3.6	\$129	\$36	\$12,603	1.0		33,706
Age									
5 and younger	33.3		3.5	449	128	3,321	13.5		6
6-14	66.7		6.0	507	85	10,475	4.8		6
15-20	50.8		10.3	1,388	134	9,080	15.3		65
21-44	38.5		4.4	277	63	6,713	4.1		4,878
45-64	47.5		5.7	214	38	10,141	2.1		7,480
65-74	35.2		3.4	110	32	10,857	1.0		6,292
75-84	36.2		2.5	45	18	14,983	0.3		7,555
85 and older	36.4		2.2	36	17	18,050	0.2		7,424
Unknown	0.0		0.0	0	0	0	0.0		0
Basis of Eligibility^e									
Aged	35.9		2.6	58	22	14,818	0.4		20,901
Disabled	43.5		5.0	228	46	9,039	2.5		12,595
Adults	69.6		19.5	1,348	69	5,340	25.3		191
Children	66.7		8.3	983	118	19,142	5.1		3
Unknown	87.5		33.8	1,543	46	10,152	15.2		16
Gender									
Female	40.8		3.7	121	33	12,935	0.9		21,512
Male	35.6		3.3	143	43	12,017	1.2		12,194
Unknown	0.0		0.0	0	0	0	0.0		0
Race									
White	39.8		3.7	131	35	13,166	1.0		29,370
African American	31.4		2.6	115	43	13,856	0.8		799
Other/unknown	33.7		2.7	114	42	7,644	1.5		3,537
Use of Nursing Facilities^f									
Entire year	47.7		4.0	86	22	39,774	0.2		3,795
Part year	51.3		4.2	117	28	21,194	0.6		2,569
None	36.5		3.5	136	39	8,024	1.7		27,342
Maintenance Assistance Status									
Cash	37.4		4.0	155	39	6,692	2.3		10,859
Medically needy	0.0		0.0	0	0	0	0.0		0
Poverty related	36.5		3.8	380	100	3,532	10.8		1,546
Other/unknown	39.9		3.4	98	29	16,274	0.6		21,301

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.4	\$14	1.0	61.1	30.4	3.8	2.8	1.3	0.6	\$1,373	33,706	309,370
Age												
5 and younger	0.3	37	13.5	66.7	16.7	16.7	0.0	0.0	0.0	277	6	72
6-14	0.7	59	4.8	33.3	50.0	0.0	0.0	16.7	0.0	1,209	6	52
15-20	1.4	182	15.3	49.2	21.5	15.4	6.2	3.1	4.6	1,190	65	496
21-44	0.5	30	4.1	61.5	27.6	3.9	3.9	1.8	1.3	720	4,878	45,462
45-64	0.6	23	2.1	52.5	34.4	5.5	4.5	2.1	0.9	1,082	7,480	70,127
65-74	0.4	12	1.0	64.8	27.0	3.8	2.6	1.1	0.7	1,193	6,292	57,285
75-84	0.3	5	0.3	63.8	30.0	3.2	1.9	0.8	0.3	1,625	7,555	69,651
85 and older	0.2	4	0.2	63.6	31.6	2.4	1.6	0.6	0.1	2,023	7,424	66,225
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	0.3	6	0.4	64.1	29.6	3.1	2.0	0.8	0.3	1,632	20,901	189,753
Disabled	0.5	24	2.5	56.5	31.8	4.9	4.0	1.8	1.0	962	12,595	118,322
Adults	3.3	226	25.3	30.4	21.5	3.7	20.4	14.1	9.9	896	191	1,138
Children	1.0	114	5.1	33.3	33.3	0.0	0.0	33.3	0.0	2,209	3	26
Unknown	4.1	189	15.2	12.5	31.3	18.8	6.3	31.3	0.0	1,240	16	131
Gender												
Female	0.4	13	0.9	59.2	32.2	3.8	2.8	1.4	0.7	1,392	21,512	199,969
Male	0.4	16	1.2	64.4	27.3	3.8	2.9	1.1	0.6	1,339	12,194	109,401
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.4	14	1.0	60.2	31.0	3.9	2.9	1.3	0.7	1,433	29,370	269,847
African American	0.3	13	0.8	68.6	23.3	3.4	2.6	1.4	0.8	1,584	799	6,991
Other/unknown	0.3	12	1.5	66.3	27.1	2.8	2.2	1.1	0.4	831	3,537	32,532
Use of Nursing Facilities^f												
Entire year	0.5	10	0.2	52.3	36.5	5.5	3.1	1.7	0.8	4,516	3,795	33,421
Part year	0.5	14	0.6	48.7	40.5	4.5	3.5	1.9	1.0	2,481	2,569	21,946
None	0.4	15	1.7	63.5	28.6	3.5	2.7	1.1	0.6	864	27,342	254,003
Maintenance Assistance Status												
Cash	0.4	16	2.3	62.6	28.7	3.8	3.0	1.3	0.7	687	10,859	105,765
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	48	10.8	63.5	24.6	3.9	4.1	2.7	1.2	443	1,546	12,336
Other/unknown	0.4	11	0.6	60.1	31.7	3.8	2.7	1.2	0.6	1,812	21,301	191,269

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTICS^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2006

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	0.4	\$14	\$36	0.1	\$9	\$149	0.0	\$1	\$81	0.3	\$5	\$15
Age												
5 and younger	0.3	37	128	0.1	33	235	0.0	0	0	0.2	5	32
6-14	0.7	59	85	0.3	51	157	0.0	0	17	0.3	7	20
15-20	1.4	182	134	0.6	159	288	0.0	2	57	0.8	21	28
21-44	0.5	30	63	0.1	22	211	0.0	2	125	0.4	6	18
45-64	0.6	23	38	0.1	13	152	0.0	1	86	0.5	8	17
65-74	0.4	12	32	0.1	7	122	0.0	1	67	0.3	4	14
75-84	0.3	5	18	0.0	2	74	0.0	0	36	0.2	3	11
85 and older	0.2	4	17	0.0	2	74	0.0	0	41	0.2	2	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	6	22	0.0	3	95	0.0	0	53	0.2	3	12
Disabled	0.5	24	46	0.1	16	180	0.0	1	96	0.4	7	17
Adults	3.3	226	69	1.0	158	164	0.1	14	151	2.2	54	24
Children	1.0	114	118	0.3	99	287	0.0	1	17	0.6	14	24
Unknown	4.1	189	46	0.8	115	138	0.1	1	12	3.2	72	23
Gender												
Female	0.4	13	33	0.1	8	136	0.0	1	87	0.3	5	14
Male	0.4	16	43	0.1	11	169	0.0	1	70	0.3	5	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	14	35	0.1	9	148	0.0	1	85	0.3	5	15
African American	0.3	13	43	0.0	10	208	0.0	1	57	0.2	3	12
Other/unknown	0.3	12	42	0.1	8	145	0.0	1	61	0.2	4	15
Use of Nursing Facilities^e												
Entire year	0.5	10	22	0.1	5	86	0.0	0	44	0.4	5	12
Part year	0.5	14	28	0.1	7	102	0.0	1	55	0.4	6	15
None	0.4	15	39	0.1	9	162	0.0	1	87	0.3	5	15
Maintenance Assistance Status												
Cash	0.4	16	39	0.1	10	148	0.0	1	84	0.3	5	16
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	48	100	0.1	39	312	0.0	2	94	0.3	7	20
Other/unknown	0.4	11	29	0.0	6	122	0.0	1	77	0.3	4	14

