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STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
OREGON

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>33,663</b>	<b>20,632</b>	<b>12,828</b>	<b>185</b>	<b>1</b>	<b>17</b>	<b>310,095</b>	<b>188,732</b>	<b>120,108</b>	<b>1,082</b>	<b>10</b>	<b>163</b>
<b>Age</b>												
5 and younger	4	0	3	0	1	0	29	0	19	0	10	0
6-14	3	0	3	0	0	0	36	0	36	0	0	0
15-20	68	0	65	3	0	0	631	0	616	15	0	0
21-44	4,867	0	4,750	116	0	1	44,375	0	43,766	597	0	12
45-64	7,718	6	7,640	62	0	10	72,987	49	72,392	454	0	92
65-74	6,450	6,270	170	4	0	6	58,476	57,080	1,321	16	0	59
75-84	7,211	7,157	54	0	0	0	67,556	67,014	542	0	0	0
85 and older	7,342	7,199	143	0	0	0	66,005	64,589	1,416	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	21,264	14,505	6,618	123	1	17	198,608	135,327	62,369	739	10	163
Male	12,399	6,127	6,210	62	0	0	111,487	53,405	57,739	343	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	29,217	17,704	11,359	137	1	16	268,987	161,464	106,447	908	10	158
African American	788	361	418	9	0	0	7,045	3,408	3,614	23	0	0
Other/unknown	3,658	2,567	1,051	39	0	1	34,063	23,860	10,047	151	0	5
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,852	3,478	374	0	0	0	33,815	30,259	3,556	0	0	0
Part year	2,722	2,285	437	0	0	0	23,320	19,601	3,719	0	0	0
None	27,089	14,869	12,017	185	1	17	252,960	138,872	112,833	1,082	10	163
<b>Maintenance Assistance Status</b>												
Cash	10,937	4,934	5,903	99	1	0	107,170	49,816	56,761	583	10	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	1,344	435	860	32	0	17	10,605	3,753	6,557	132	0	163
Other/unknown	21,382	15,263	6,065	54	0	0	192,320	135,163	56,790	367	0	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	28,024	18,161	9,762	83	1	17	283,480	176,935	105,598	774	10	163
FFS part year, with Rx claims	2,317	938	1,318	61	0	0	11,960	5,075	6,683	202	0	0
FFS part year, no Rx claims	3,322	1,533	1,748	41	0	0	14,655	6,722	7,827	106	0	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 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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage	Number of Beneficiaries
						of All Medicaid FFS \$ <sup>d</sup>	
<b>All</b>	<b>35.5</b>	<b>3.6</b>	<b>\$142</b>	<b>\$40</b>	<b>\$13,147</b>	<b>1.1</b>	<b>33,663</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	2,974	0.0	4
6-14	33.3	9.3	1,093	117	5,513	19.8	3
15-20	61.8	7.3	869	119	6,348	13.7	68
21-44	35.1	3.9	305	78	6,732	4.5	4,867
45-64	42.8	5.6	227	41	10,789	2.1	7,718
65-74	31.9	3.6	129	36	10,968	1.2	6,450
75-84	33.0	2.4	45	19	16,009	0.3	7,211
85 and older	33.8	2.3	42	18	19,054	0.2	7,342
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	32.7	2.7	65	24	15,524	0.4	20,632
Disabled	39.5	4.7	241	51	9,434	2.6	12,828
Adults	66.5	19.8	1,448	73	5,708	25.4	185
Children	0.0	0.0	0	0	675	0.0	1
Unknown	94.1	46.9	3,039	65	12,139	25.0	17
<b>Gender</b>							
Female	37.0	3.6	124	34	13,406	0.9	21,264
Male	33.0	3.5	171	49	12,704	1.3	12,399
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	36.6	3.7	143	39	13,827	1.0	29,217
African American	27.5	3.9	165	42	14,351	1.1	788
Other/unknown	28.9	2.7	124	47	7,457	1.7	3,658
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	46.8	4.3	96	22	41,916	0.2	3,852
Part year	49.1	4.6	139	30	21,582	0.6	2,722
None	32.6	3.4	148	44	8,209	1.8	27,089
<b>Maintenance Assistance Status</b>							
Cash	34.1	3.8	168	45	6,637	2.5	10,937
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	33.2	4.0	266	67	3,782	7.0	1,344
Other/unknown	36.4	3.5	120	35	17,066	0.7	21,382

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

**TABLE D.4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

Beneficiary Characteristics	Number of Rx, Percentage with:										Number Beneficiaries	Benefit Months
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>		
				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			
<b>All</b>	<b>0.4</b>	<b>\$15</b>	<b>1.1</b>	<b>64.5</b>	<b>27.6</b>	<b>3.5</b>	<b>2.7</b>	<b>1.2</b>	<b>0.5</b>	<b>\$1,427</b>	<b>33,663</b>	<b>310,095</b>
<b>Age</b>												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	410	4	29
6-14	0.8	91	19.8	66.7	0.0	33.3	0.0	0.0	0.0	459	3	36
15-20	0.8	94	13.7	38.2	41.2	7.4	8.8	2.9	1.5	684	68	631
21-44	0.4	33	4.5	64.9	25.3	3.9	3.6	1.4	0.8	738	4,867	44,375
45-64	0.6	24	2.1	57.2	30.7	5.2	4.2	1.8	0.8	1,141	7,718	72,987
65-74	0.4	14	1.2	68.1	24.4	3.2	2.6	1.1	0.4	1,210	6,450	58,476
75-84	0.3	5	0.3	67.0	27.7	2.9	1.6	0.6	0.2	1,709	7,211	67,556
85 and older	0.3	5	0.2	66.2	28.6	2.5	1.8	0.8	0.1	2,120	7,342	66,005
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.3	7	0.4	67.3	26.9	2.8	1.9	0.8	0.2	1,697	20,632	188,732
Disabled	0.5	26	2.6	60.5	29.0	4.6	3.7	1.5	0.7	1,008	12,828	120,108
Adults	3.4	248	25.4	33.5	14.1	8.1	24.3	12.4	7.6	976	185	1,082
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	68	1	10
Unknown	4.9	317	25.0	5.9	23.5	5.9	35.3	17.6	11.8	1,266	17	163
<b>Gender</b>												
Female	0.4	13	0.9	63.0	29.4	3.6	2.5	1.1	0.5	1,435	21,264	198,608
Male	0.4	19	1.3	67.0	24.7	3.5	3.2	1.3	0.4	1,413	12,399	111,487
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.4	16	1.0	63.4	28.4	3.7	2.8	1.2	0.5	1,502	29,217	268,987
African American	0.4	18	1.1	72.5	21.1	2.4	1.8	1.3	1.0	1,605	788	7,045
Other/unknown	0.3	13	1.7	71.1	23.2	2.2	2.2	1.0	0.3	801	3,658	34,063
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.5	11	0.2	53.2	35.9	4.8	3.8	1.8	0.4	4,775	3,852	33,815
Part year	0.5	16	0.6	50.9	38.9	4.7	3.7	1.2	0.6	2,519	2,722	23,320
None	0.4	16	1.8	67.4	25.3	3.3	2.5	1.1	0.4	879	27,089	252,960
<b>Maintenance Assistance Status</b>												
Cash	0.4	17	2.5	65.9	26.5	3.4	2.7	1.1	0.5	677	10,937	107,170
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	34	7.0	66.8	21.4	3.6	4.3	2.4	1.4	479	1,344	10,605
Other/unknown	0.4	13	0.7	63.6	28.6	3.6	2.7	1.1	0.4	1,897	21,382	192,320

