

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 2007
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 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OREGON, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ⁹	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	508967 (A)	89037 (E)	419930 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	437812 (B)	63339 (F)	374473 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	310350 (C)	36703 (G)	273647 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	4134 (D)	3852 (H)	282 (L)

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Oregon in 2007 was \$127,257,496, of which \$60,174,382 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
OREGON, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	209,659	21,051	31,210	40,905	116,088	405	1,131,004	191,852	262,307	149,512	523,540	3,793
Age												
5 and younger	52,203	0	717	0	51,486	0	213,014	0	5,387	0	207,627	0
6-14	46,608	0	1,957	7	44,644	0	235,157	0	17,095	19	218,043	0
15-20	26,810	0	2,081	4,894	19,835	0	131,716	0	17,740	16,637	97,339	0
21-44	43,791	1	10,618	32,990	120	62	207,651	12	87,692	118,951	526	470
45-64	18,804	33	15,435	3,003	0	333	148,364	307	130,962	13,849	0	3,246
65-74	6,674	6,458	199	7	0	10	59,944	58,404	1,433	30	0	77
75-84	7,345	7,284	59	2	0	0	68,563	67,972	570	21	0	0
85 and older	7,422	7,275	144	2	1	0	66,591	65,157	1,428	5	1	0
Unknown	2	0	0	0	2	0	4	0	0	0	4	0
Gender												
Female	122,987	14,746	15,571	34,820	57,445	405	659,506	137,074	133,098	126,696	258,845	3,793
Male	86,672	6,305	15,639	6,085	58,643	0	471,498	54,778	129,209	22,816	264,695	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	147,132	17,946	26,606	31,090	71,136	354	854,396	163,387	224,647	115,144	347,901	3,317
African American	7,773	376	1,040	1,598	4,747	12	31,972	3,503	7,472	3,494	17,377	126
Other/unknown	54,754	2,729	3,564	8,217	40,205	39	244,636	24,962	30,188	30,874	158,262	350
Use of Nursing Facilities^c												
Entire year	4,134	3,518	616	0	0	0	36,168	30,598	5,570	0	0	0
Part year	3,179	2,306	856	14	2	1	26,753	19,735	6,892	112	11	3
None	202,346	15,227	29,738	40,891	116,086	404	1,068,083	141,519	249,845	149,400	523,529	3,790
Maintenance Assistance Status												
Cash	76,327	5,103	19,500	17,990	33,734	0	436,527	51,274	176,721	65,174	143,358	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	75,481	436	869	12,681	61,090	405	291,343	3,758	6,618	34,979	242,195	3,793
Other/unknown	57,851	15,512	10,841	10,234	21,264	0	403,134	136,820	78,968	49,359	137,987	0
Dual Medicare Status^d												
Full dual, all year	30,819	19,326	11,299	176	1	17	286,111	177,171	107,758	1,009	10	163
Full dual, part year	2,844	1,306	1,529	9	0	0	23,984	11,561	12,350	73	0	0
Non-dual, all year	175,996	419	18,382	40,720	116,087	388	820,909	3,120	142,199	148,430	523,530	3,630
Managed Care (MC) Status												
Fee-for-service (FFS) all year	103,040	18,471	23,143	14,081	46,941	404	879,808	179,630	229,355	94,426	372,608	3,789
FFS part year, with Rx claims	26,168	982	4,628	9,909	10,648	1	94,419	5,252	20,662	26,371	42,130	4
FFS part year, no Rx claims	80,451	1,598	3,439	16,915	58,499	0	156,777	6,970	12,290	28,715	108,802	0

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
OREGON, 2007

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	35.8	4.5	\$320	\$71	\$5,104	6.3	209,659
Age							
5 and younger	25.8	0.9	39	42	2,231	1.8	52,203
6-14	28.1	2.1	200	94	1,872	10.7	46,608
15-20	38.0	3.4	268	78	3,216	8.3	26,810
21-44	46.4	6.4	503	79	5,084	9.9	43,791
45-64	58.0	19.6	1,318	67	12,027	11.0	18,804
65-74	32.4	3.9	157	40	10,992	1.4	6,674
75-84	33.1	2.4	48	20	15,929	0.3	7,345
85 and older	33.8	2.4	43	18	19,004	0.2	7,422
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility^e							
Aged	33.0	2.8	78	28	15,456	0.5	21,051
Disabled	56.1	16.6	1,454	88	12,016	12.1	31,210
Adults	45.0	4.7	221	47	3,605	6.1	40,905
Children	27.5	1.5	89	60	1,863	4.8	116,088
Unknown	85.2	24.2	1,730	71	14,920	11.6	405
Gender							
Female	38.0	4.9	293	59	5,295	5.5	122,987
Male	32.7	3.9	359	91	4,834	7.4	86,672
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	39.5	5.4	380	71	5,864	6.5	147,132
African American	25.6	2.8	185	66	4,468	4.1	7,773
Other/unknown	27.5	2.5	177	71	3,153	5.6	54,754
Use of Nursing Facilities^f							
Entire year	49.6	8.2	377	46	43,680	0.9	4,134
Part year	55.5	11.8	612	52	26,404	2.3	3,179
None	35.2	4.3	314	72	3,981	7.9	202,346
Maintenance Assistance Status							
Cash	41.1	7.5	592	79	4,967	11.9	76,327
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	25.8	1.2	55	46	1,876	2.9	75,481
Other/unknown	42.0	4.9	308	63	9,497	3.2	57,851

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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.