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name										
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$15	\$0	\$4	\$67	\$291	\$48	\$17	2,133	\$142,646	841	2.5	7,453
Biologicals	0.1	0.1	0.0	0.0	3	2	0	0	28	28	0	36	510	14,407	507	1.5	5,699
Antineoplastic Agents	0.4	0.2	0.0	0.2	94	86	0	8	248	472	0	43	211	52,409	62	0.2	555
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	25	19	1	5	48	112	56	15	4,501	216,546	1,066	3.2	8,599
Cardiovascular Agents	0.8	0.2	0.0	0.6	29	19	1	9	35	79	70	16	9,836	346,218	1,542	4.6	12,021
Respiratory Agents	0.3	0.1	0.0	0.2	10	7	0	3	35	111	30	13	6,941	241,159	2,339	6.9	24,198
Gastrointestinal Agents	0.4	0.1	0.0	0.2	26	19	3	4	66	137	223	17	2,427	160,857	784	2.3	6,306
Genitourinary Agents	0.3	0.1	0.0	0.2	16	10	3	3	49	86	93	18	641	31,166	242	0.7	1,979
CNS Drugs	0.7	0.1	0.0	0.6	20	11	1	8	30	149	100	14	50,046	1,524,422	8,361	24.8	76,853
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	72	67	0	5	153	215	16	30	285	43,568	73	0.2	605
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	57	56	0	1	175	182	0	44	479	83,634	198	0.6	1,464
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	35	11	3	22	56	223	349	38	6,956	392,826	1,328	3.9	11,264
Neuromuscular Agents	0.7	0.1	0.0	0.6	20	11	0	9	29	181	90	14	15,905	456,872	2,357	7.0	22,879
Nutritional Products	0.5	0.0	0.0	0.4	6	0	1	5	11	17	14	11	6,771	76,634	1,410	4.2	13,889
Hematological Agents	0.6	0.0	0.0	0.6	18	14	0	3	30	494	21	6	10,905	327,108	1,884	5.6	18,294
Topical Products	0.2	0.1	0.0	0.2	9	6	0	2	40	98	56	16	966	38,620	469	1.4	4,270
Miscellaneous Products	1.0	0.8	0.1	0.1	193	174	14	5	198	231	97	64	1,005	199,056	104	0.3	1,034
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	39	0	0	0	136	5,303	72	0.2	724
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.	120,654	4,353,451	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.
 a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oregon, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 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, 2006

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIANKXIETY AGENTS	\$447,998	6,033	17.9	61,396	0.5	\$14	\$7
ULCER DRUGS	427,160	3,020	9.0	30,157	0.5	27	14
ANTIPSYCHOTICS	386,361	548	1.6	4,647	0.4	199	83
ANTICONVULSANT	352,764	1,990	5.9	20,931	0.7	26	17
ANALGESICS - Narcotic	288,335	1,328	3.9	11,774	0.4	56	24
LAXATIVES	250,349	9,092	27.0	95,038	0.5	5	3
ANTIDEPRESSANTS	230,702	1,337	4.0	11,558	0.4	54	20
ANTIDIABETIC	213,567	1,417	4.2	13,579	0.3	50	16
MISC. HEMATOLOGICAL	200,273	114	0.3	857	0.3	734	234
ASSORTED CLASSES	192,436	145	0.4	1,529	0.6	200	126
Total	2,989,945	25,024	n.a.	251,466	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIANKXIETY AGENTS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	
All	123,434	\$2,989,945	6,033	17.9	61,396	0.5	\$7	3,020	9.0	30,157	0.5	\$14	
Female													
All Females	83,997	1,800,663	4,215	19.6	43,169	0.5	7	2,107	9.8	21,266	0.5	14	
Female, Disabled													
All Ages	29,061	937,882	1,454	22.3	15,960	0.6	9	523	8.0	5,507	0.5	15	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	186	25,420	5	19.2	58	0.2	11	2	7.7	24	0.4	36	
21-44	7,256	320,321	376	18.0	4,181	0.5	10	110	5.3	1,180	0.4	13	
45-64	20,019	552,256	1,021	24.7	11,199	0.6	9	376	9.1	3,957	0.5	15	
65-74	643	30,545	14	17.9	145	0.5	8	10	12.8	103	0.6	20	
75-84	277	2,477	14	26.4	133	0.6	5	7	13.2	67	0.5	10	
85 and older	680	6,863	24	17.4	244	0.6	7	18	13.0	176	0.7	16	
Female, Other Eligibles													
All Ages	54,936	862,781	2,761	18.4	27,209	0.5	6	1,584	10.6	15,759	0.5	14	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	1,088	85,071	17	16.8	177	0.4	7	20	19.8	192	0.4	22	
45-64	535	35,443	13	29.5	128	0.6	5	5	11.4	58	0.6	36	
65-74	11,907	229,252	620	16.2	6,410	0.5	7	324	8.5	3,261	0.5	15	
75-84	18,422	244,379	960	18.5	9,652	0.5	7	556	10.7	5,654	0.5	13	
85 and older	22,984	268,636	1,151	19.8	10,842	0.4	6	679	11.7	6,594	0.6	14	
Male													
All Males	39,437	1,189,282	1,818	14.9	18,227	0.5	8	913	7.5	8,891	0.5	14	
Male, Disabled													
All Ages	22,564	853,591	938	15.5	10,090	0.6	8	371	6.1	3,921	0.5	14	
5 and younger	10	2,214	0	0.0	0	0.0	0	2	50.0	24	0.1	2	
6-14	8	88	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	120	26,691	2	5.3	24	0.2	1	4	10.5	48	0.3	10	
21-44	7,812	468,193	323	12.2	3,519	0.5	7	109	4.1	1,150	0.4	14	
45-64	14,275	346,718	597	18.3	6,393	0.6	9	247	7.6	2,613	0.5	14	
65-74	202	8,009	11	18.6	104	0.7	6	8	13.6	74	0.6	35	
75-84	31	192	1	5.6	12	0.1	0	0	0.0	0	0.0	0	
85 and older	106	1,486	4	20.0	38	0.1	1	1	5.0	12	1.1	24	