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

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

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

**TABLE D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 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
<b>All</b>	<b>0.4</b>	<b>\$15</b>	<b>\$40</b>	<b>0.1</b>	<b>\$10</b>	<b>\$174</b>	<b>0.0</b>	<b>\$1</b>	<b>\$68</b>	<b>0.3</b>	<b>\$5</b>	<b>\$16</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.8	91	117	0.3	67	267	0.1	15	106	0.4	10	25
15-20	0.8	94	119	0.3	85	272	0.0	1	31	0.5	8	17
21-44	0.4	33	78	0.1	26	290	0.0	1	76	0.3	7	21
45-64	0.6	24	41	0.1	14	173	0.0	1	76	0.5	9	18
65-74	0.4	14	36	0.1	9	139	0.0	1	73	0.3	5	15
75-84	0.3	5	19	0.0	2	87	0.0	0	45	0.2	3	11
85 and older	0.3	5	18	0.0	2	72	0.0	0	51	0.2	2	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	7	24	0.0	4	105	0.0	0	57	0.3	3	12
Disabled	0.5	26	51	0.1	18	221	0.0	1	76	0.4	7	18
Adults	3.4	248	73	0.8	159	191	0.1	6	92	2.5	82	33
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	4.9	317	65	1.5	241	156	0.1	3	54	3.3	73	22
<b>Gender</b>												
Female	0.4	13	34	0.1	8	147	0.0	1	69	0.3	5	15
Male	0.4	19	49	0.1	13	217	0.0	1	67	0.3	5	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.4	16	39	0.1	10	174	0.0	1	68	0.3	5	16
African American	0.4	18	42	0.1	11	182	0.0	0	37	0.4	7	18
Other/unknown	0.3	13	47	0.1	9	177	0.0	1	75	0.2	4	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	11	22	0.1	5	86	0.0	0	58	0.4	5	12
Part year	0.5	16	30	0.1	9	116	0.0	1	48	0.5	7	15
None	0.4	16	44	0.1	10	195	0.0	1	72	0.3	5	16
<b>Maintenance Assistance Status</b>												
Cash	0.4	17	45	0.1	11	185	0.0	1	75	0.3	6	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	34	67	0.1	26	192	0.0	1	72	0.4	7	19
Other/unknown	0.4	13	35	0.0	8	165	0.0	1	64	0.3	5	15

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 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users						\$ per Rx						Users <sup>e</sup>	
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name Generic		Brand-Name	Brand-Name Generic		Brand-Name	Brand-Name Generic		Brand-Name	Brand-Name Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$18	\$0	\$4	\$77	\$304	\$130	\$19	2,129	\$163,973	834	2.5	7,410
Biologicals	0.1	0.1	0.0	0.0	11	11	0	0	94	94	0	0	39	3,657	36	0.1	340
Antineoplastic Agents	0.5	0.3	0.0	0.2	179	168	0	11	354	606	0	50	302	106,828	69	0.2	596
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	24	19	0	4	42	96	33	12	4,552	189,216	941	2.8	7,925
Cardiovascular Agents	0.9	0.2	0.1	0.7	30	17	4	9	33	110	66	13	10,448	342,530	1,449	4.3	11,582
Respiratory Agents	0.3	0.1	0.0	0.2	13	8	1	4	44	119	128	17	6,846	301,368	2,200	6.5	23,161
Gastrointestinal Agents	0.4	0.1	0.0	0.3	31	16	4	11	79	174	102	41	2,405	189,485	737	2.2	6,166
Genitourinary Agents	0.3	0.1	0.0	0.2	14	9	0	4	44	76	16	23	680	29,650	252	0.7	2,165
CNS Drugs	0.7	0.1	0.0	0.6	21	13	0	8	32	164	107	14	47,467	1,508,616	7,693	22.9	71,862
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	70	66	0	4	144	178	0	37	233	33,614	56	0.2	479
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	75	74	0	0	205	209	0	48	741	151,899	241	0.7	2,028
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	35	8	1	26	54	224	144	43	7,145	386,858	1,307	3.9	11,168
Neuromuscular Agents	0.7	0.1	0.0	0.6	23	14	1	8	32	170	98	14	15,762	511,634	2,318	6.9	22,666
Nutritional Products	0.5	0.0	0.0	0.5	7	2	0	5	14	59	15	11	8,477	120,702	1,629	4.8	16,328
Hematological Agents	0.6	0.0	0.0	0.6	29	25	0	4	46	518	24	7	11,259	514,007	1,792	5.3	17,501
Topical Products	0.3	0.1	0.0	0.2	12	8	1	3	44	90	76	19	1,034	45,928	420	1.2	3,853
Miscellaneous Products	0.9	0.6	0.1	0.2	162	140	7	14	187	240	79	75	821	153,644	90	0.3	951
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	19	0	0	0	71	0	0	0	141	10,069	51	0.2	532
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.	120,481	4,763,678	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 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, 0.4 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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$462,782	503	1.5	4,272	0.5	\$239	\$108	
ULCER DRUGS	422,996	2,726	8.1	27,348	0.5	28	15	
ANTIANKIETY AGENTS	420,295	5,630	16.7	57,551	0.5	14	7	
ANTICONVULSANT	417,562	2,061	6.1	21,136	0.7	30	20	
MISC. HEMATOLOGICAL	378,290	137	0.4	1,153	0.4	730	328	
ANALGESICS - Narcotic	305,049	1,301	3.9	11,639	0.5	58	26	
ANTIDEPRESSANTS	237,627	1,267	3.8	11,382	0.4	53	21	
LAXATIVES	225,937	8,596	25.5	90,498	0.5	5	2	
ASTHMATIC	198,047	644	1.9	6,180	0.3	104	32	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	165,720	512	1.5	4,863	0.3	128	34	
Total	3,234,305	23,377	n.a.	236,022	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 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 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; n.a. = not applicable.