All Medicaid Beneficiaries

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 OREGON, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ ^d	Number	
			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		Beneficiaries	Benefit Months
All	0.8	\$59	6.3	64.2	24.0	4.0	4.5	2.2	1.2	\$946	209,659	1,131,004
Age												
5 and younger	0.2	10	1.8	74.2	23.9	1.3	0.5	0.1	0.0	547	52,203	213,014
6-14	0.4	40	10.7	71.9	22.1	2.8	2.3	0.7	0.3	371	46,608	235,157
15-20	0.7	55	8.3	62.0	26.4	5.0	4.4	1.5	0.7	655	26,810	131,716
21-44	1.3	106	9.9	53.6	24.0	7.1	8.8	4.1	2.3	1,072	43,791	207,651
45-64	2.5	167	11.0	42.0	21.9	7.2	13.4	9.8	5.7	1,524	18,804	148,364
65-74	0.4	17	1.4	67.6	24.2	3.4	2.9	1.4	0.5	1,224	6,674	59,944
75-84	0.3	5	0.3	66.9	27.7	2.9	1.7	0.7	0.2	1,706	7,345	68,563
85 and older	0.3	5	0.2	66.2	28.6	2.5	1.8	0.8	0.1	2,118	7,422	66,591
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	4
Basis of Eligibility^e												
Aged	0.3	9	0.5	67.0	26.8	2.9	2.1	0.9	0.2	1,696	21,051	191,852
Disabled	2.0	173	12.1	43.9	24.5	7.4	12.1	7.8	4.3	1,430	31,210	262,307
Adults	1.3	60	6.1	55.0	24.2	7.0	8.1	3.5	2.1	986	40,905	149,512
Children	0.3	20	4.8	72.5	23.2	2.2	1.5	0.4	0.2	413	116,088	523,540
Unknown	2.6	185	11.6	14.8	31.6	16.0	26.9	9.1	1.5	1,593	405	3,793
Gender												
Female	0.9	55	5.5	62.0	24.7	4.4	4.9	2.5	1.4	987	122,987	659,506
Male	0.7	66	7.4	67.3	22.9	3.5	3.8	1.7	0.9	889	86,672	471,498
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.9	66	6.5	60.5	25.5	4.6	5.2	2.6	1.5	1,010	147,132	854,396
African American	0.7	45	4.1	74.4	16.2	3.3	3.6	1.5	1.0	1,086	7,773	31,972
Other/unknown	0.6	40	5.6	72.5	20.9	2.6	2.5	1.0	0.5	706	54,754	244,636
Use of Nursing Facilities^f												
Entire year	0.9	43	0.9	50.4	34.0	4.8	4.8	3.8	2.2	4,993	4,134	36,168
Part year	1.4	73	2.3	44.5	34.3	5.4	6.5	5.5	3.7	3,138	3,179	26,753
None	0.8	60	7.9	64.8	23.6	4.0	4.4	2.1	1.1	754	202,346	1,068,083
Maintenance Assistance Status												
Cash	1.3	103	11.9	58.9	23.4	5.1	6.7	3.8	2.1	869	76,327	436,527
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	14	2.9	74.2	21.4	2.3	1.6	0.4	0.1	486	75,481	291,343
Other/unknown	0.7	44	3.2	58.0	28.1	4.9	5.3	2.4	1.3	1,363	57,851	403,134

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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.