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	16,873	335,691	880	14.4	8,137	0.5	7	542	8.8	4,970	0.5	14
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	187	8,146	3	12.0	25	0.5	3	3	12.0	16	1.0	15
45-64	242	17,591	3	9.4	36	0.7	9	2	6.3	13	1.2	22
65-74	6,008	156,454	300	12.9	3,077	0.5	7	162	7.0	1,529	0.5	13
75-84	6,104	93,771	315	13.8	2,828	0.5	7	210	9.2	1,972	0.5	14
85 and older	4,332	59,729	259	17.7	2,171	0.4	5	165	11.3	1,440	0.6	15
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	548	1.6	4,647	0.4	\$83	1,990	5.9	20,931	0.7	\$17	1,328	3.9	11,774	0.4	\$25
Female															
All Females	306	1.4	2,642	0.4	80	1,276	5.9	13,499	0.6	15	848	3.9	7,757	0.4	26
Female, Disabled															
All Ages	146	2.2	1,446	0.4	98	743	11.4	8,168	0.7	17	420	6.4	4,354	0.5	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	15.4	48	0.4	75	7	26.9	84	0.2	40	6	23.1	72	0.3	2
21-44	65	3.1	655	0.5	109	228	10.9	2,472	0.6	19	124	5.9	1,284	0.5	55
45-64	73	1.8	721	0.4	87	487	11.8	5,401	0.7	16	275	6.6	2,834	0.4	23
65-74	4	5.1	22	0.7	170	16	20.5	168	0.6	18	14	17.9	152	0.7	68
75-84	0	0.0	0	0.0	0	3	5.7	25	0.6	5	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	1.4	18	0.3	2	1	0.7	12	0.1	1
Female, Other Eligibles															
All Ages	160	1.1	1,196	0.4	59	533	3.6	5,331	0.6	12	428	2.9	3,403	0.4	16
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	15	14.9	154	0.5	124	22	21.8	202	0.7	67	61	60.4	587	0.6	34
45-64	4	9.1	38	0.4	79	8	18.2	70	0.5	93	36	81.8	348	0.6	41
65-74	40	1.0	397	0.4	72	186	4.9	1,929	0.6	13	125	3.3	1,025	0.4	12
75-84	33	0.6	186	0.3	35	170	3.3	1,722	0.6	6	116	2.2	787	0.3	7
85 and older	68	1.2	421	0.3	30	147	2.5	1,408	0.6	6	90	1.6	656	0.3	6
Male															
All Males	242	2.0	2,005	0.4	87	714	5.9	7,432	0.7	20	480	3.9	4,017	0.4	22
Male, Disabled															
All Ages	131	2.2	1,255	0.5	99	537	8.9	5,708	0.7	22	286	4.7	2,694	0.4	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	10.5	48	0.5	21
21-44	75	2.8	725	0.5	114	227	8.5	2,398	0.7	27	97	3.6	911	0.4	21
45-64	53	1.6	499	0.4	77	307	9.4	3,274	0.7	18	180	5.5	1,683	0.5	31
65-74	2	3.4	24	0.4	118	3	5.1	36	0.3	21	5	8.5	52	0.1	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	5.0	7	0.1	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTICONVULSANT					ANALGESICS - Narcotic				
	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
Male, Other Eligibles															
All Ages	111	1.8	750	0.4	67	177	2.9	1,724	0.6	16	194	3.2	1,323	0.4	13
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	5	20.0	53	0.2	47	1	4.0	1	2.0	313	15	60.0	136	0.7	15
45-64	1	3.1	4	1.0	15	4	12.5	48	0.3	72	22	68.8	215	0.5	22
65-74	35	1.5	302	0.5	112	93	4.0	980	0.6	18	64	2.8	508	0.3	12
75-84	45	2.0	235	0.3	39	58	2.5	512	0.6	8	44	1.9	236	0.3	8
85 and older	25	1.7	156	0.3	33	21	1.4	183	0.5	6	49	3.4	228	0.5	8
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2006

Beneficiary Characteristics	LAXATIVES					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	9,092	27.0	95,038	0.5	\$3	1,337	4.0	11,558	0.4	\$20	1,417	4.2	13,579	0.3	\$16
Female															
All Females	6,349	29.5	66,510	0.5	3	899	4.2	7,864	0.4	20	922	4.3	9,006	0.3	15
Female, Disabled															
All Ages	1,241	19.0	13,534	0.5	3	414	6.3	4,187	0.4	24	281	4.3	2,882	0.3	20
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	1	3.8	12	0.3	2	11	42.3	126	0.4	22	1	3.8	12	0.1	0
21-44	280	13.4	3,062	0.5	3	125	6.0	1,300	0.4	18	51	2.4	535	0.3	25
45-64	825	19.9	9,005	0.5	3	268	6.5	2,662	0.4	26	211	5.1	2,162	0.3	19
65-74	25	32.1	268	0.5	4	10	12.8	99	0.6	58	8	10.3	92	0.7	27
75-84	27	50.9	312	0.5	2	0	0.0	0	0.0	0	4	7.5	31	0.2	10
85 and older	83	60.1	875	0.5	2	0	0.0	0	0.0	0	6	4.3	50	0.3	9
Female, Other Eligibles															
All Ages	5,108	34.1	52,976	0.5	3	485	3.2	3,677	0.3	16	641	4.3	6,124	0.3	12
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	12	11.9	108	0.3	3	46	45.5	478	0.5	36	18	17.8	189	0.6	50
45-64	3	6.8	27	0.2	1	26	59.1	263	0.4	28	3	6.8	33	0.7	16
65-74	824	21.5	8,846	0.5	3	116	3.0	1,018	0.4	16	214	5.6	2,144	0.3	13
75-84	1,678	32.3	17,748	0.5	3	145	2.8	875	0.3	10	254	4.9	2,345	0.3	10
85 and older	2,591	44.6	26,247	0.5	3	152	2.6	1,043	0.2	8	152	2.6	1,413	0.3	9
Male															
All Males	2,743	22.5	28,528	0.5	3	438	3.6	3,694	0.4	19	495	4.1	4,573	0.3	18
Male, Disabled															
All Ages	1,211	20.0	13,377	0.5	3	213	3.5	2,111	0.4	21	184	3.0	1,860	0.4	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	5.3	24	0.1	1	2	5.3	24	0.7	26	4	10.5	30	1.1	26
21-44	378	14.2	4,143	0.6	4	90	3.4	934	0.4	18	38	1.4	385	0.3	21
45-64	793	24.3	8,801	0.5	3	118	3.6	1,117	0.4	23	132	4.0	1,364	0.4	23
65-74	13	22.0	133	0.2	1	1	1.7	12	0.1	5	8	13.6	72	0.4	12
75-84	5	27.8	53	0.5	2	0	0.0	0	0.0	0	1	5.6	1	1.0	62
85 and older	20	100.0	223	0.3	2	2	10.0	24	0.2	7	1	5.0	8	1.9	54