**TABLE D.7A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED**  
**AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	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
<b>All</b>	<b>118,556</b>	<b>\$3,234,305</b>	<b>503</b>	<b>1.5</b>	<b>4,272</b>	<b>0.5</b>	<b>\$108</b>	<b>2,726</b>	<b>8.1</b>	<b>27,348</b>	<b>0.5</b>	<b>\$16</b>
<b>Female</b>												
All Females	78,714	1,751,174	263	1.2	2,288	0.4	84	1,857	8.7	18,841	0.5	16
<b>Female, Disabled</b>												
All Ages	27,066	847,638	110	1.7	1,087	0.4	123	439	6.6	4,736	0.5	17
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	67	5,502	1	4.5	12	1.0	196	5	22.7	51	0.3	14
21-44	6,690	289,692	51	2.4	515	0.4	141	88	4.2	937	0.4	14
45-64	19,047	523,032	56	1.3	537	0.4	101	318	7.5	3,457	0.5	17
65-74	581	23,152	2	2.0	23	0.7	196	17	17.2	165	0.6	21
75-84	140	1,268	0	0.0	0	0.0	0	2	5.6	24	0.6	12
85 and older	541	4,992	0	0.0	0	0.0	0	9	7.1	102	0.8	20
<b>Female, Other Eligibles</b>												
All Ages	51,648	903,536	153	1.0	1,201	0.4	49	1,418	9.7	14,105	0.6	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	596	51,966	8	9.3	84	0.4	61	15	17.4	131	0.3	6
45-64	1,019	86,662	9	18.8	94	0.3	46	17	35.4	170	0.5	25
65-74	12,138	280,000	41	1.1	335	0.4	59	293	7.6	3,097	0.5	16
75-84	16,529	221,724	39	0.8	286	0.3	40	493	10.0	4,878	0.6	15
85 and older	21,366	263,184	56	1.0	402	0.4	47	600	10.5	5,829	0.6	15
<b>Male</b>												
All Males	39,842	1,483,131	240	1.9	1,984	0.5	136	869	7.0	8,507	0.5	16
<b>Male, Disabled</b>												
All Ages	22,847	1,063,935	145	2.3	1,302	0.5	146	348	5.6	3,581	0.6	17
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	12	0	0.0	0	0.0	0	1	33.3	12	0.2	1
15-20	156	10,677	4	9.3	48	0.2	99	4	9.3	48	0.3	9
21-44	7,223	624,872	84	3.1	814	0.5	157	96	3.6	991	0.5	16
45-64	15,017	403,021	54	1.6	427	0.5	134	238	7.0	2,439	0.6	17
65-74	356	24,736	3	4.2	13	0.2	20	8	11.3	80	0.4	22
75-84	46	236	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	45	381	0	0.0	0	0.0	0	1	5.9	11	0.6	15
<b>Male, Other Eligibles</b>												
All Ages	16,995	419,196	95	1.5	682	0.5	118	521	8.4	4,926	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	351	35,163	7	22.6	62	0.4	127	6	19.4	60	0.5	10
45-64	166	9,791	0	0.0	0	0.0	0	5	16.7	60	0.3	12
65-74	6,185	194,845	30	1.2	251	0.6	199	156	6.4	1,534	0.5	15
75-84	5,939	105,683	34	1.5	213	0.5	65	213	9.5	2,018	0.5	14
85 and older	4,354	73,714	24	1.6	156	0.4	58	141	9.6	1,254	0.6	15
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



**TABLE D.7B**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS**  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTICONVULSANT					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>5,630</b>	<b>16.7</b>	<b>57,551</b>	<b>0.5</b>	<b>\$7</b>	<b>2,061</b>	<b>6.1</b>	<b>21,136</b>	<b>0.7</b>	<b>\$20</b>	<b>137</b>	<b>0.4</b>	<b>1,153</b>	<b>0.4</b>	<b>\$328</b>
<b>Female</b>															
All Females	3,879	18.2	39,997	0.5	7	1,268	6.0	13,230	0.7	19	78	0.4	636	0.4	42
<b>Female, Disabled</b>															
All Ages	1,382	20.9	15,029	0.6	9	735	11.1	7,772	0.7	23	15	0.2	141	0.3	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	9.1	14	0.5	6	3	13.6	27	0.5	64	0	0.0	0	0.0	0
21-44	345	16.6	3,782	0.5	9	237	11.4	2,435	0.6	31	0	0.0	0	0.0	0
45-64	976	23.0	10,639	0.6	9	479	11.3	5,164	0.7	18	12	0.3	105	0.3	48
65-74	24	24.2	236	0.5	13	11	11.1	107	0.6	35	3	3.0	36	0.3	35
75-84	7	19.4	78	0.6	4	3	8.3	18	0.3	2	0	0.0	0	0.0	0
85 and older	28	22.2	280	0.4	4	2	1.6	21	0.6	6	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	2,497	17.0	24,968	0.5	6	533	3.6	5,458	0.6	14	63	0.4	495	0.4	42
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	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	13	15.1	141	0.3	10	6	7.0	47	0.7	87	1	1.2	12	0.7	21
45-64	17	35.4	158	0.6	6	22	45.8	240	0.4	68	1	2.1	12	0.9	114
65-74	587	15.2	6,258	0.6	7	220	5.7	2,390	0.6	15	26	0.7	240	0.4	44
75-84	841	17.1	8,365	0.5	7	152	3.1	1,530	0.6	8	15	0.3	100	0.3	36
85 and older	1,039	18.1	10,046	0.4	5	133	2.3	1,251	0.7	8	20	0.3	131	0.5	39
<b>Male</b>															
All Males	1,751	14.1	17,554	0.5	8	793	6.4	7,906	0.7	21	59	0.5	517	0.5	680
<b>Male, Disabled</b>															
All Ages	909	14.6	9,608	0.6	9	589	9.5	6,106	0.7	22	21	0.3	220	0.5	1,531
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	5	11.6	51	0.4	6	8	18.6	91	0.4	33	0	0.0	0	0.0	0
21-44	291	10.9	3,179	0.5	8	238	8.9	2,443	0.7	28	3	0.1	36	0.8	9,092
45-64	592	17.5	6,177	0.6	9	336	9.9	3,497	0.7	17	17	0.5	172	0.4	49
65-74	18	25.4	169	0.4	6	7	9.9	75	0.6	72	1	1.4	12	0.8	93
75-84	3	16.7	32	0.1	2	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
<b>Male, Other Eligibles</b>															
All Ages	842	13.6	7,946	0.5	6	204	3.3	1,800	0.6	16	38	0.6	297	0.5	49
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	3	9.7	23	0.7	11	9	29.0	82	0.7	89	1	3.2	12	0.2	21
45-64	3	10.0	36	0.1	1	3	10.0	31	0.3	44	0	0.0	0	0.0	0
65-74	282	11.6	2,842	0.6	8	98	4.0	932	0.6	14	18	0.7	170	0.6	61
75-84	319	14.3	2,986	0.4	6	61	2.7	507	0.7	10	8	0.4	43	0.3	30
85 and older	235	16.0	2,059	0.4	6	33	2.2	248	0.5	11	11	0.7	72	0.5	36
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



**TABLE D.7C**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS**  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					LAXATIVES				
	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
<b>All</b>	<b>1,301</b>	<b>3.9</b>	<b>11,639</b>	<b>0.5</b>	<b>\$26</b>	<b>1,267</b>	<b>3.8</b>	<b>11,382</b>	<b>0.4</b>	<b>\$21</b>	<b>8,596</b>	<b>25.5</b>	<b>90,498</b>	<b>0.5</b>	<b>\$3</b>
<b>Female</b>															
All Females	800	3.8	7,233	0.4	25	740	3.5	6,815	0.4	22	5,912	27.8	62,213	0.5	2
<b>Female, Disabled</b>															
All Ages	368	5.6	3,616	0.5	29	329	5.0	3,294	0.4	28	1,177	17.8	13,074	0.5	3
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	3	13.6	29	0.2	2	1	4.5	12	1.0	49	0	0.0	0	0.0	0
21-44	107	5.1	1,058	0.4	38	109	5.2	1,084	0.4	22	267	12.8	2,964	0.5	3
45-64	243	5.7	2,382	0.5	27	209	4.9	2,106	0.4	31	796	18.7	8,890	0.5	3
65-74	15	15.2	147	0.6	17	9	9.1	91	0.4	23	24	24.2	252	0.5	3
75-84	0	0.0	0	0.0	0	1	2.8	1	1.0	6	14	38.9	156	0.4	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	76	60.3	812	0.4	2
<b>Female, Other Eligibles</b>															
All Ages	432	2.9	3,617	0.4	20	411	2.8	3,521	0.4	17	4,735	32.3	49,139	0.5	2
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	45	52.3	397	0.6	32	25	29.1	271	0.5	33	3	3.5	33	0.2	1
45-64	50	104.2	490	0.8	49	45	93.8	477	0.5	24	4	8.3	36	0.1	1
65-74	141	3.7	1,428	0.4	18	134	3.5	1,278	0.4	20	759	19.7	8,136	0.5	2
75-84	89	1.8	592	0.3	8	86	1.7	622	0.2	7	1,606	32.6	16,816	0.5	2
85 and older	107	1.9	710	0.4	8	121	2.1	873	0.3	9	2,363	41.2	24,118	0.5	2
<b>Male</b>															
All Males	501	4.0	4,406	0.5	29	527	4.3	4,567	0.4	19	2,684	21.6	28,285	0.5	3
<b>Male, Disabled</b>															
All Ages	287	4.6	2,811	0.5	28	292	4.7	2,859	0.4	22	1,195	19.2	13,055	0.5	3
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	1	33.3	12	0.2	1
15-20	8	18.6	90	0.1	0	13	30.2	127	0.5	16	4	9.3	48	0.1	1
21-44	78	2.9	814	0.3	11	103	3.9	1,101	0.4	23	323	12.1	3,601	0.6	3
45-64	192	5.7	1,802	0.5	37	170	5.0	1,565	0.4	21	838	24.7	9,082	0.5	3
65-74	9	12.7	105	0.5	29	6	8.5	66	0.6	11	15	21.1	150	0.3	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	33.3	70	0.6	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	47.1	92	0.4	2
<b>Male, Other Eligibles</b>															
All Ages	214	3.5	1,595	0.4	30	235	3.8	1,708	0.4	16	1,489	24.1	15,230	0.4	2
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	21	67.7	178	0.7	88	14	45.2	128	0.7	24	0	0.0	0	0.0	0
45-64	19	63.3	168	0.5	18	9	30.0	86	0.4	32	2	6.7	16	0.1	2
65-74	81	3.3	696	0.4	35	80	3.3	640	0.5	17	403	16.6	4,254	0.5	3
75-84	47	2.1	294	0.4	8	70	3.1	505	0.4	13	579	26.0	5,995	0.4	2
85 and older	46	3.1	259	0.5	12	62	4.2	349	0.4	10	505	34.4	4,965	0.4	2
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



**TABLE D.7D**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS**  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007

Beneficiary Characteristics	ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	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 Beneficiaries	Number of Benefit Months
<b>All</b>	<b>644</b>	<b>1.9</b>	<b>6,180</b>	<b>0.3</b>	<b>\$32</b>	<b>512</b>	<b>1.5</b>	<b>4,863</b>	<b>0.3</b>	<b>\$34</b>	<b>33,663</b>	<b>310,095</b>
<b>Female</b>												
All Females	406	1.9	4,067	0.3	30	303	1.4	3,008	0.3	32	21,264	198,608
<b>Female, Disabled</b>												
All Ages	183	2.8	1,924	0.3	30	144	2.2	1,576	0.2	23	6,618	62,369
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18
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	22	182
21-44	46	2.2	499	0.2	19	41	2.0	469	0.2	30	2,082	19,360
45-64	130	3.1	1,352	0.3	34	100	2.4	1,082	0.2	20	4,251	40,417
65-74	7	7.1	73	0.2	20	2	2.0	24	0.1	10	99	802
75-84	0	0.0	0	0.0	0	1	2.8	1	1.0	168	36	352
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	126	1,238
<b>Female, Other Eligibles</b>												
All Ages	223	1.5	2,143	0.3	31	159	1.1	1,432	0.3	43	14,646	136,239
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	15
21-44	24	27.9	230	0.2	22	1	1.2	2	4.5	6,754	86	450
45-64	23	47.9	214	0.4	49	7	14.6	84	0.3	160	48	394
65-74	100	2.6	1,089	0.4	35	51	1.3	524	0.2	22	3,852	35,926
75-84	46	0.9	389	0.2	22	47	1.0	386	0.3	27	4,926	47,131
85 and older	30	0.5	221	0.2	16	53	0.9	436	0.3	30	5,730	52,313
<b>Male</b>												
All Males	238	1.9	2,113	0.3	36	209	1.7	1,855	0.3	37	12,399	111,487
<b>Male, Disabled</b>												
All Ages	117	1.9	1,131	0.3	39	89	1.4	927	0.2	41	6,210	57,739
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	2	4.7	20	0.1	3	0	0.0	0	0.0	0	43	434
21-44	33	1.2	340	0.2	13	21	0.8	226	0.2	50	2,668	24,406
45-64	76	2.2	702	0.4	40	66	1.9	677	0.2	39	3,389	31,975
65-74	6	8.5	69	0.6	158	2	2.8	24	0.3	15	71	519
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	190
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	178
<b>Male, Other Eligibles</b>												
All Ages	121	2.0	982	0.3	32	120	1.9	928	0.3	33	6,189	53,748
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	3.2	12	0.3	3	1	3.2	12	0.3	14	31	159
45-64	6	20.0	72	0.3	25	0	0.0	0	0.0	0	30	201
65-74	65	2.7	599	0.3	37	42	1.7	360	0.3	25	2,428	21,229
75-84	28	1.3	186	0.3	24	38	1.7	289	0.5	46	2,231	19,883
85 and older	21	1.4	113	0.3	30	39	2.7	267	0.3	28	1,469	12,276
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.





TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007

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
<b>All</b>	<b>\$11</b>	<b>0.5</b>	<b>3,852</b>	<b>33,815</b>
<b>Age</b>				
0-64	30	1.0	338	3,280
65-74	17	0.7	520	4,400
75-84	8	0.4	1,209	10,687
85 and older	7	0.4	1,785	15,448
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	8	0.4	2,552	23,056
Male	17	0.6	1,300	10,759
Unknown	0	0.0	0	0
<b>Race</b>				
White	11	0.5	3,627	31,841
African American	17	0.3	82	787
Other/unknown	9	0.4	143	1,187
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	9	0.4	3,478	30,259
Disabled	28	0.9	374	3,556
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 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 2,722 beneficiaries who were in nursing facilities for part of their enrollment and their 23,320 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users		\$ per Benefit Month Among Users										Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Patented Brand-Name	Off-Brand-Name	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name					
Anti-infective Agents	0.4	0.1	0.0	0.3	\$13	\$9	\$1	\$4	\$34	\$111	\$153	\$13	286	\$9,633	112	2.9	731
Biologicals	0.2	0.2	0.0	0.0	9	9	0	0	43	43	0	0	7	304	7	0.2	33
Antineoplastic Agents	0.3	0.0	0.0	0.3	26	0	0	26	93	0	0	93	19	1,761	10	0.3	67
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	17	14	0	3	29	59	14	9	472	13,720	134	3.5	828
Cardiovascular Agents	0.9	0.1	0.1	0.7	21	8	5	8	24	78	80	11	1,357	32,010	242	6.3	1,495
Respiratory Agents	0.2	0.0	0.0	0.2	7	4	0	3	30	111	92	15	377	11,441	175	4.5	1,616
Gastrointestinal Agents	0.4	0.0	0.0	0.3	14	4	3	6	34	83	73	21	305	10,508	132	3.4	772
Genitourinary Agents	0.4	0.1	0.0	0.3	14	6	0	8	35	53	22	27	151	5,223	51	1.3	383
CNS Drugs	0.6	0.1	0.0	0.5	12	6	0	6	21	79	40	12	6,280	129,053	1,225	31.8	10,845
Stimulants/Anti-obesity/Anorexia	0.2	0.2	0.0	0.1	36	36	0	0	160	213	0	1	4	640	3	0.1	18
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	55	54	0	0	128	129	0	63	165	21,180	50	1.3	388
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	24	1	0	23	33	24	72	34	808	26,997	169	4.4	1,105
Neuromuscular Agents	0.8	0.1	0.0	0.7	16	8	0	9	20	80	97	12	1,772	36,052	245	6.4	2,204
Nutritional Products	0.5	0.0	0.0	0.4	5	0	0	4	9	12	10	9	1,454	13,641	327	8.5	3,012
Hematological Agents	0.8	0.0	0.0	0.7	12	7	0	5	15	157	26	6	2,931	44,984	410	10.6	3,760
Topical Products	0.4	0.1	0.0	0.2	14	10	1	3	37	69	46	15	175	6,425	65	1.7	473
Miscellaneous Products	0.2	0.1	0.0	0.1	5	4	0	0	30	47	0	5	10	299	7	0.2	64
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	33	0	0	0	86	0	0	0	49	4,220	12	0.3	129
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>16,622</b>	<b>368,091</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 2,722 beneficiaries who were in nursing facilities for part of their enrollment and their 23,320 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 2007. 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, 0.4 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.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Number of Users	Users			Among 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	
ANTIANKXIETY AGENTS	\$60,336	1,014	26.3	9,333	0.5	\$13	\$6	
ULCER DRUGS	56,479	471	12.2	4,392	0.5	25	13	
ANTIPSYCHOTICS	39,357	94	2.4	643	0.4	157	61	
HEMATOPOIETIC AGENTS	37,103	553	14.4	5,394	0.7	10	7	
ANTICONVULSANT	28,529	221	5.7	2,081	0.8	18	14	
ANTIDEPRESSANTS	17,129	229	5.9	1,632	0.4	29	10	
ANALGESICS - Narcotic	25,616	175	4.5	1,161	0.6	37	22	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	22,579	75	1.9	602	0.4	107	38	
OPHTHALMIC	17,521	368	9.6	3,757	0.4	13	5	
MULTIVITAMINS	16,101	488	12.7	4,821	0.7	5	3	
Total	320,750	3,688	n.a.	33,816	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 2,722 beneficiaries who were in nursing facilities for part of their enrollment and their 23,320 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 2007. 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 2007 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.

**TABLE D.10A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST**  
**AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ULCER DRUGS				
	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 \$
<b>All</b>	<b>18,429</b>	<b>\$320,750</b>	<b>1,014</b>	<b>26.3</b>	<b>9,333</b>	<b>0.5</b>	<b>\$7</b>	<b>471</b>	<b>12.2</b>	<b>4,392</b>	<b>0.5</b>	<b>\$13</b>
<b>Female</b>												
All Females	12,218	183,415	687	26.9	6,424	0.5	7	303	11.9	2,899	0.5	14
<b>Female, Disabled</b>												
All Ages	1,320	24,139	74	39.8	743	0.8	10	26	14.0	277	0.4	10
64 or younger	1,214	22,916	62	39.5	651	0.8	11	23	14.6	249	0.4	10
65-74	9	87	3	50.0	9	0.3	3	1	16.7	4	0.3	6
75-84	18	94	1	50.0	12	1.1	5	0	0.0	0	0.0	0
85 and older	79	1,042	8	38.1	71	0.4	5	2	9.5	24	0.7	13
<b>Female, Other Eligibles</b>												
All Ages	10,898	159,276	613	25.9	5,681	0.5	6	277	11.7	2,622	0.5	14
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,940	40,077	83	31.3	790	0.6	9	39	14.7	370	0.5	16
75-84	3,392	44,533	199	26.8	1,844	0.5	6	96	12.9	887	0.5	14
85 and older	5,566	74,666	331	24.4	3,047	0.4	5	142	10.5	1,365	0.5	14
<b>Male</b>												
All Males	6,211	137,335	327	25.2	2,909	0.5	7	168	12.9	1,493	0.4	12
<b>Male, Disabled</b>												
All Ages	1,549	52,545	55	29.3	540	0.8	10	26	13.8	262	0.5	14
64 or younger	1,532	52,095	54	29.8	528	0.8	10	24	13.3	238	0.5	13
65-74	16	439	0	0.0	0	0.0	0	2	40.0	24	0.6	17
75-84	1	11	1	100.0	12	0.1	1	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
<b>Male, Other Eligibles</b>												
All Ages	4,662	84,790	272	24.5	2,369	0.4	6	142	12.8	1,231	0.4	11
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	992	18,835	57	23.4	508	0.5	6	29	11.9	248	0.4	10
75-84	2,074	37,599	118	25.5	1,063	0.4	5	65	14.0	597	0.5	12
85 and older	1,596	28,356	97	24.0	798	0.4	6	48	11.9	386	0.4	10
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 2,722 beneficiaries who were in nursing facilities for part of their enrollment and their 23,320 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 2007. 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 2007 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

Beneficiary Characteristics	ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>94</b>	<b>2.4</b>	<b>643</b>	<b>0.4</b>	<b>\$61</b>	<b>553</b>	<b>14.4</b>	<b>5,394</b>	<b>0.7</b>	<b>\$7</b>	<b>221</b>	<b>5.7</b>	<b>2,081</b>	<b>0.8</b>	<b>\$14</b>
<b>Female</b>															
All Females	41	1.6	296	0.3	41	358	14.0	3,588	0.7	5	133	5.2	1,307	0.8	12
<b>Female, Disabled</b>															
All Ages	1	0.5	8	0.9	14	21	11.3	204	0.6	4	25	13.4	252	0.9	15
64 or younger	1	0.6	8	0.9	14	19	12.1	180	0.6	4	24	15.3	248	0.9	15
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	4	0.8	6
75-84	0	0.0	0	0.0	0	1	50.0	12	0.1	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	4.8	12	1.4	9	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	40	1.7	288	0.3	42	337	14.2	3,384	0.7	5	108	4.6	1,055	0.8	12
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	10	3.8	71	0.4	63	51	19.2	538	0.6	4	31	11.7	331	0.9	13
75-84	10	1.3	74	0.3	48	96	12.9	1,040	0.7	4	33	4.4	327	0.7	13
85 and older	20	1.5	143	0.3	28	190	14.0	1,806	0.7	6	44	3.2	397	0.7	9
<b>Male</b>															
All Males	53	4.1	347	0.4	79	195	15.0	1,806	0.7	11	88	6.8	774	0.7	16
<b>Male, Disabled</b>															
All Ages	16	8.5	119	0.4	110	26	13.8	251	0.7	44	33	17.6	347	0.7	20
64 or younger	14	7.7	115	0.4	113	26	14.4	251	0.7	44	33	18.2	347	0.7	20
65-74	2	40.0	4	0.5	6	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
<b>Male, Other Eligibles</b>															
All Ages	37	3.3	228	0.4	62	169	15.2	1,555	0.7	5	55	4.9	427	0.7	13
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	8	3.3	55	0.3	31	30	12.3	246	0.6	8	21	8.6	175	0.7	14
75-84	15	3.2	84	0.5	76	69	14.9	667	0.7	4	23	5.0	160	0.8	14
85 and older	14	3.5	89	0.5	68	70	17.3	642	0.7	5	11	2.7	92	0.4	13
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 2,722 beneficiaries who were in nursing facilities for part of their enrollment and their 23,320 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 2007. 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 2007 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>229</b>	<b>5.9</b>	<b>1,632</b>	<b>0.4</b>	<b>\$11</b>	<b>175</b>	<b>4.5</b>	<b>1,161</b>	<b>0.6</b>	<b>\$22</b>	<b>75</b>	<b>1.9</b>	<b>602</b>	<b>0.4</b>	<b>\$38</b>
<b>Female</b>															
All Females	100	3.9	696	0.4	11	93	3.6	640	0.6	23	30	1.2	260	0.3	42
<b>Female, Disabled</b>															
All Ages	9	4.8	95	0.5	17	14	7.5	130	0.6	37	4	2.2	41	0.1	48
64 or younger	9	5.7	95	0.5	17	13	8.3	129	0.6	37	4	2.5	41	0.1	48
65-74	0	0.0	0	0.0	0	1	16.7	1	1.0	11	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
<b>Female, Other Eligibles</b>															
All Ages	91	3.8	601	0.3	10	79	3.3	510	0.6	19	26	1.1	219	0.4	41
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	5.3	90	0.3	19	16	6.0	124	1.0	45	6	2.3	49	0.4	77
75-84	27	3.6	183	0.2	6	25	3.4	163	0.3	4	5	0.7	47	0.5	42
85 and older	50	3.7	328	0.4	10	38	2.8	223	0.6	16	15	1.1	123	0.3	26
<b>Male</b>															
All Males	129	9.9	936	0.4	10	82	6.3	521	0.6	21	45	3.5	342	0.4	34
<b>Male, Disabled</b>															
All Ages	34	18.1	315	0.4	10	18	9.6	139	0.7	45	3	1.6	26	0.3	45
64 or younger	34	18.8	315	0.4	10	18	9.9	139	0.7	45	3	1.7	26	0.3	45
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
<b>Male, Other Eligibles</b>															
All Ages	95	8.5	621	0.4	11	64	5.8	382	0.5	13	42	3.8	316	0.4	34
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	23	9.4	149	0.4	12	16	6.6	105	0.4	14	10	4.1	74	0.4	32
75-84	35	7.6	270	0.4	12	22	4.8	143	0.5	13	12	2.6	100	0.5	47
85 and older	37	9.1	202	0.4	8	26	6.4	134	0.5	12	20	4.9	142	0.3	25
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 2,722 beneficiaries who were in nursing facilities for part of their enrollment and their 23,320 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 2007. 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 2007 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

Beneficiary Characteristics	OPHTHALMIC					MULTIVITAMINS					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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>368</b>	<b>9.6</b>	<b>3,757</b>	<b>0.4</b>	<b>\$5</b>	<b>488</b>	<b>12.7</b>	<b>4,821</b>	<b>0.7</b>	<b>\$3</b>	<b>3,852</b>	<b>33,815</b>
<b>Female</b>												
All Females	250	9.8	2,597	0.4	5	332	13.0	3,306	0.7	3	2,552	23,056
<b>Female, Disabled</b>												
All Ages	11	5.9	112	0.3	3	15	8.1	168	0.6	4	186	1,781
64 or younger	9	5.7	105	0.3	3	12	7.6	141	0.6	3	157	1,567
65-74	1	16.7	1	1.0	6	0	0.0	0	0.0	0	6	13
75-84	0	0.0	0	0.0	0	1	50.0	12	0.3	2	2	15
85 and older	1	4.8	6	1.0	15	2	9.5	15	1.0	12	21	186
<b>Female, Other Eligibles</b>												
All Ages	239	10.1	2,485	0.4	5	317	13.4	3,138	0.7	3	2,366	21,275
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	22	8.3	253	0.3	14	47	17.7	496	0.7	4	265	2,343
75-84	60	8.1	610	0.4	3	109	14.7	1,080	0.7	3	743	6,833
85 and older	157	11.6	1,622	0.4	4	161	11.9	1,562	0.6	3	1,358	12,099
<b>Male</b>												
All Males	118	9.1	1,160	0.3	4	156	12.0	1,515	0.7	3	1,300	10,759
<b>Male, Disabled</b>												
All Ages	16	8.5	167	0.3	5	29	15.4	321	0.8	5	188	1,775
64 or younger	16	8.8	167	0.3	5	29	16.0	321	0.8	5	181	1,713
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	41
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
<b>Male, Other Eligibles</b>												
All Ages	102	9.2	993	0.3	4	127	11.4	1,194	0.7	3	1,112	8,984
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	21	8.6	191	0.2	5	24	9.8	211	0.6	3	244	2,003
75-84	41	8.9	421	0.3	3	61	13.2	618	0.7	3	463	3,827
85 and older	40	9.9	381	0.4	4	42	10.4	365	0.6	3	405	3,154
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 2,722 beneficiaries who were in nursing facilities for part of their enrollment and their 23,320 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 2007. 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 2007 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<sup>a,b</sup>**  
**OREGON, 2007**

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
<b>All</b>	<b>15,997</b>	<b>47.5</b>	<b>7.4</b>	<b>250,046</b>	<b>\$63</b>	<b>\$2,134,332</b>	<b>\$9</b>	<b>44.8</b>	<b>33,663</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	4
6-14	2	66.7	3.0	9	10	30	3	0.9	3
15-20	21	30.9	2.4	165	18	1,224	7	2.1	68
21-44	1,732	35.6	4.1	20,184	40	194,364	10	13.1	4,867
45-64	3,752	48.6	7.3	56,195	74	571,907	10	32.7	7,718
65-74	2,575	39.9	5.7	36,679	50	325,224	9	39.2	6,450
75-84	3,654	50.7	8.4	60,249	66	478,391	8	146.4	7,211
85 and older	4,261	58.0	10.4	76,565	77	563,192	7	181.3	7,342
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	10,283	49.8	8.2	169,620	65	1,334,141	8	98.9	20,632
Disabled	5,634	43.9	6.2	79,910	62	792,726	10	25.6	12,828
Adults	70	37.8	2.5	456	37	6,783	15	2.5	185
Children	0	0.0	0.0	0	0	0	0	0.0	1
Unknown	10	58.8	3.5	60	40	682	11	1.3	17
<b>Gender</b>									
Female	10,801	50.8	8.3	175,963	70	1,486,466	8	56.3	21,264
Male	5,196	41.9	6.0	74,083	52	647,866	9	30.5	12,399
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	14,412	49.3	8.0	232,277	67	1,947,490	8	46.6	29,217
African American	273	34.6	5.1	4,024	80	63,300	16	48.8	788
Other/unknown	1,312	35.9	3.8	13,745	34	123,542	9	27.3	3,658
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	2,337	60.7	6.5	24,878	64	245,986	10	66.8	3,852
Part year	1,801	66.2	9.4	25,610	87	237,151	9	62.6	2,722
None	11,859	43.8	7.4	199,558	61	1,651,195	8	41.1	27,089
<b>Maintenance Assistance Status</b>									
Cash	4,439	40.6	5.1	55,824	48	526,467	9	28.7	10,937
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	323	24.0	1.3	1,790	13	18,131	10	5.1	1,344
Other/unknown	11,235	52.5	9.0	192,432	74	1,589,734	8	61.8	21,382

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

**TABLE D.12**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D**  
**AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>**  
**OREGON, 2007**

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.8</b>	<b>\$7</b>	<b>\$9</b>	<b>\$0</b>	<b>\$2</b>	<b>310,095</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	29
6-14	0.3	1	3	0	0	36
15-20	0.3	2	7	0	0	631
21-44	0.5	4	10	0	2	44,375
45-64	0.8	8	10	0	3	72,987
65-74	0.6	6	9	0	2	58,476
75-84	0.9	7	8	0	1	67,556
85 and older	1.2	9	7	0	1	66,005
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.9	7	8	0	1	188,732
Disabled	0.7	7	10	0	3	120,108
Adults	0.4	6	15	0	3	1,082
Children	0.0	0	0	0	0	10
Unknown	0.4	4	11	0	1	163
<b>Gender</b>						
Female	0.9	7	8	0	2	198,608
Male	0.7	6	9	0	2	111,487
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.9	7	8	0	2	268,987
African American	0.6	9	16	0	1	7,045
Other/unknown	0.4	4	9	0	1	34,063
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	7	10	0	2	33,815
Part year	1.1	10	9	0	2	23,320
None	0.8	7	8	0	2	252,960
<b>Maintenance Assistance Status</b>						
Cash	0.5	5	9	0	2	107,170
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	10	0	1	10,605
Other/unknown	1.0	8	8	0	2	192,320

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

**TABLE D.13**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>**  
**OREGON, 2007**

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>22,752</b>	<b>\$94</b>	<b>\$2,134,332</b>	<b>100.0</b>	<b>250,046</b>	<b>\$9</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	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	1,486	49	72,774	3.4	3,656	20	1.5
Vitamins and minerals	1,468	54	79,984	3.7	7,263	11	2.9
Non-prescription drugs	11,770	115	1,349,475	63.2	189,253	7	75.7
Barbiturates	196	66	12,941	0.6	1,956	7	0.8
Benzodiazepines	7,471	77	576,954	27.0	46,561	12	18.6
Other Part D Excl Rx Drugs	361	117	42,204	2.0	1,357	31	0.5

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 OREGON, 2007

Total Number of Dual Eligible Beneficiaries: 33,663  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$4,763,678  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$141

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,702	64.5	\$0	0.0
1-500	10,602	31.5	925,360	19.4
501-1,000	509	1.5	359,629	7.5
1,001-1,500	224	0.7	274,609	5.8
1,501-2,000	132	0.4	226,405	4.8
2,001-2,500	96	0.3	217,437	4.6
2,501-3,000	68	0.2	185,975	3.9
3,001-3,500	46	0.1	149,111	3.1
3,501-4,000	44	0.1	164,920	3.5
4,001-4,500	38	0.1	160,952	3.4
4,501-5,000	21	0.1	98,626	2.1
5,001-5,500	37	0.1	193,754	4.1
5,501-6,000	17	0.1	98,339	2.1
6,001-6,500	14	0.0	86,980	1.8
6,501-7,000	14	0.0	95,406	2.0
7,001-7,500	9	0.0	66,027	1.4
7,501-8,000	6	0.0	46,654	1.0
8,001-8,500	13	0.0	106,323	2.2
8,501-9,000	9	0.0	79,413	1.7
9,001-9,500	6	0.0	54,862	1.2
9,501-10,000	5	0.0	48,892	1.0
10,001+	51	0.2	1,124,004	23.6

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. 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 2007.

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<sup>a, b, c</sup>  
 OREGON, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 12,461  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$3,001,052  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$240

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			Age < 65		
\$0	7,545		60.5	\$0	0.0
1-500	4,126		33.1	407,641	13.6
501-1,000	269		2.2	190,244	6.3
1,001-1,500	122		1.0	149,548	5.0
1,501-2,000	75		0.6	128,697	4.3
2,001-2,500	59		0.5	134,879	4.5
2,501-3,000	46		0.4	126,388	4.2
3,001-3,500	25		0.2	80,892	2.7
3,501-4,000	28		0.2	104,923	3.5
4,001-4,500	26		0.2	110,151	3.7
4,501-5,000	14		0.1	65,365	2.2
5,001-5,500	27		0.2	141,629	4.7
5,501-6,000	10		0.1	57,861	1.9
6,001-6,500	10		0.1	62,235	2.1
6,501-7,000	10		0.1	68,265	2.3
7,001-7,500	7		0.1	51,190	1.7
7,501-8,000	4		0.0	30,963	1.0
8,001-8,500	6		0.0	49,259	1.6
8,501-9,000	6		0.0	53,133	1.8
9,001-9,500	3		0.0	27,521	0.9
9,501-10,000	4		0.0	39,342	1.3
10,001+	39		0.3	920,926	30.7

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. 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 2007.

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

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

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 OREGON, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 21,003  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,466,727  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$69

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,092	67.1	\$0	0.0
1-500	6,418	30.6	508,117	34.6
501-1,000	228	1.1	161,019	11.0
1,001-1,500	93	0.4	112,791	7.7
1,501-2,000	47	0.2	80,554	5.5
2,001-2,500	28	0.1	62,712	4.3
2,501-3,000	17	0.1	46,419	3.2
3,001-3,500	17	0.1	55,209	3.8
3,501-4,000	13	0.1	49,004	3.3
4,001-4,500	9	0.0	38,028	2.6
4,501-5,000	5	0.0	23,768	1.6
5,001-5,500	5	0.0	26,038	1.8
5,501-6,000	7	0.0	40,478	2.8
6,001-6,500	3	0.0	18,642	1.3
6,501-7,000	3	0.0	20,317	1.4
7,001-7,500	1	0.0	7,342	0.5
7,501-8,000	0	0.0	0	0.0
8,001-8,500	4	0.0	32,520	2.2
8,501-9,000	2	0.0	17,649	1.2
9,001-9,500	3	0.0	27,341	1.9
9,501-10,000	1	0.0	9,550	0.7
10,001+	7	0.0	129,229	8.8

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. 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 2007.

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<sup>a, b</sup>  
 OREGON, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,450  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$829,194  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$128

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,395	68.1	\$0	0.0
1-500	1,797	27.9	167,278	20.2
501-1,000	95	1.5	68,666	8.3
1,001-1,500	49	0.8	59,994	7.2
1,501-2,000	21	0.3	36,056	4.3
2,001-2,500	18	0.3	40,716	4.9
2,501-3,000	9	0.1	24,806	3.0
3,001-3,500	12	0.2	39,250	4.7
3,501-4,000	10	0.2	37,580	4.5
4,001-4,500	7	0.1	29,770	3.6
4,501-5,000	5	0.1	23,768	2.9
5,001-5,500	4	0.1	20,781	2.5
5,501-6,000	7	0.1	40,478	4.9
6,001-6,500	2	0.0	12,503	1.5
6,501-7,000	3	0.0	20,317	2.5
7,001-7,500	1	0.0	7,342	0.9
7,501-8,000	0	0.0	0	0.0
8,001-8,500	2	0.0	16,120	1.9
8,501-9,000	2	0.0	17,649	2.1
9,001-9,500	3	0.0	27,341	3.3
9,501-10,000	1	0.0	9,550	1.2
10,001+	7	0.1	129,229	15.6

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. 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 2007.

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

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 OREGON, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,211  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$326,879  
 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	4,833	67.0	\$0	0.0
1-500	2,261	31.4	171,713	52.5
501-1,000	63	0.9	42,569	13.0
1,001-1,500	22	0.3	26,029	8.0
1,501-2,000	12	0.2	20,585	6.3
2,001-2,500	8	0.1	17,385	5.3
2,501-3,000	6	0.1	15,964	4.9
3,001-3,500	1	0.0	3,042	0.9
3,501-4,000	1	0.0	3,803	1.2
4,001-4,500	1	0.0	4,132	1.3
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,257	1.6
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	2	0.0	16,400	5.0
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 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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<sup>a, b</sup>  
 OREGON, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 7,342  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$310,654  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$42

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,864	66.2	\$0	0.0
1-500	2,360	32.1	169,126	54.4
501-1,000	70	1.0	49,784	16.0
1,001-1,500	22	0.3	26,768	8.6
1,501-2,000	14	0.2	23,913	7.7
2,001-2,500	2	0.0	4,611	1.5
2,501-3,000	2	0.0	5,649	1.8
3,001-3,500	4	0.1	12,917	4.2
3,501-4,000	2	0.0	7,621	2.5
4,001-4,500	1	0.0	4,126	1.3
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	1	0.0	6,139	2.0
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 2007 file for Oregon, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007.

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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

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
<b>All</b>	<b>63,339</b>	<b>35,536</b>	<b>27,350</b>	<b>431</b>	<b>5</b>	<b>17</b>	<b>676,252</b>	<b>367,759</b>	<b>304,035</b>	<b>4,253</b>	<b>42</b>	<b>163</b>
<b>Age</b>												
5 and younger	7	0	5	0	2	0	66	0	49	0	17	0
6-14	4	0	4	0	0	0	48	0	48	0	0	0
15-20	129	0	123	4	2	0	1,453	0	1,392	37	24	0
21-44	10,509	0	10,231	276	1	1	117,057	0	114,360	2,684	1	12
45-64	16,504	13	16,339	142	0	10	183,501	136	181,833	1,440	0	92
65-74	14,046	13,677	354	9	0	6	151,743	148,268	3,324	92	0	59
75-84	12,057	11,963	94	0	0	0	125,594	124,599	995	0	0	0
85 and older	10,083	9,883	200	0	0	0	96,790	94,756	2,034	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	39,342	24,833	14,200	290	2	17	420,336	258,874	158,433	2,844	22	163
Male	23,997	10,703	13,150	141	3	0	255,916	108,885	145,602	1,409	20	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	53,404	28,788	24,267	330	3	16	567,603	294,106	270,030	3,291	18	158
African American	1,867	795	1,045	27	0	0	20,370	8,553	11,540	277	0	0
Other/unknown	8,068	5,953	2,038	74	2	1	88,279	65,100	22,465	685	24	5
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	5,055	4,512	543	0	0	0	47,201	41,648	5,553	0	0	0
Part year	3,657	3,016	641	0	0	0	35,098	28,543	6,555	0	0	0
None	54,627	28,008	26,166	431	5	17	593,953	297,568	291,927	4,253	42	163
<b>Maintenance Assistance Status</b>												
Cash	28,908	13,755	14,884	268	1	0	325,817	155,594	167,523	2,690	10	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	1,380	441	876	44	2	17	14,931	4,888	9,581	280	19	163
Other/unknown	33,051	21,340	11,590	119	2	0	335,504	207,277	126,931	1,283	13	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	60,454	34,217	25,794	421	5	17	644,977	353,608	286,995	4,169	42	163
Full dual, part year	2,885	1,319	1,556	10	0	0	31,275	14,151	17,040	84	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	28,024	18,161	9,762	83	1	17	283,480	176,935	105,598	774	10	163
FFS part year, with Rx claims	2,317	938	1,318	61	0	0	24,655	9,758	14,303	594	0	0
FFS part year, no Rx claims	3,322	1,533	1,748	41	0	0	33,341	15,145	17,844	352	0	0
MC all year, with Rx claims	6,433	2,415	3,828	189	1	0	72,275	26,245	43,980	2,049	1	0
MC all year, no Rx claims	23,243	12,489	10,694	57	3	0	262,501	139,676	122,310	484	31	0
	0	0	0	0	0	0	0	0	0	0	0	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 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 2007. 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<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OREGON, 2007**

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
<b>All</b>	<b>63,339</b>	<b>676,252</b>	<b>33,663</b>	<b>310,095</b>	<b>0</b>	<b>366,157</b>
Fee-for-service (FFS) all year	28,024	283,480	28,024	283,480	0	0
FFS part year, with Rx claims	2,317	24,655	2,317	11,960	0	12,695
FFS part year, with no Rx claims	3,322	33,341	3,322	14,655	0	18,686
Managed care (MC) all year, with Rx claims	6,433	72,275	0	0	0	72,275
MC all year, with no Rx claims	23,243	262,501	0	0	0	262,501

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. 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.