All Medicaid Beneficiaries

TABLE 5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
OREGON, 2007

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	0.8	\$59	\$71	0.2	\$44	\$195	0.0	\$2	\$105	0.6	\$13	\$22
Age												
5 and younger	0.2	10	42	0.0	7	167	0.0	0	57	0.2	3	15
6-14	0.4	40	94	0.2	35	186	0.0	1	89	0.2	4	19
15-20	0.7	55	78	0.3	45	174	0.0	1	90	0.4	8	19
21-44	1.3	106	79	0.3	81	233	0.0	3	113	1.0	23	23
45-64	2.5	167	67	0.6	114	187	0.1	8	120	1.8	45	25
65-74	0.4	17	40	0.1	11	152	0.0	1	81	0.4	6	16
75-84	0.3	5	20	0.0	2	88	0.0	0	45	0.2	3	11
85 and older	0.3	5	18	0.0	2	72	0.0	0	50	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	9	28	0.0	5	118	0.0	0	59	0.3	3	13
Disabled	2.0	173	88	0.6	131	236	0.1	7	123	1.4	35	26
Adults	1.3	60	47	0.3	40	143	0.0	2	83	1.0	19	19
Children	0.3	20	60	0.1	16	141	0.0	0	63	0.2	4	17
Unknown	2.6	185	71	0.7	142	194	0.1	7	114	1.8	36	20
Gender												
Female	0.9	55	59	0.2	38	164	0.0	2	103	0.7	14	21
Male	0.7	66	91	0.2	53	241	0.0	2	109	0.5	11	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.9	66	71	0.3	49	193	0.0	2	111	0.7	15	22
African American	0.7	45	66	0.2	34	174	0.0	1	77	0.5	10	21
Other/unknown	0.6	40	71	0.1	30	212	0.0	1	84	0.4	8	20
Use of Nursing Facilities^e												
Entire year	0.9	43	46	0.2	27	144	0.0	1	81	0.7	15	20
Part year	1.4	73	52	0.3	46	163	0.0	2	78	1.1	24	22
None	0.8	60	72	0.2	45	198	0.0	2	107	0.6	13	22
Maintenance Assistance Status												
Cash	1.3	103	79	0.4	77	211	0.0	4	121	0.9	22	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	14	46	0.1	10	134	0.0	0	71	0.2	4	16
Other/unknown	0.7	44	63	0.2	34	179	0.0	1	76	0.5	10	19

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oregon, 0.4 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>

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.

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 OREGON, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	\$14	\$9	\$0	\$5	\$52	\$322	\$79	\$21	73,563	\$3,842,933	32,089	15.3	281,487
Biologicals	0.1	0.1	0.0	0.0	69	69	0	0	462	462	0	0	1,206	557,437	813	0.4	8,075
Antineoplastic Agents	0.6	0.2	0.0	0.3	160	147	0	13	281	620	398	38	3,084	867,039	555	0.3	5,428
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	33	26	1	7	54	128	36	18	72,001	3,903,891	14,037	6.7	117,731
Cardiovascular Agents	1.1	0.2	0.1	0.8	38	24	4	10	36	125	69	13	95,153	3,380,482	10,045	4.8	89,010
Respiratory Agents	0.5	0.2	0.0	0.2	31	26	1	4	67	106	90	18	74,346	4,976,941	17,848	8.5	162,148
Gastrointestinal Agents	0.5	0.1	0.0	0.3	31	17	5	9	68	179	132	27	33,175	2,243,086	7,967	3.8	72,507
Genitourinary Agents	0.3	0.1	0.0	0.2	15	9	0	6	51	104	69	27	9,001	455,940	3,282	1.6	29,651
CNS Drugs	1.1	0.3	0.0	0.8	87	72	1	15	79	206	98	19	245,958	19,351,791	30,036	14.3	222,086
Stimulants/Anti-obesity//Anorexia	0.9	0.7	0.0	0.2	83	77	0	6	96	116	69	30	33,109	3,192,878	4,666	2.2	38,473
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.0	62	60	0	1	226	242	42	53	5,254	1,187,151	1,976	0.9	19,289
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	34	8	3	24	50	259	351	36	128,249	6,392,020	22,150	10.6	185,552
Neuromuscular Agents	0.8	0.3	0.0	0.5	69	54	4	12	83	176	158	23	88,084	7,320,643	11,750	5.6	105,897
Nutritional Products	0.3	0.0	0.0	0.3	4	1	0	3	13	49	14	11	35,658	446,725	11,682	5.6	104,610
Hematological Agents	0.6	0.1	0.0	0.5	215	210	0	5	340	1,881	24	10	20,428	6,948,481	3,362	1.6	32,314
Topical Products	0.2	0.0	0.0	0.2	7	4	0	3	33	112	57	16	26,888	881,811	14,560	6.9	134,136
Miscellaneous Products	0.7	0.4	0.0	0.3	243	201	6	36	343	498	161	135	2,842	974,019	408	0.2	4,013
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	30	0	0	0	117	0	0	0	1,361	159,846	561	0.3	5,368
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.	949,360	67,083,114	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users.

Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/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, 0.4 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 2007.

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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 OREGON, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$9,375,452	6,279	3.0	60,938	0.7	\$234	\$154	
MISC. HEMATOLOGICAL	6,030,446	497	0.2	4,743	0.6	2,259	1,271	
ANTICONVULSANT	5,868,430	8,397	4.0	84,340	0.7	98	70	
ANALGESICS - Narcotic	4,984,967	24,781	11.8	227,899	0.4	50	22	
ANTIASTHMATIC	4,067,454	16,029	7.6	154,324	0.3	83	26	
ANTIDEPRESSANTS	3,747,891	14,381	6.9	136,999	0.5	51	27	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,809,915	4,622	2.2	43,233	0.7	92	65	
ANTIDIABETIC	2,050,276	4,756	2.3	45,619	0.6	75	45	
ULCER DRUGS	1,887,374	9,881	4.7	96,732	0.5	43	20	
ANTIVIRAL	1,687,171	1,424	0.7	13,308	0.3	377	127	
Total	42,509,376	91,047	n.a.	868,135	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. 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.

All Medicaid Beneficiaries