Dual Medicaid 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, 2006

Beneficiary Characteristics	LAXATIVES					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,532	25.0	15,151	0.5	2	225	3.7	1,583	0.4	17	311	5.1	2,713	0.3	14
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	2	8.0	15	0.2	1	7	28.0	68	0.7	43	1	4.0	12	0.3	4
45-64	2	6.3	13	0.2	1	9	28.1	93	0.5	69	6	18.8	50	0.3	46
65-74	427	18.4	4,350	0.5	3	77	3.3	638	0.3	16	137	5.9	1,270	0.3	17
75-84	587	25.7	5,942	0.5	3	80	3.5	478	0.3	10	104	4.6	908	0.3	11
85 and older	514	35.2	4,831	0.5	2	52	3.6	306	0.3	8	63	4.3	473	0.3	11
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2006

Beneficiary Characteristics	MISC. HEMATOLOGICAL						ASSORTED CLASSES					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	114	0.3	857	0.3	\$234	145	0.4	1,529	0.6	\$126	33,706	309,370
Female												
All Females	68	0.3	508	0.3	32	74	0.3	760	0.7	120	21,512	199,969
Female, Disabled												
All Ages	15	0.2	140	0.4	45	65	1.0	674	0.7	132	6,529	62,097
5 and younger	0	0.0	0	0.0	0	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	7	26.9	84	0.7	167	26	242
21-44	2	0.1	23	0.1	13	32	1.5	298	0.8	100	2,094	19,994
45-64	12	0.3	105	0.4	45	26	0.6	292	0.6	155	4,139	39,285
65-74	1	1.3	12	0.8	102	0	0.0	0	0.0	0	78	717
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	53	491
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	138	1,356
Female, Other Eligibles												
All Ages	53	0.4	368	0.3	27	9	0.1	86	0.4	24	14,983	137,872
5 and younger	0	0.0	0	0.0	0	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	1	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	101	586
45-64	1	2.3	11	0.7	90	0	0.0	0	0.0	0	44	308
65-74	11	0.3	87	0.3	30	6	0.2	66	0.2	26	3,829	35,492
75-84	21	0.4	134	0.2	21	1	0.0	2	2.5	104	5,202	48,737
85 and older	20	0.3	136	0.3	27	2	0.0	18	0.8	6	5,804	52,734
Male												
All Males	46	0.4	349	0.3	527	71	0.6	769	0.6	132	12,194	109,401
Male, Disabled												
All Ages	11	0.2	94	0.4	1,877	57	0.9	621	0.6	147	6,066	56,225
5 and younger	0	0.0	0	0.0	0	2	50.0	24	0.3	90	4	48
6-14	0	0.0	0	0.0	0	2	50.0	24	0.3	4	4	38
15-20	0	0.0	0	0.0	0	6	15.8	72	0.4	324	38	253
21-44	1	0.0	6	1.8	28,904	29	1.1	312	0.7	156	2,658	24,733
45-64	9	0.3	76	0.3	38	18	0.6	189	0.6	89	3,265	30,329
65-74	1	1.7	12	0.2	11	0	0.0	0	0.0	0	59	470
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	164
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	20	190

Dual Medicaid 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, 2006

Beneficiary Characteristics	MISC. HEMATOLOGICAL						ASSORTED CLASSES						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles													
All Ages	35	0.6	255	0.3	29	14	0.2	148	0.6	69	6,128	53,176	
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	25	149	
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	32	205	
65-74	13	0.6	120	0.4	31	13	0.6	136	0.6	74	2,326	20,606	
75-84	17	0.7	121	0.3	28	1	0.0	12	0.1	5	2,282	20,259	
85 and older	5	0.3	14	0.4	32	0	0.0	0	0.0	0	1,462	11,945	
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2006

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	\$10	0.5	3,795	33,421
Age				
0-64	27	0.9	306	2,929
65-74	20	0.7	507	4,495
75-84	8	0.4	1,230	10,656
85 and older	5	0.3	1,752	15,341
Unknown	0	0.0	0	0
Gender				
Female	9	0.4	2,567	23,182
Male	13	0.5	1,228	10,239
Unknown	0	0.0	0	0
Race				
White	10	0.5	3,575	31,447
African American	11	0.3	84	823
Other/unknown	13	0.4	136	1,151
Basis of Eligibility^c				
Aged	8	0.4	3,447	30,122
Disabled	29	0.9	348	3,299
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 2,569 beneficiaries who were in nursing facilities for part of their enrollment and their 21,946 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.

Benef(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, 2006

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	0.3	0.1	0.0	0.2	\$9	\$5	\$1	\$4	\$30	\$83	\$135	\$15	215	\$6,362	111	2.9	689
Biologicals	0.1	0.1	0.0	0.0	3	2	0	1	31	29	0	36	95	2,901	94	2.5	988
Antineoplastic Agents	0.4	0.0	0.0	0.4	40	22	0	19	103	722	0	52	26	2,686	10	0.3	67
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	12	8	1	3	26	63	73	10	402	10,470	152	4.0	895
Cardiovascular Agents	0.8	0.2	0.0	0.6	20	12	1	8	24	59	34	13	1,223	29,832	248	6.5	1,487
Respiratory Agents	0.3	0.1	0.0	0.2	9	6	0	2	35	88	75	13	384	13,274	170	4.5	1,497
Gastrointestinal Agents	0.4	0.1	0.0	0.3	15	9	0	5	39	84	194	20	347	13,473	151	4.0	896
Genitourinary Agents	0.5	0.2	0.0	0.3	16	6	4	5	32	34	95	20	134	4,230	42	1.1	264
CNS Drugs	0.5	0.1	0.0	0.5	13	6	0	6	23	93	74	13	5,757	131,960	1,219	32.1	10,500
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.2	65	63	0	3	189	407	0	14	9	1,697	5	0.1	26
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	51	50	0	1	96	98	0	51	112	10,790	40	1.1	212
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	17	5	0	12	25	90	36	19	698	17,491	173	4.6	1,022
Neuromuscular Agents	0.8	0.1	0.0	0.8	18	8	0	10	21	127	22	13	1,793	37,512	237	6.2	2,127
Nutritional Products	0.6	0.0	0.0	0.5	5	1	0	4	9	37	11	7	1,300	11,107	260	6.9	2,322
Hematological Agents	0.7	0.0	0.0	0.7	8	4	0	4	11	158	17	5	2,570	28,546	410	10.8	3,605
Topical Products	0.3	0.1	0.0	0.2	11	8	1	3	33	74	62	12	139	4,599	66	1.7	401
Miscellaneous Products	0.4	0.1	0.0	0.3	14	5	0	9	37	52	0	32	12	442	6	0.2	31
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	17	0	0	0	31	542	19	0.5	197
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.	15,247	327,914	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.
 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 2006. A total of 2,569 beneficiaries who were in nursing facilities for part of their enrollment and their 21,946 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 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In Oregon, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ULCER DRUGS	\$62,451	549	14.5	4,899	0.5	\$25	\$13	
ANTI-ANXIETY AGENTS	57,726	1,009	26.6	9,236	0.5	13	6	
ANTI-PSYCHOTICS	45,127	113	3.0	704	0.5	139	64	
ANTI-CONVULSANT	30,885	221	5.8	2,101	0.8	19	15	
ANTI-DEPRESSANTS	17,720	238	6.3	1,488	0.3	34	12	
HEMATOPOIETIC AGENTS	24,972	572	15.1	5,516	0.7	7	5	
ANTI-DIABETIC	19,305	261	6.9	2,298	0.3	31	8	
MULTIVITAMINS	17,678	556	14.7	5,669	0.6	5	3	
MINERALS & ELECTROLYTES	15,085	389	10.3	3,709	0.6	7	4	
LAXATIVES	15,142	560	14.8	5,552	0.4	6	3	
Total	306,091	4,468	n.a.	41,172	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. A total of 2,569 beneficiaries who were in nursing facilities for part of their enrollment and their 21,946 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ULCER DRUGS					ANTI-ANXIETY AGENTS				
	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	21,496	\$306,091	549	14.5	4,899	0.5	\$13	1,009	26.6	9,236	0.5	\$6
Female												
All Females	15,111	198,737	366	14.3	3,372	0.5	13	709	27.6	6,607	0.5	6
Female, Disabled												
All Ages	1,696	35,896	37	21.4	382	0.4	11	74	42.8	765	0.7	9
64 or younger	1,421	27,282	29	20.9	309	0.4	10	61	43.9	643	0.7	10
65-74	131	6,770	3	60.0	30	0.4	9	2	40.0	18	0.2	8
75-84	33	367	2	33.3	15	0.4	9	4	66.7	28	0.9	7
85 and older	111	1,477	3	13.0	28	0.8	16	7	30.4	76	0.6	10
Female, Other Eligibles												
All Ages	13,415	162,841	329	13.7	2,990	0.5	13	635	26.5	5,842	0.4	6
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,950	31,542	52	20.5	474	0.6	16	69	27.2	663	0.5	8
75-84	4,782	55,352	100	12.8	908	0.5	13	222	28.4	2,033	0.5	7
85 and older	6,683	75,947	177	13.0	1,608	0.5	12	344	25.4	3,146	0.4	5
Male												
All Males	6,385	107,354	183	14.9	1,527	0.5	13	300	24.4	2,629	0.4	6
Male, Disabled												
All Ages	1,243	29,966	26	14.9	234	0.5	14	58	33.1	562	0.7	10
64 or younger	1,216	29,544	26	15.7	234	0.5	14	56	33.7	549	0.7	10
65-74	26	225	0	0.0	0	0.0	0	2	40.0	13	1.2	14
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	197	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	5,142	77,388	157	14.9	1,293	0.5	13	242	23.0	2,067	0.4	5
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,265	29,288	43	17.7	344	0.5	11	60	24.7	552	0.4	5
75-84	2,205	27,632	66	15.0	557	0.5	13	106	24.1	912	0.4	5
85 and older	1,672	20,468	48	13.0	392	0.5	13	76	20.6	603	0.3	4
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.
 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 2006. A total of 2,569 beneficiaries who were in nursing facilities for part of their enrollment and their 21,946 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTICONVULSANT					ANTIDEPRESSANTS				
	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	113	3.0	704	0.5	\$64	221	5.8	2,101	0.8	\$15	238	6.3	1,488	0.3	\$12
Female															
All Females	61	2.4	391	0.4	55	151	5.9	1,452	0.8	15	156	6.1	1,051	0.3	9
Female, Disabled															
All Ages	10	5.8	78	0.4	83	41	23.7	417	0.9	26	21	12.1	191	0.4	12
64 or younger	7	5.0	60	0.3	46	36	25.9	380	0.9	26	19	13.7	179	0.4	12
65-74	3	60.0	18	0.7	207	4	80.0	36	0.9	30	2	40.0	12	0.5	14
75-84	0	0.0	0	0.0	0	1	16.7	1	1.0	4	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	51	2.1	313	0.5	48	110	4.6	1,035	0.8	10	135	5.6	860	0.3	9
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	5	2.0	60	0.8	100	24	9.4	252	0.8	16	18	7.1	132	0.3	11
75-84	19	2.4	106	0.3	39	37	4.7	344	0.8	8	58	7.4	320	0.3	9
85 and older	27	2.0	147	0.4	33	49	3.6	439	0.7	8	59	4.3	408	0.2	7
Male															
All Males	52	4.2	313	0.5	76	70	5.7	649	0.6	15	82	6.7	437	0.5	18
Male, Disabled															
All Ages	7	4.0	46	0.5	130	27	15.4	260	0.8	20	13	7.4	89	0.6	32
64 or younger	6	3.6	39	0.6	149	27	16.3	260	0.8	20	13	7.8	89	0.6	32
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	33.3	7	0.1	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	45	4.3	267	0.5	66	43	4.1	389	0.5	12	69	6.6	348	0.4	15
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	14	5.8	110	0.6	113	22	9.1	199	0.6	16	19	7.8	107	0.5	14
75-84	18	4.1	88	0.4	26	16	3.6	152	0.6	10	26	5.9	136	0.4	15
85 and older	13	3.5	69	0.3	43	5	1.4	38	0.2	3	24	6.5	105	0.4	14
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.
 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 2006. A total of 2,569 beneficiaries who were in nursing facilities for part of their enrollment and their 21,946 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS						ANTIDIABETIC						MULTIVITAMINS					
	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	572	15.1	5,516	0.7	\$5		261	6.9	2,298	0.3	\$8		556	14.7	5,669	0.6	\$3	
Female																		
All Females	368	14.3	3,570	0.7	4		159	6.2	1,490	0.3	8		374	14.6	3,889	0.6	3	
Female, Disabled																		
All Ages	19	11.0	215	0.6	3		15	8.7	136	0.4	16		22	12.7	225	0.6	3	
64 or younger	18	12.9	203	0.5	3		13	9.4	123	0.2	8		18	12.9	193	0.6	3	
65-74	0	0.0	0	0.0	0		1	20.0	12	1.9	87		1	20.0	6	0.8	3	
75-84	0	0.0	0	0.0	0		1	16.7	1	1.0	34		0	0.0	0	0.0	0	
85 and older	1	4.3	12	1.1	10		0	0.0	0	0.0	0		3	13.0	26	0.6	2	
Female, Other Eligibles																		
All Ages	349	14.6	3,355	0.7	4		144	6.0	1,354	0.3	8		352	14.7	3,664	0.6	3	
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	36	14.2	369	0.6	3		36	14.2	336	0.3	7		52	20.5	548	0.6	4	
75-84	107	13.7	1,039	0.7	4		52	6.6	497	0.3	8		127	16.2	1,335	0.6	3	
85 and older	206	15.2	1,947	0.7	5		56	4.1	521	0.3	7		173	12.7	1,781	0.6	3	
Male																		
All Males	204	16.6	1,946	0.6	5		102	8.3	808	0.3	9		182	14.8	1,780	0.6	3	
Male, Disabled																		
All Ages	15	8.6	115	0.9	36		12	6.9	105	0.2	8		26	14.9	253	0.7	4	
64 or younger	15	9.0	115	0.9	36		12	7.2	105	0.2	8		26	15.7	253	0.7	4	
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Male, Other Eligibles																		
All Ages	189	17.9	1,831	0.6	3		90	8.5	703	0.3	9		156	14.8	1,527	0.6	3	
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	30	12.3	298	0.7	3		25	10.3	208	0.2	9		36	14.8	373	0.5	2	
75-84	83	18.9	815	0.6	4		32	7.3	285	0.2	7		61	13.9	598	0.7	3	
85 and older	76	20.6	718	0.6	3		33	8.9	210	0.3	12		59	16.0	556	0.6	3	
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.
 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 2006. A total of 2,569 beneficiaries who were in nursing facilities for part of their enrollment and their 21,946 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	MINERALS & ELECTROLYTES					LAXATIVES					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	389	10.3	3,709	0.6	\$4	560	14.8	5,552	0.4	\$3	3,795	33,421
Female												
All Females	285	11.1	2,762	0.6	4	373	14.5	3,735	0.5	3	2,567	23,182
Female, Disabled												
All Ages	21	12.1	231	0.5	3	19	11.0	190	0.5	4	173	1,667
64 or younger	17	12.2	194	0.4	3	14	10.1	142	0.6	5	139	1,363
65-74	2	40.0	24	1.1	9	3	60.0	24	0.3	4	5	43
75-84	1	16.7	1	1.0	5	0	0.0	0	0.0	0	6	34
85 and older	1	4.3	12	1.0	5	2	8.7	24	0.1	0	23	227
Female, Other Eligibles												
All Ages	264	11.0	2,531	0.6	4	354	14.8	3,545	0.5	3	2,394	21,515
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	37	14.6	299	0.6	4	43	16.9	434	0.4	2	254	2,339
75-84	95	12.1	935	0.6	4	140	17.9	1,382	0.4	3	783	6,973
85 and older	132	9.7	1,297	0.6	5	171	12.6	1,729	0.5	3	1,357	12,203
Male												
All Males	104	8.5	947	0.5	4	187	15.2	1,817	0.4	2	1,228	10,239
Male, Disabled												
All Ages	14	8.0	140	0.3	5	30	17.1	314	0.4	2	175	1,632
64 or younger	13	7.8	128	0.2	5	29	17.5	311	0.4	2	166	1,565
65-74	1	20.0	12	0.7	3	1	20.0	3	0.7	3	5	35
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	31
Male, Other Eligibles												
All Ages	90	8.5	807	0.5	4	157	14.9	1,503	0.4	3	1,053	8,607
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	25	10.3	216	0.5	6	34	14.0	321	0.3	3	243	2,078
75-84	35	8.0	329	0.4	3	70	15.9	683	0.4	2	440	3,648
85 and older	30	8.1	262	0.5	3	53	14.4	499	0.4	3	369	2,880
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 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.
 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 2006. A total of 2,569 beneficiaries who were in nursing facilities for part of their enrollment and their 21,946 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

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	17,693	52.5	8.2	277,335	\$69	\$2,317,538	\$8	53.2	33,706
Age									
5 and younger	3	50.0	2.5	15	39	233	16	8.7	6
6-14	3	50.0	1.0	6	12	72	12	2.4	6
15-20	23	35.4	1.5	97	14	929	10	1.0	65
21-44	1,927	39.5	4.7	23,158	47	231,300	10	17.1	4,878
45-64	4,072	54.4	7.9	59,194	76	569,197	10	35.6	7,480
65-74	2,834	45.0	6.4	40,352	57	357,450	9	51.6	6,292
75-84	4,172	55.2	9.1	68,401	71	537,196	8	156.6	7,555
85 and older	4,659	62.8	11.6	86,112	84	621,161	7	231.3	7,424
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	11,434	54.7	9.1	190,080	71	1,479,800	8	123.0	20,901
Disabled	6,171	49.0	6.9	86,763	66	831,981	10	29.0	12,595
Adults	75	39.3	2.4	457	29	5,609	12	2.2	191
Children	2	66.7	2.0	6	9	28	5	0.9	3
Unknown	11	68.8	1.8	29	8	120	4	0.5	16
Gender									
Female	12,063	56.1	9.1	196,760	76	1,630,339	8	62.5	21,512
Male	5,630	46.2	6.6	80,575	56	687,199	9	39.3	12,194
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	15,844	53.9	8.8	258,328	73	2,155,286	8	55.9	29,370
African American	339	42.4	5.3	4,202	43	34,066	8	37.1	799
Other/unknown	1,510	42.7	4.2	14,805	36	128,186	9	31.7	3,537
Use of Nursing Facilities^d									
Entire year	2,398	63.2	7.1	26,907	69	263,666	10	80.4	3,795
Part year	1,820	70.8	10.1	25,915	80	205,561	8	68.2	2,569
None	13,475	49.3	8.2	224,513	68	1,848,311	8	49.6	27,342
Maintenance Assistance Status									
Cash	4,948	45.6	5.7	62,247	53	575,445	9	34.2	10,859
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	483	31.2	1.7	2,609	17	26,359	10	4.5	1,546
Other/unknown	12,262	57.6	10.0	212,479	81	1,715,734	8	82.4	21,301

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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, 2006

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	0.9	\$7	\$8	\$0	\$2	309,370
Age						
5 and younger	0.2	3	16	0	0	72
6-14	0.1	1	12	0	0	52
15-20	0.2	2	10	0	0	496
21-44	0.5	5	10	0	2	45,462
45-64	0.8	8	10	0	3	70,127
65-74	0.7	6	9	0	2	57,285
75-84	1.0	8	8	0	2	69,651
85 and older	1.3	9	7	0	1	66,225
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.0	8	8	0	1	189,753
Disabled	0.7	7	10	0	3	118,322
Adults	0.4	5	12	0	2	1,138
Children	0.2	1	5	0	0	26
Unknown	0.2	1	4	0	1	131
Gender						
Female	1.0	8	8	0	2	199,969
Male	0.7	6	9	0	2	109,401
Unknown	0.0	0	0	0	0	0
Race						
White	1.0	8	8	0	2	269,847
African American	0.6	5	8	0	1	6,991
Other/unknown	0.5	4	9	0	1	32,532
Use of Nursing Facilities^d						
Entire year	0.8	8	10	0	2	33,421
Part year	1.2	9	8	0	2	21,946
None	0.9	7	8	0	2	254,003
Maintenance Assistance Status						
Cash	0.6	5	9	0	2	105,765
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	10	0	1	12,336
Other/unknown	1.1	9	8	0	2	191,269

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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, 2006

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	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Excluded Rx
All	25,047	\$93	\$2,317,538	100.0	277,335	\$8	100.0
Anorexia or weight loss/gain	2	12	24	0.0	2	12	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	1,613	43	68,994	3.0	4,087	17	1.5
Vitamins and minerals	1,294	51	66,440	2.9	6,096	11	2.2
Non-prescription drugs	13,416	115	1,538,082	66.4	214,089	7	77.2
Barbiturates	223	59	13,094	0.6	2,058	6	0.7
Benzodiazepines	8,105	77	620,307	26.8	49,925	12	18.0
Other Part D Excl Rx Drugs	394	27	10,597	0.5	1,078	10	0.4

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 OREGON, 2006

Total Number of Dual Eligible Beneficiaries: 33,706
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$4,353,451
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$129

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	20,586	61.1	\$0	0.0
1-500	11,725	34.8	983,020	22.6
501-1,000	583	1.7	417,431	9.6
1,001-1,500	234	0.7	289,052	6.6
1,501-2,000	145	0.4	252,679	5.8
2,001-2,500	71	0.2	158,546	3.6
2,501-3,000	64	0.2	175,858	4.0
3,001-3,500	54	0.2	175,299	4.0
3,501-4,000	40	0.1	149,491	3.4
4,001-4,500	33	0.1	140,580	3.2
4,501-5,000	23	0.1	109,342	2.5
5,001-5,500	18	0.1	94,134	2.2
5,501-6,000	10	0.0	57,830	1.3
6,001-6,500	17	0.1	106,039	2.4
6,501-7,000	19	0.1	127,158	2.9
7,001-7,500	9	0.0	65,043	1.5
7,501-8,000	7	0.0	53,453	1.2
8,001-8,500	11	0.0	90,559	2.1
8,501-9,000	5	0.0	43,912	1.0
9,001-9,500	8	0.0	73,693	1.7
9,501-10,000	6	0.0	58,402	1.3
10,001+	38	0.1	731,930	16.8

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^a, ^b, ^c
 OREGON, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 12,229
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$2,774,127
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$226

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	6,904	56.5	\$0	0.0	
1-500	4,500	36.8	422,095	15.2	
501-1,000	283	2.3	202,366	7.3	
1,001-1,500	138	1.1	171,175	6.2	
1,501-2,000	101	0.8	176,131	6.3	
2,001-2,500	42	0.3	93,249	3.4	
2,501-3,000	47	0.4	128,808	4.6	
3,001-3,500	44	0.4	142,916	5.2	
3,501-4,000	20	0.2	74,770	2.7	
4,001-4,500	23	0.2	97,841	3.5	
4,501-5,000	18	0.1	85,993	3.1	
5,001-5,500	14	0.1	73,590	2.7	
5,501-6,000	9	0.1	52,248	1.9	
6,001-6,500	11	0.1	69,094	2.5	
6,501-7,000	16	0.1	107,431	3.9	
7,001-7,500	5	0.0	36,337	1.3	
7,501-8,000	5	0.0	38,351	1.4	
8,001-8,500	8	0.1	66,183	2.4	
8,501-9,000	3	0.0	26,386	1.0	
9,001-9,500	4	0.0	36,648	1.3	
9,501-10,000	4	0.0	38,639	1.4	
10,001+	30	0.2	633,876	22.8	

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 OREGON, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 21,271
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,304,675
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$61

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,621	64.0	\$0	0.0
1-500	7,160	33.7	551,293	42.3
501-1,000	282	1.3	201,687	15.5
1,001-1,500	87	0.4	106,452	8.2
1,501-2,000	35	0.2	61,334	4.7
2,001-2,500	24	0.1	53,935	4.1
2,501-3,000	11	0.1	30,359	2.3
3,001-3,500	7	0.0	23,031	1.8
3,501-4,000	16	0.1	60,038	4.6
4,001-4,500	5	0.0	21,133	1.6
4,501-5,000	2	0.0	9,049	0.7
5,001-5,500	2	0.0	10,386	0.8
5,501-6,000	1	0.0	5,582	0.4
6,001-6,500	3	0.0	18,263	1.4
6,501-7,000	1	0.0	6,613	0.5
7,001-7,500	0	0.0	0	0.0
7,501-8,000	2	0.0	15,102	1.2
8,001-8,500	2	0.0	16,174	1.2
8,501-9,000	2	0.0	17,526	1.3
9,001-9,500	1	0.0	9,050	0.7
9,501-10,000	1	0.0	9,940	0.8
10,001+	6	0.0	77,728	6.0

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 OREGON, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,292
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$693,188
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$110

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,079	64.8	\$0	0.0
1-500	1,961	31.2	167,409	24.2
501-1,000	111	1.8	78,432	11.3
1,001-1,500	41	0.7	50,710	7.3
1,501-2,000	23	0.4	40,441	5.8
2,001-2,500	21	0.3	47,164	6.8
2,501-3,000	10	0.2	27,420	4.0
3,001-3,500	4	0.1	13,033	1.9
3,501-4,000	15	0.2	56,282	8.1
4,001-4,500	4	0.1	16,884	2.4
4,501-5,000	2	0.0	9,049	1.3
5,001-5,500	2	0.0	10,386	1.5
5,501-6,000	1	0.0	5,582	0.8
6,001-6,500	3	0.0	18,263	2.6
6,501-7,000	1	0.0	6,613	1.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	2	0.0	15,102	2.2
8,001-8,500	2	0.0	16,174	2.3
8,501-9,000	2	0.0	17,526	2.5
9,001-9,500	1	0.0	9,050	1.3
9,501-10,000	1	0.0	9,940	1.4
10,001+	6	0.1	77,728	11.2

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 OREGON, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,555
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$342,935
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$45

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,818	63.8	\$0	0.0
1-500	2,595	34.3	206,743	60.3
501-1,000	98	1.3	70,912	20.7
1,001-1,500	34	0.5	41,515	12.1
1,501-2,000	5	0.1	8,497	2.5
2,001-2,500	1	0.0	2,331	0.7
2,501-3,000	1	0.0	2,939	0.9
3,001-3,500	3	0.0	9,998	2.9
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 OREGON, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 7,424
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$268,552
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$36

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,724	63.6	\$0	0.0
1-500	2,604	35.1	177,141	66.0
501-1,000	73	1.0	52,343	19.5
1,001-1,500	12	0.2	14,227	5.3
1,501-2,000	7	0.1	12,396	4.6
2,001-2,500	2	0.0	4,440	1.7
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	1	0.0	3,756	1.4
4,001-4,500	1	0.0	4,249	1.6
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

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, 2006

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	63,088	35,727	26,855	485	5	16	672,658	368,069	299,641	4,772	45	131
Age												
5 and younger	9	0	8	0	1	0	106	0	94	0	12	0
6-14	7	0	5	0	2	0	70	0	50	0	20	0
15-20	112	0	109	1	2	0	1,189	0	1,169	7	13	0
21-44	10,678	0	10,360	318	0	0	119,536	0	116,448	3,088	0	0
45-64	15,941	10	15,763	158	0	10	177,532	98	175,757	1,585	0	92
65-74	13,657	13,361	282	8	0	6	147,856	144,922	2,803	92	0	39
75-84	12,477	12,362	115	0	0	0	128,885	127,716	1,169	0	0	0
85 and older	10,207	9,994	213	0	0	0	97,484	95,333	2,151	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	39,509	25,140	14,016	334	3	16	421,552	261,073	156,998	3,318	32	131
Male	23,579	10,587	12,839	151	2	0	251,106	106,996	142,643	1,454	13	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	53,702	29,301	23,977	406	3	15	570,008	297,841	268,035	3,979	25	128
African American	1,807	787	997	23	0	0	19,755	8,477	11,056	222	0	0
Other/unknown	7,579	5,639	1,881	56	2	1	82,895	61,751	20,550	571	20	3
Use of Nursing Facilities^c												
Entire year	5,022	4,514	508	0	0	0	46,878	41,734	5,144	0	0	0
Part year	3,522	2,967	555	0	0	0	33,761	27,930	5,831	0	0	0
None	54,544	28,246	25,792	485	5	16	592,019	298,405	288,666	4,772	45	131
Maintenance Assistance Status												
Cash	28,557	13,539	14,717	300	1	0	320,969	152,119	165,788	3,050	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	1,601	523	1,015	46	1	16	17,605	5,796	11,398	272	8	131
Other/unknown	32,930	21,665	11,123	139	3	0	334,084	210,154	122,455	1,450	25	0
Dual Status^d												
Full dual, all year	60,186	34,452	25,246	467	5	16	640,753	354,282	281,702	4,593	45	131
Full dual, part year	2,902	1,275	1,609	18	0	0	31,905	13,787	17,939	179	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	28,180	18,423	9,652	87	2	16	285,989	179,740	105,273	821	24	131
FFS part year, with Rx claims	2,678	1,141	1,473	63	1	0	28,720	11,792	16,285	635	8	0
FFS part year, no Rx claims	2,848	1,337	1,470	41	0	0	28,517	12,892	15,364	261	0	0
MC all year, with Rx claims	13,348	6,514	6,620	213	1	0	151,730	72,675	76,672	2,371	12	0
MC all year, no Rx claims	16,034	8,312	7,640	81	1	0	177,702	90,970	86,047	684	1	0

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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, 2006

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	63,088	672,658	33,706	309,370	0	363,288
Fee-for-service (FFS) all year	28,180	285,989	28,180	285,989	0	0
FFS part year, with Rx claims	2,678	28,720	2,678	11,570	0	17,150
FFS part year, with no Rx claims	2,848	28,517	2,848	11,811	0	16,706
Managed care (MC) all year, with Rx claims	13,348	151,730	0	0	0	151,730
MC all year, with no Rx claims	16,034	177,702	0	0	0	177,702

Source: Data for this table are from the MAX 2006 file for Oregon, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries