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Policy and Research

Oregon's Medically Needy Program Survey

Summary Report

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The Office for Oregon Health Policy and Research

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BACKGROUND

On January 31, 2003, people who were covered by Oregon's Medically Needy (MN) program lost their health benefits due to financial shortfalls in the state budget. The Medically Needy program is a federally-matched optional program in which states may chose to provide Medicaid coverage and/or Medicare premium assistance to certain groups that are not otherwise eligible for Medicaid but have significant health care needs. For most Medicaid categories, having countable income above a specified level will automatically disqualify an individual from Medicaid, but in the Medically Needy program individuals may qualify through a mechanism called "spending-down". Each state has its own predetermined level of spending-down. In Oregon, where eligibility for the Medically Needy program was determined on a monthly basis, an individual subtracted his or her qualifying medical expenses for a given month from countable income for that same month. If the difference was at or below the Medically Needy Income Limit (MNIL) of $413, the individual then qualified for program benefits for that month.

Thirty-four states currently offer this program and most offer access to the full Medicaid benefit package in that state. A key difference in Oregon was that its Medically Needy coverage was limited to prescription drugs, some medical transportation and limited mental health and chemical dependency coverage

At the time Oregon's MN program was discontinued, there were 8,750 people covered. Prescription drug coverage accounted for 88% of program expenditure with mental health accounting for 9%, medical transportation 2% and chemical dependency services 1%.[1]

People who are covered by Medically Needy programs are not well characterized either nationally or on a local level, and little is known about their health care needs.[2] Oregon's Office of Medical Assistance Programs (OMAP) and the Office for Oregon Health Policy and Research (OHPR) were interested in describing this population more fully to help make policy decisions, including what and how, if any, benefits should be reinstated for this population. Because the program is primarily a prescription drug benefit, its loss was seen as an opportunity to examine the impact of losing prescription drug coverage in relative isolation.

The primary objective was to determine how the loss of benefits has affected this population's health. The secondary objectives included investigating how this population is getting their prescription medications now and if their use of prescriptions and health care utilization has changed with the loss of benefits. It was hypothesized that losing this benefit would adversely affect health status, causing increases in healthcare utilization and changes in adherence to prescription medication regimens. Since most of this population is covered by Medicare Part B, which covers outpatient medical visits, it was hypothesized the loss of Medically Needy benefits would not disrupt this population's usual place of care.

METHODS

Gilmore Research, a survey research firm in Portland, Oregon, was contracted to conduct a telephone survey of a statewide, random sample of people who were enrolled in the Medically Needy program as of January 2003. A 49-question survey instrument was created with the assistance of OMAP and OHPR to collect information concerning basic demographics, health insurance coverage, health conditions, access to care, prescription drug use, utilization of health care service, and pharmaceutical company pharmacy assistance programs. For adequate power to detect a difference in healthcare utilization, 400 completed surveys were needed. OMAP drew a random sample of 1,269 that included only those meeting the following criteria: individuals over 18 years of age who had not requalified for OHP through another eligibility category, who had phone numbers, and who were English-speaking. Ten attempts were made to contact each sample member. From the sample there were 439 respondents, 105 refusals, and approximately 22% wrong numbers. The final overall completion rate for the eligible sample was 58%.

Sample members' medication use while enrolled in the Medically Needy program was obtained from OMAP administrative data using the month of January to represent prescription drug utilization during the program. Current prescription medication utilization was obtained from self-report as part of this survey. Most people did not have a problem recalling their medications and were able to give dosages and detail about how they take them. Current Medicaid program eligibility and benefits were also obtained from OMAP administrative data.

RESULTS

Key Findings

- The average number of prescriptions is 5.8 and average number of chronic health conditions is 3.5
- Two-thirds of respondents rated their current health as poor or fair and compared to last year, 44% rate their health as worse and 39% as about the same.
- Only 7.5% report access to health care coverage that helps them pay for their prescription medications.
- The loss of the Medically Needy program altered clients' use of medications.
- The loss of the Medically Needy program has resulted in significant financial impact in their daily lives.
- Drug company assistance programs are not a sustainable way for this population to obtain all their prescriptions.
    - 45% currently use these programs with most getting only some of their medications
    - 68% get assistance in filling out applications for these programs
    - Over half report that using these programs is very or somewhat hard to do and are not confident they will be able to continue to use these programs

Respondent Demographics

The gender breakdown for the respondent population is similar to that of the total Medically Needy group with 36% male and 64% female. There was a broad range of ages, from 22 to 91 years old, with about 2/3 of the sample being under 65 years old. In the Medically Needy program overall, there were 69% adults ages 19-65 (most with disabilities), 1% children with disabilities and 30% adults over 65. Education levels were slightly less than the average Oregonian, with 19% of respondents completing less than high school compared to 15% of all Oregonians according to the 2000 census. The respondent group as well as the overall MN population had a higher proportion of individuals reporting themselves as Caucasian compared to the general Oregon population according to the 2000 census (92% vs. 87%). Fifty-five percent of the respondents lived alone and 29% lived in a two-person household at the time of the survey.

Respondent and Population Comparative Demographics

Demographics	MN Population	Survey Responders
Gender		
Male	44%	36%
Female	56%	64%
Age		
Mean	56	58
Age Range		22-91
<65	70%	65%
65 or >	30%	34%
Education		
Less than high school	n/a	19%
High school diploma or GED	n/a	31%
More than high school	n/a	48%
Race		
White	92%	92%
American Indian/Alaskan Native	1%	3%
Black or African American	3%	2%
Hispanic, Spanish or Latino	2%	2%

Demographics	MN Population	Survey Responders
Marital Status		
Married	n/a	17%
Domestic partner	n/a	8%
Single	n/a	29%
Divorced	n/a	27%
Widowed	n/a	17%
Separated	n/a	1%
Employment		
Employed	n/a	5%
Not Employed	n/a	95%

Just over half of the surveyed population had a gross household income of less than $10,000 per year, with another 24% reporting gross incomes of $10,000 to $14,999 annually. (Figure 1) In comparing household size with gross income, about 70% to 75% of this population was under 133% of the Federal Poverty Level (FPL)[*].

Health Insurance Coverage

Medicare covers ninety-two percent of the respondents as they are either over 65 or are permanently disabled. This is similar to the 95% Medicare coverage for the whole Medically Needy population in Oregon. Approximately one-third (34%) were covered by another type of health insurance, which does not include long-term care insurance or nursing home care. (Figure 2)

Of the 34% covered by other insurance, there was a wide range of plans and coverage reported. (Figure 3) One-third reported being covered by the Oregon Health Plan (OHP), Oregon's full Medicaid program. However, administrative data reveals most of this may due to misperception on the part of respondents. In all but nine people who reported having Medicaid coverage, Medicaid pays only for their Medicare premium (as part of the Qualified Medicare Beneficiary designation--a program that pays all Medicare premiums and cost-sharing charges for seniors at or below the federal poverty level), and this includes none of the Medicaid benefit package. The vast majority of individuals do not have prescription drug coverage now that the Medically Needy program has ended. (Figure 4); only 7.5% of the total sample report having insurance that helps pay for their prescription drugs.

[*] *2003 Federal Poverty Level is $8,980 for a single-person household.*

Cost-Sharing

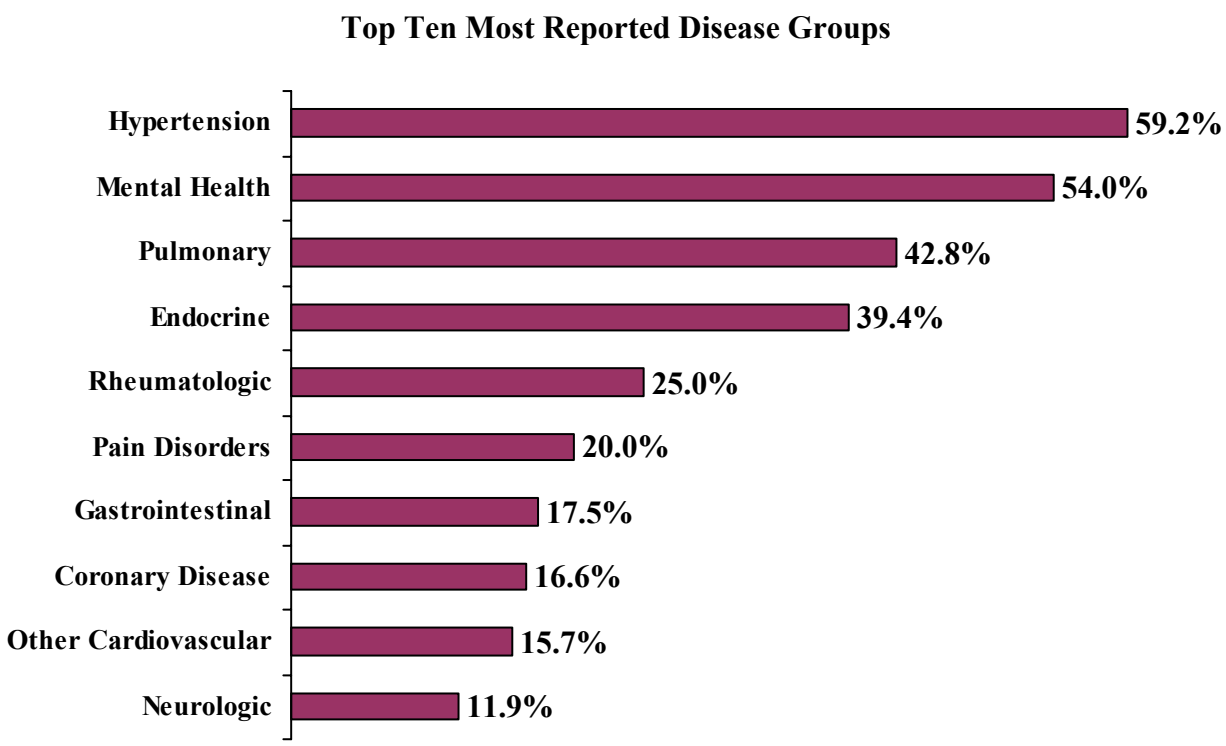
There are multiple out-of-pocket costs associated with medical care, including co-payments, deductibles and medical equipment, despite health insurance coverage. Respondents were asked how much they had spent in the last six months on their medical care not including prescription drugs or dental costs. Twenty-seven percent reported that they did not spend any money on medical care in the last six months; 39% spent up to $500, and the remainder more than $500. (Figure 5)

Thirty-nine percent of those surveyed currently owe outstanding health care bills to a doctor, hospital or clinic with 13% owing less than $100, 30% owing $101 to $500, and 36% owing $501 to $5,000, and the remainder owing more than this amount. (Figure 6) When asked if they had ever filed bankruptcy because of medical bills, 11.6% stated they had.

Chronic Medical Conditions/Medical Care

A series of questions about types of health problems and access to health care were asked to get a picture of the illnesses present in this population, to find out about their usual source of medical care and to assess unmet need. All health conditions were self-reported. Specific questions were asked about hypertension, asthma and diabetes because these are common, and if appropriately treated, some emergency room visits and hospitalizations may be avoided. The majority of respondents reported having been diagnosed with hypertension. Other major diagnoses included asthma and diabetes. Respondents had an average of 3.5 chronic diseases and most were in the range of one to five chronic conditions with only two percent reporting no chronic diseases. (Figure 7) The range of reported chronic diseases was from none to twenty.

Self-reported medical conditions were grouped by system and by individual condition. *Hypertension* was the most prevalent in this population (59%), so it is listed as an individual category in the system groupings in order to make the distribution of other types of diseases more clear. The second most prevalent were *mental health conditions* including diseases such as depression, schizophrenia, bipolar disorder, post-traumatic stress disorder and panic disorder. *Pulmonary diseases* were the third most common by system of disease at 43%. *Arthritis* is categorized under the rheumatologic category (25% of total chronic conditions) and accounts for the majority of that category. Twenty percent report conditions that were categorized under pain disorders including chronic pain, fibromyalgia, chronic fatigue syndrome and nerve damage. *Coronary disease,* which later in the report is shown to be the most common cause of hospitalizations in this population, is reported in 17% of the respondents. *Other cardiovascular diseases* includes congestive heart failure (2.3% of those surveyed), valve disease, and arrhythmias. The specific diseases most common in this population are shown in Figure 8.



Overall Heath Status

Respondents were asked about their perceptions of their overall health status and if this had changed compared to a year ago. About two-thirds of people rated their current heath as poor or fair. (Figure 9) Compared to last year, 44% rate their health as worse, 39% as about the same, and 17% as better. (Figure 10)

Prescription Drugs

Prescription drug coverage is the major benefit this population lost with the end of the Medically Needy program. Interestingly, the number of people taking prescriptions as well as the average number of prescriptions per person has increased over this time, but it is not a statistically significant difference with p=0.07. The range of prescriptions taken is zero to twenty-seven.

Characteristics of Prescription Usage

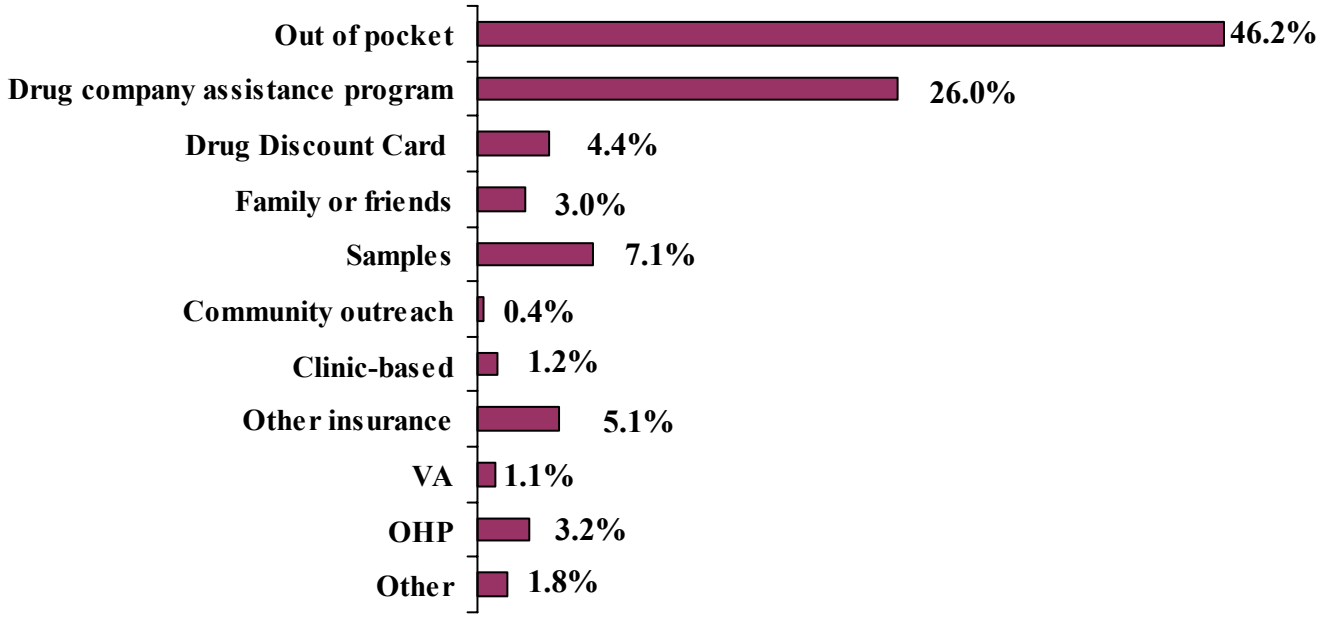
	While Enrolled MN (administrative data)	After MN Elimination (self-report)
Total number of people taking prescriptions	404	419
Total number of prescriptions	2,266	2,423
Average number of prescriptions per person	5.60	5.78
Max. number of prescriptions per person	27	20
Min. number of prescriptions per person	0	0
Percent not taking any prescriptions	7.9%	4.6%

Medications were grouped together by the disease category they are most often used to treat and by class. The top three most often used categories of medications by self-report are psychiatric drugs (reported as 21% of all prescriptions), anti-hypertensives (19%) and pain medications (10%). These are the top three categories both while enrolled and after the loss of their Medically Needy program benefits and correspond to the most prevalent health conditions in this population. (Figure 11) Comparisons of the most frequently used classes of drugs and individual medications both before and after the loss of MN benefits show mental health and pain medications at the top of the list. (Figures 12-14)

All individuals enrolled in the MN program in January 2003 had been notified that the program was to be discontinued at the end of that month. As they knew that their prescription costs would no longer be covered by OMAP, there was incentive for people to obtain additional refills of medications in January. In reviewing OMAP's drug claim data, it is estimated that about 11% to 16% of respondents filled their prescriptions twice in January. Drugs were included in this lower estimate if the same drug was filled in the first and last weeks in January, and they were included in the higher estimate if the same drug was filled anytime earlier in the month and then refilled in the last three days of January. This additional fill of prescriptions could delay potential adverse health outcomes by at least another month, or even longer if people were taking their medications less often in order to spread out their supply. The additional refills were not included in the analysis comparing medication usage before and after the end of the MN program.

Survey respondents were asked a number of questions about how the loss of prescription drug coverage has changed how they manage their medications or impacted their daily lives over the months since January 2003. There is no data available about beneficiary out-of-pocket expenses while the Medically Needy program was operating, but 46% report paying out-of-pocket for at least some of their prescriptions once the program was discontinued. The major sources for payment included drug company patient assistance programs and samples from their healthcare provider.

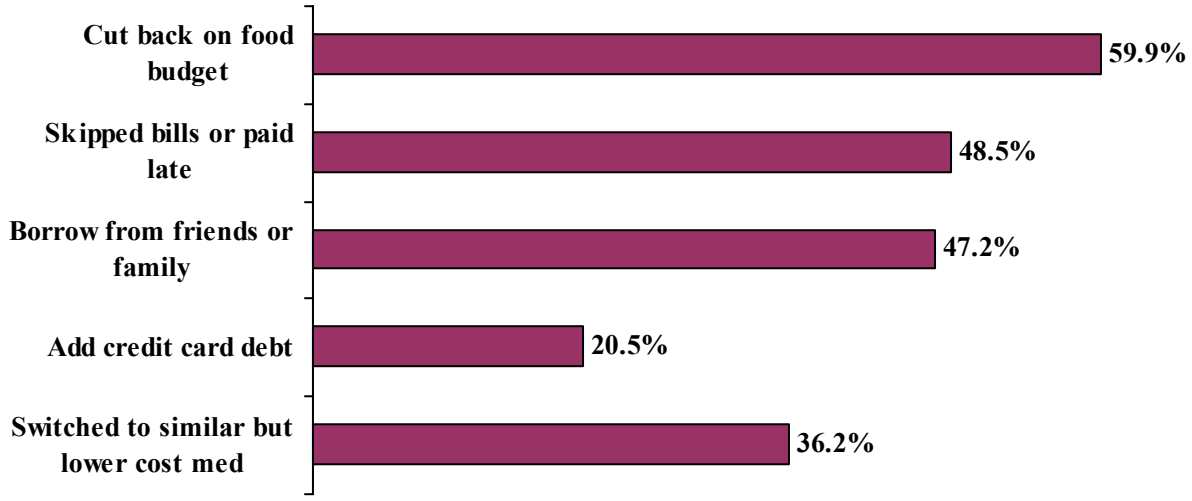
Primary Sources for Prescription Medications after Medically Needy Program End



Forty-nine percent of respondents reported there are prescriptions they are not taking because of cost. These individuals report 493 specific drugs they are not taking; however a number of people responded that they could not list all the prescriptions they have skipped. Some individuals reported that all of their medications had been skipped at some point during the six-month period since losing their MN benefits. The types of medications they report skipping are primarily mental health and pain medications which are the most frequently used types of medications, but skipped medications exist in every category. (Figure 15)

Thirty-six percent reported switching to a similar but lower cost medication, such as a generic drug. About a third of these people who switched drugs obtained advice from someone to help guide their decision, and most often this advice was from a physician or other health care provider. Sixty percent who obtained advice reported that it was very or somewhat helpful, but the remainder did not find the advice helpful. (Figures 16-18) Besides changing to a similar but lower cost medication, people made a number of other changes in order to pay for their prescription drugs during the last six months: 60% of people reported cutting back on their food budget, 49% skipped other bills or paid them late, 47% borrowed money from family or friends and 20% added credit card debt in order to pay for their medications.

Financial Impacts of Loss of Medically Needy Coverage



Respondents were asked to estimate their monthly out-of-pocket prescription drugs costs in the six months since the end of the MN program. (Figure 19) Only eight percent had no out-of-pocket expenses. Approximately one-quarter of the respondents reported spending up to $50 a month on medications, 20% spent $51 to $100 a month, 17% spent $100 to $200 a month, and the remainder spent over $200 a month. Since this population's annual gross income is low, this can represent a significant amount of their income. Even the lowest levels of prescription drug spending ($0 to $50), had impacts on food budgets, inability to pay other bills, borrowing money, and incurring credit card debt; about 50% of the people in this lowest level of spending reported making these changes. The percent of people reporting these impacts increased with more out-of-pocket spending. (Figure 20-24)

While enrolled in the Medically Needy program, 86% of the respondents obtained their prescriptions through retail pharmacies. (Figure 25) Since the program's end, 70% get some of their prescriptions through retail pharmacies, but 30% have changed where they acquire prescriptions. Currently, more people obtain medications from other places including drug company-sponsored patient prescription assistance programs, samples from their healthcare provider's office and mail order or on-line sources.

Drug Company Prescription Assistance Programs

Most pharmaceutical manufacturers offer some of their medications free for low-income people through prescription assistance programs. These programs vary widely in the application process and amount of drug supplied. Fifty-five percent of respondents were aware of these types of programs. (Figure 26) At the time of the survey, 45% of the respondents used pharmacy assistance programs. (Figure 27) Most of the individuals reporting that they use these programs get assistance with the application process, and most of this help is from a doctor's office or clinic. (Figure 28)

Fifty-five percent reported that using these programs is hard; 37% found it easy to do. Only 12% of the respondents felt very confident they will be able to continue with these programs; 27% are somewhat confident, and 52% are not very or not at all confident they can continue to get medications through these programs. (Figures 29-30) Of those enrolled with pharmacy assistance programs, eighty-two percent were obtaining only a limited number of their prescriptions in this way, usually because not all of their prescriptions were offered. (Figure 31)

Of the 55% who were not currently using prescription assistance programs, the majority had applied before or used these programs in the past. (Figure 32) Twenty-two percent used these programs in the past, 19% received some but not all of their medications at some time in the past, and 29% had recently applied and were waiting to hear back from the pharmaceutical company. Eleven percent did not know the status of their application, 8% did not finish the paperwork, and 6% had been refused. (Figure 33) In some cases respondents reported that they were refused because their income was too high; in other cases the company was not offering the needed prescription medication at that time.

Respondents who had not applied to prescription assistance programs gave a variety of reasons for why that was. (Figure 34) In some cases, there were no pharmacy assistance programs available for the specific drugs needed. Other reasons cited by respondents were varied: not knowing they could apply, thinking it was too much hassle to apply, having the capacity to personally pay for some of their medications and needing help with forms.

Healthcare Utilization

Eighty-four percent of this population receives their usual medical care through a private doctor's office or clinic. (Figure 35) Since the loss of the Medically Needy benefit, 12.5% of respondents reported changing their usual place of care. Most of these have moved from a private doctor's office to a county, community or migrant clinic but some have also shifted to emergency rooms or urgent care clinics for their care. (Figure 36)

Respondents were asked the number of times they had emergency department (ED) visits and the number of hospitalizations for the six months before and the six months after the Medically Needy program ended. There were 422 total ED visits in the six months before the MN program ended and 430 during the next six months. (Figure 37) In looking at the subgroups of the three most common diseases - hypertension, asthma and diabetes - there is no significant difference in ED visits in the six months before and after the end of the MN program. This is not true for hospitalizations, however. According to these self-reports, there were 227 total hospitalizations for this population in the six months before the MN program ended and 179 after the program ended. (Figure 38) This is a statistically significant decrease in hospitalizations overall ($p= 0.04$). There also appears to be a shift away from elective procedures, such as joint surgeries, which may indicate a cause of the reported decrease in hospitalizations as people defer their less urgent healthcare needs. In looking at the subgroups with hypertension, asthma and diabetes there was no difference in number of hospitalizations with and without MN coverage. The most common reasons for hospitalization both before and after the MN program ended are heart disease (21-22%), pneumonia (9-10%) and mental health (9-11%). (Figure 39)

ANALYSIS

In comparing this largely Medicare population to the characteristics of similar populations, this group reported more chronic disease and worse self-reported health status. The Medicare Health Outcomes survey of people covered by both Medicare and Medicaid found fewer chronic conditions than Oregon's surveyed Medically Needy population, as shown in the table below.[3] The Medically Needy population also reported worse general health status as compared to the Medicare Health Outcomes survey.[3] Thirty-nine percent of the over 65 respondents in the National Health Interview Survey, a general population survey, rated their health as excellent or very good, much more than this MN population.[4] In comparing their health to the past year in the Medicare Health Outcomes survey, 19% rated their health as somewhat or much better, 48% about the same and 33% somewhat or much worse. In Oregon's Medically Needy population, 17% rated their health as somewhat or much better, 39% about the same and 44% somewhat or much worse. The Medically Needy population in Oregon does not qualify for Medicaid coverage, but they appear to be more ill and have worse health status than those who are dually eligible for Medicare and Medicaid as surveyed for the Medicare Health Outcomes study.

Comparison of MN to Similar Surveyed Populations

	Oregon's Medically Needy Population	Medicare Health Outcomes Study	National Health Interview Survey
Number of Chronic Conditions			
0	2%	11%	
1	12%	15%	
2	23%	19%	
3	21%	20%	
4-5	31%	24%	
Self-Reported Health Status			
Excellent or Very Good	7%	12%	39%
Good	24%	28%	
Fair	36%	40%	
Poor	32%	20%	

In this survey, 44% of respondents reported spending more than $100 per month out-of-pocket for prescription drugs compared to 23% in a 2001 survey of the Commonwealth Fund, the Kaiser Family Foundation, and Tufts-New England Medical Center of seniors in eight states who have Medicare coverage.[5] Furthermore, 49% of people in this survey report there are prescriptions they have discontinued due to cost. Comparing this to the 2001 Commonwealth Fund survey, 35% of all seniors without prescription drug coverage and 42% of seniors with incomes less than 200% of the federal poverty level reported skipping doses or not filling a prescription, slightly less than what was found here.[5]

In this survey, besides changing to a similar but lower cost medication, people made a number of other changes in their daily lives in order to pay for their prescription drugs. 60% of people reported cutting back on their food budget, 49% skipped other bills or paid them late, 47% borrowed money from family or friends and 20% added credit card debt in order to pay for their medications. Comparing this to the Kaiser/Commonwealth/Tufts survey, 21% of low-income seniors reported spending less on rent or food in order to pay for their prescriptions, considerably less than the percentage found in this survey.[5]

DISCUSSION

There are several limitations of this survey. For budgetary reasons, the sample was limited to English-speaking individuals. There were many disconnected telephone numbers, which is frequently encountered in this population. The survey was conducted six months after the MN program was discontinued, which is likely not long enough to detect a difference in health outcomes, as many of the chronic conditions treated with prescription medication have longer-term outcomes. Also, many in this population take their medications intermittently in order extend their supply of medication, which may partially treat their conditions and further delay potential adverse health effects. This survey was conducted to see if there was an early health impact from loss of this benefit, and this was not found.

Our ability to compare before and after program prescription utilization was limited. Medication utilization while enrolled in the MN program was obtained from a single month's administrative data. It is likely that this population has erratic filling patterns, which would not be captured in a single month's data. Seasonal differences in medication use may be another confounder. Current analysis is underway comparing prescription drug utilization in the 12-month period prior to program discontinuation to correct for these possibilities.

Most of the information about prescription drugs and healthcare utilization was self-reported and thus could have significant recall bias. Regarding prescription drug use, most people read their medicines to the interviewer from a list and were able to give dosages and number of times a day they took each medicine, so the list of medicines they are currently taking may be slightly more accurate than expected. Determining medicines skipped or stopped is less accurate. Regarding self-reporting of ED visits and hospitalizations, all respondents were aware of the date of the program's cessation. There is potential for bias both in under or over reporting events since this is based on their recollection of past events. Since January is in the middle of winter, the seasonal variation in hospitalizations for some diseases, such as pneumonia, more common in the winter, would be balanced on both sides of the end date.

CONCLUSION

Oregon's Medically Needy are vulnerable, low-income people with multiple medical problems. Loss of the Medically Needy program has resulted in patients taking less of their medications either through skipping doses or not filling prescriptions. There has also been a significant financial impact in the daily life of this low-income population. It appears to be too early to tell the impact of these changes on health outcomes of ED visits and hospitalizations. There could be many contributing factors to this finding: a number of people obtained two refills of their medications in the final month of the program; people reported spreading out their medications by skipping doses; and a number of these illness (such as hypertension, diabetes, hyperlipidemia) have more long-term health effects than would be seen in six months. About half of this population are now using pharmaceutical company prescription assistance programs, but this does seem to be a sustainable way for this population to obtain all their prescriptions. Pharmacy assistance programs can be difficult to apply for, and not all medications are covered under these programs. This population is sicker, with worse perceived health status than those who are eligible for both Medicare and Medicaid. The recently passed Medicare prescription drug benefit bill may benefit this population, but will likely not provide the level of coverage provided through the Medically Needy program. Further study of the survey results could model the new prescription drug benefit and provide further information about this frail, chronically ill population.

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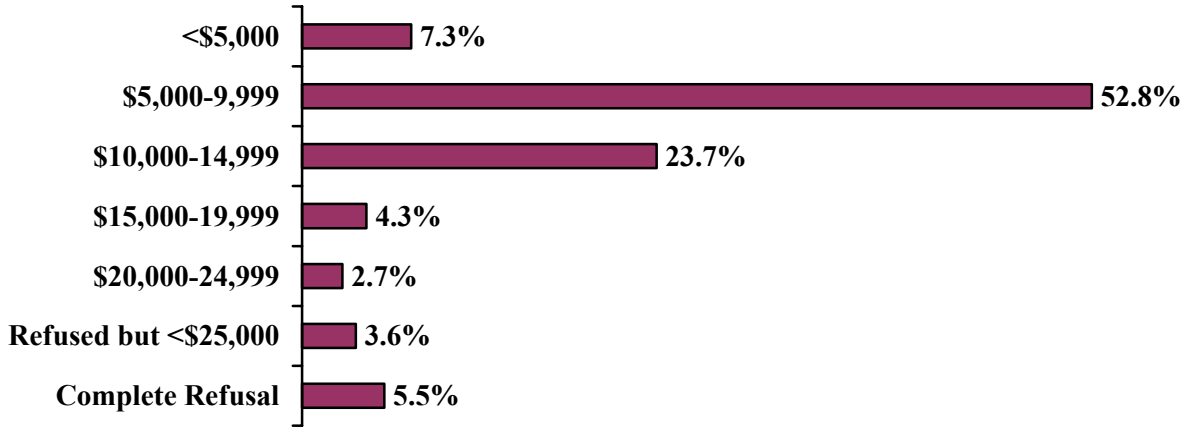
Chart Book

Respondent Demographics

Figure 1

Gross household income before taxes



Health Insurance Coverage

Figure 2

Percent respondents covered by health insurance not including Medicare

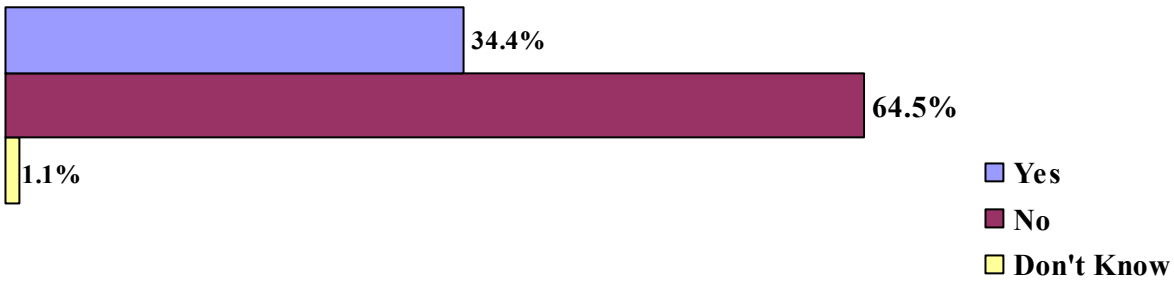


Figure 3

Types of Secondary Health Insurance

	Percent Respondents
Qualified Medicare Beneficiary	33.7%
First Choice 65	13.2%
Secure Horizons	7.9%
Blue Cross	7.3%
Oregon Health Plan (Also called Medicaid or OMAP)	6.0%
Providence	5.3%
TriCare, Champus, Champ-VA or any other military plan	2.6%
Clear Choice	2.0%
Kaiser	2.0%
AARP	2.0%
HMO -Not Specific	4.0%
Other private insurance	12.6%
Don't know	2.6%
Refused	.7%

Figure 4

Does your health insurance help pay for prescription drugs?

Cost-Sharing

Figure 5

Amount spent on medical care in the last six months not including prescription and dental costs

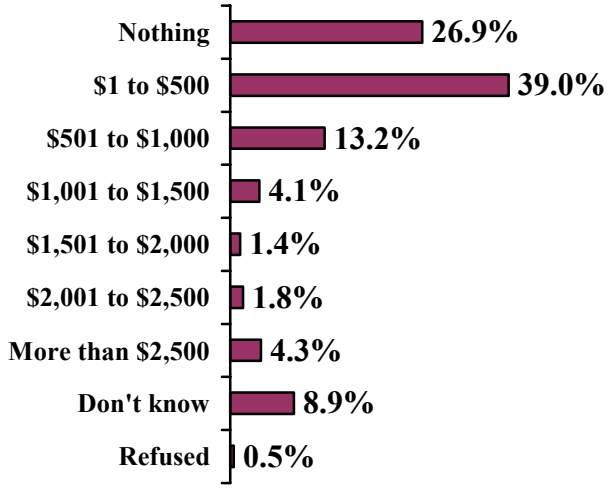
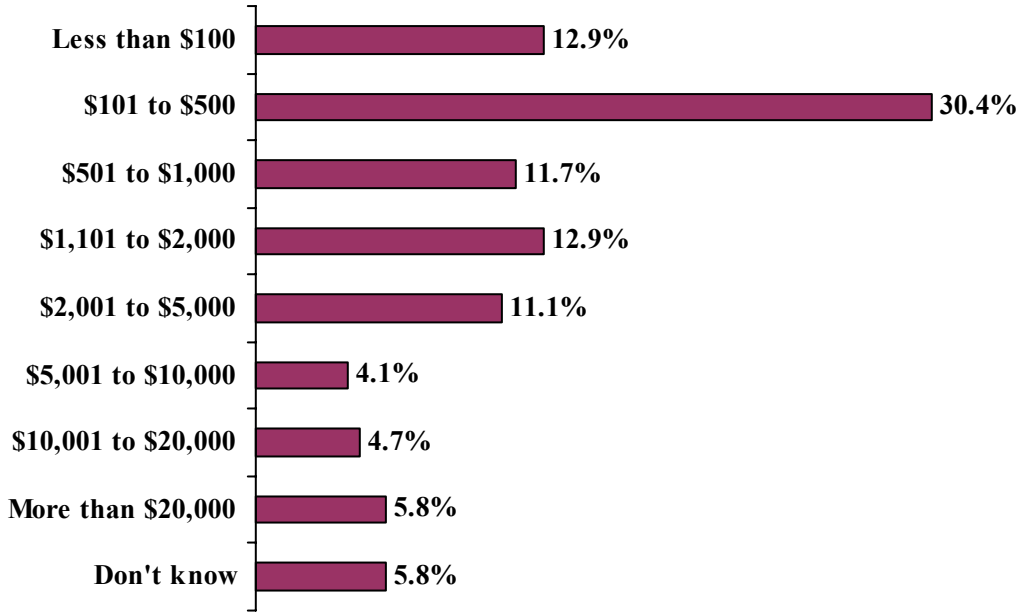


Figure 6

Amount owe in healthcare bills currently



Chronic Medical Conditions/Medical Care

Figure 7

Number of self-reported chronic medical conditions

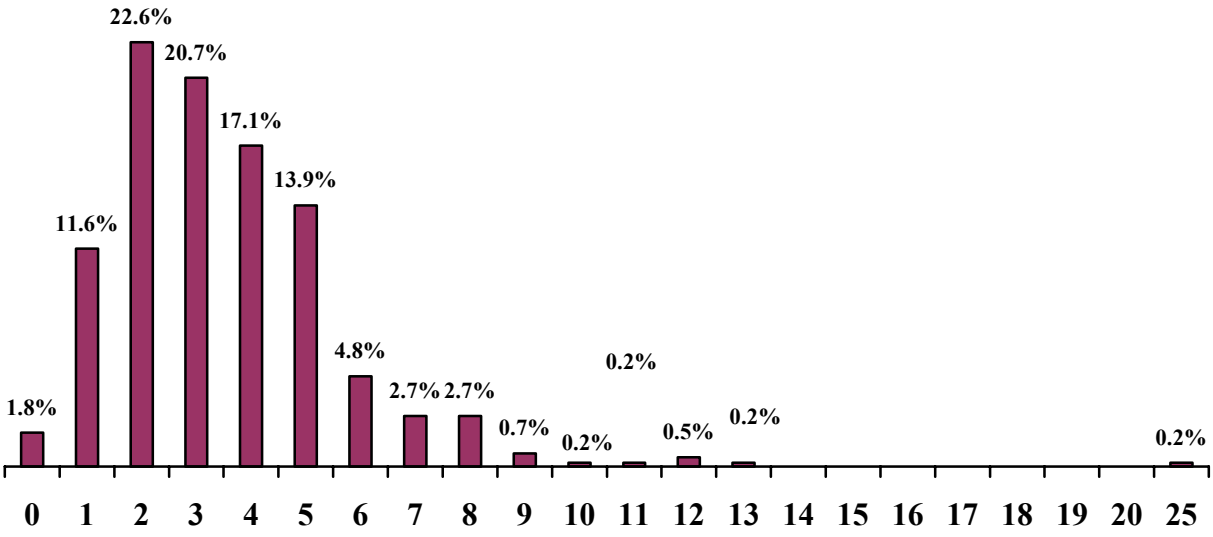
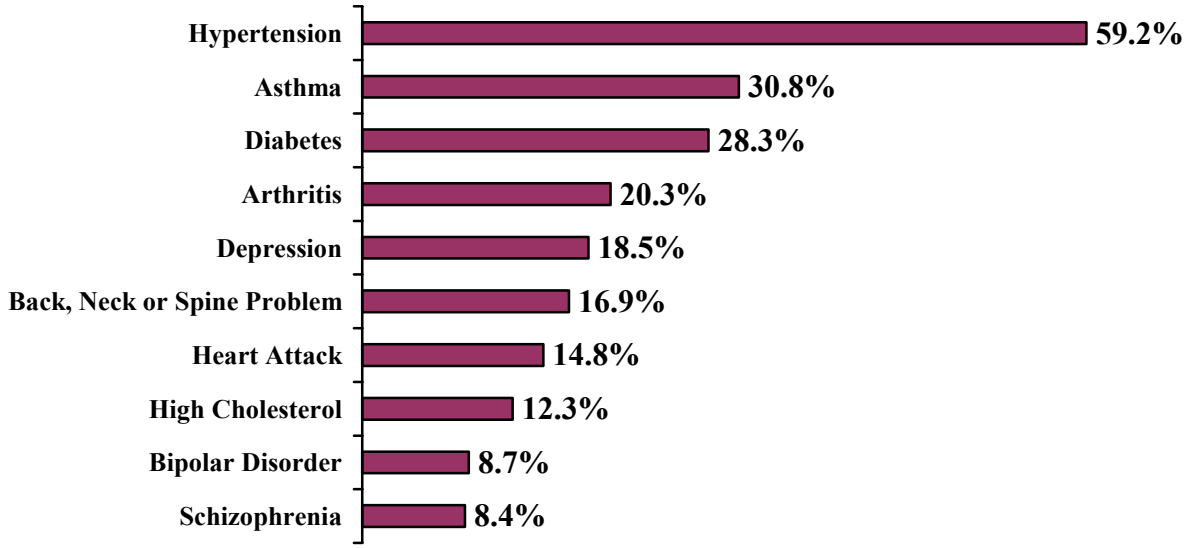


Figure 8

Top Ten Self-Reported Specific Diseases



Overall Heath Status

Figure 9
Current overall health

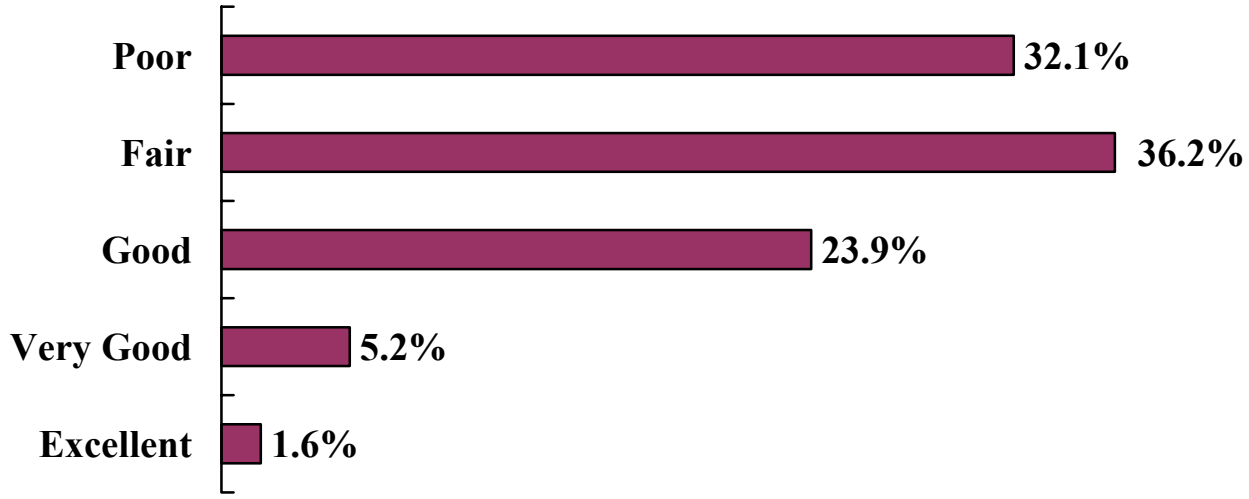
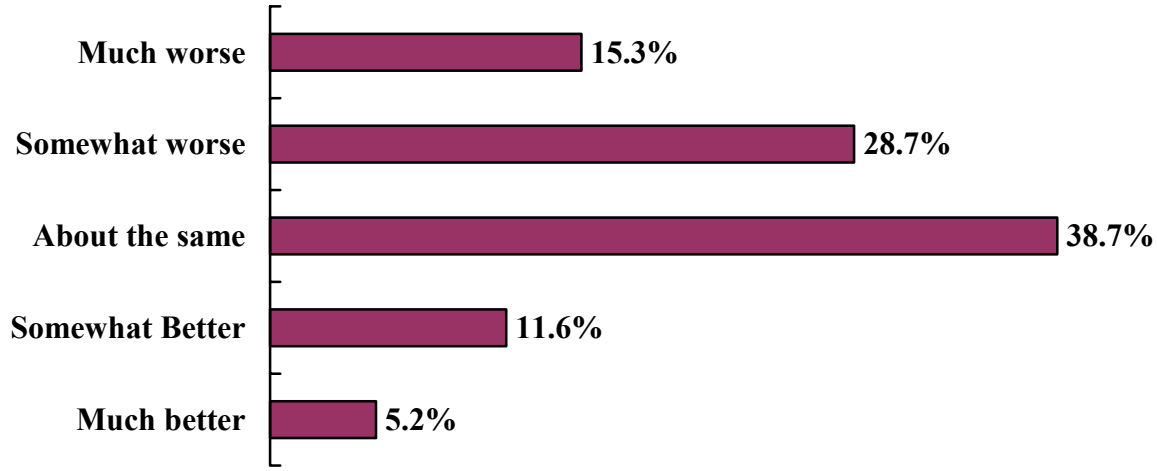


Figure 10
Current health compared to one year ago



Prescription Drugs

Figure 11

Top 10 most often used prescription drugs by category

With MN		After MN	
Psychiatric	19.1%	Psychiatric	20.5%
Hypertension	16.7%	Hypertension	18.9%
Pain	15.3%	Pain	9.9%
Gastrointestinal	7.9%	Cardiovascular	8.4%
Pulmonary	7.5%	Diabetes	7.0%
Vitamins	5.3%	Pulmonary	6.6%
Cardiovascular	4.6%	Gastrointestinal	5.8%
Endocrine (not DM)	4.6%	Endocrine (not DM)	5.6%
Diabetes	3.3%	Neurology	5.2%
ENT	2.9%	OB/GYN	2.8%

Figure 12

Top 20 most often used prescription drug classes per person

With MN		After MN	
Anti-depressant	8.8%	Anti-depressant	10.3%
Narcotic analgesic	8.1%	Narcotic analgesic	5.0%
Anxiolytic	6.5%	Anti-psychotic	5.0%
Vitamins	5.3%	Oral hypoglycemic	4.9%
Diuretic	4.6%	Anxiolytic	4.9%
Beta-blocker	4.2%	Statin	4.8%
Beta-agonist inhaler	3.7%	ACE inhibitor	4.7%
Muscle relaxant	3.4%	Beta-blocker	4.2%
Anti-psychotic	3.4%	Diuretic	3.9%
ACE inhibitor	3.4%	Thyroid replacement	3.6%
Thyroid replacement	3.2%	Anti-inflammatory	3.1%
Anti-inflammatory	3.2%	Proton pump inhibitor	3.0%
H2 blocker	2.9%	Calcium channel blocker	2.7%
Oral hypoglycemic	2.9%	Hormones	2.5%
Topical dermatologic agents	2.7%	Vitamins	2.4%
Combination inhalers	2.2%	Anti-convulsant	2.1%
Nitrates	1.8%	Insulin	2.0%
Calcium channel blocker	1.8%	Neurology, other	2.0%
Antimicrobial	1.6%	Combination inhalers	1.9%
Allergies	1.6%	Beta-agonist inhalers	1.6%
		Nitrates	1.6%
		Muscle relaxant	1.6%

Figure 13

Top 20 most often used prescription by individual drugs

With MN	Number of prescriptions	**After MN**	Number of prescriptions
Vicodin	80	Thyroid	82
Thyroid	68	Atorvastatin	69
Atenolol	57	Lisinopril	52
Furosemide	56	Furosemide	50
Lisinopril	51	Vicodin	49
Albuterol	48	Metformin	47
Trazodone	46	Sertraline	45
KCl	45	Atenolol	41
Ranitidine	45	Gabapentin	41
Amytriptyline	39	Albuterol	40
Metformin	38	Insulin	39
Cyclobenzaprine	37	Premarin	38
Hyrdochlorothiazide	35	KCl	36
Buproprion	32	Paroxetine	33
Ibuprofen	32	Clonazepam	30
Alprazolam	29	HCTZ	28
Triamterene/HCTZ	29	Trazodone	28
Clonazepam	28	Amlodipine	27
Oxycodone	27	Amytriptline	26
Diazepam	26	Alprazolam	24

Figure 14

Comparison of numbers of prescriptions with and without the Medically Needy Program

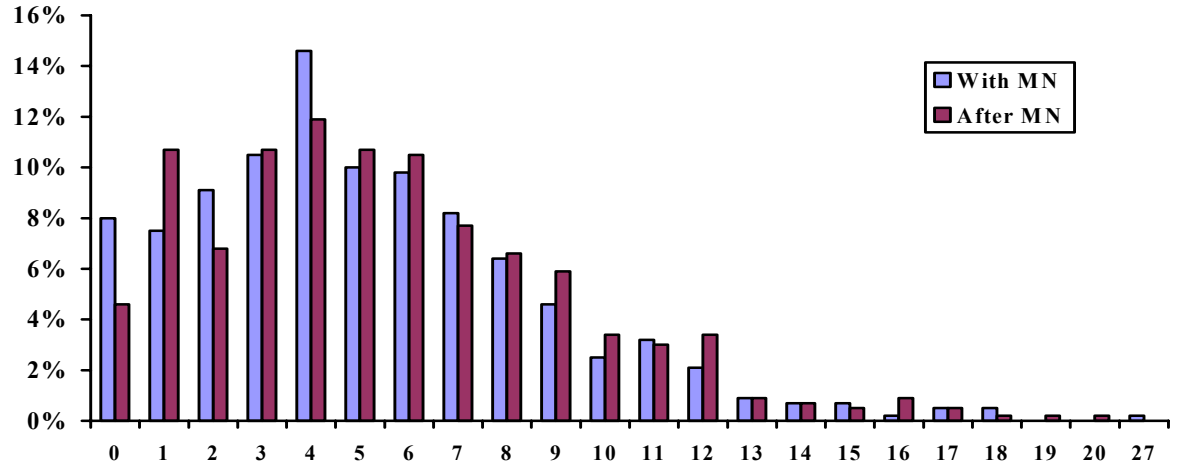


Figure 15
49% report that there are prescriptions they are supposed to be taking but are not because of cost

Types of prescriptions respondents report skipping

Drug Type	Percent
Anti-depressant	11.9%
Anti-inflammatory	6.8%
Narcotic analgesic	5.7%
Anxiolytic	5.3%
Statin	4.5%
Beta-blocker	3.8%
OB/GYN hormone replacement	3.6%
Muscle relaxant	3.6%
Vitamins	3.4%
Oral hypoglycemics	3.0%

Figure 16
Percent respondents who got advice about switching to similar but lower cost medication or discontinuing medication

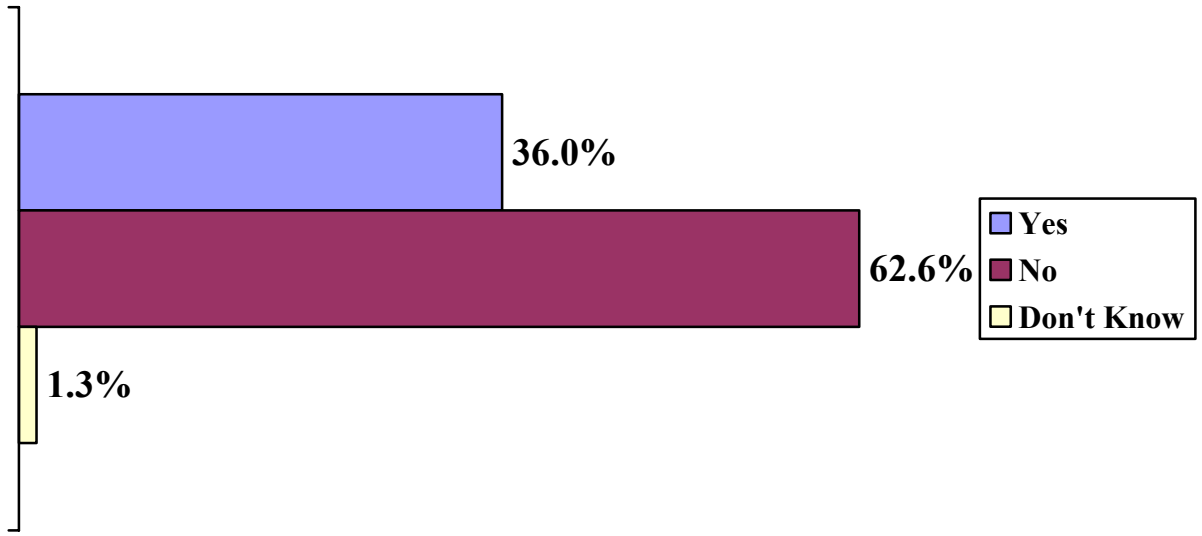


Figure 17
Prescription advice from:

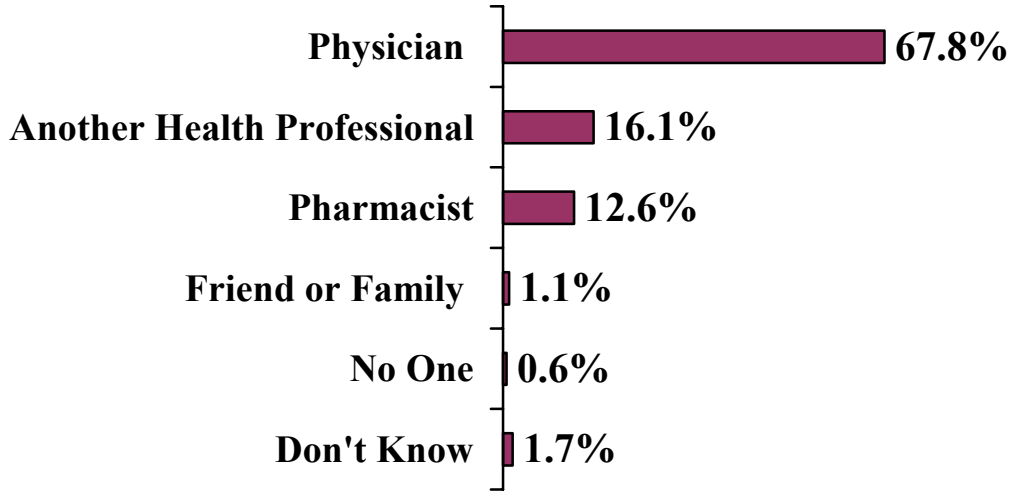


Figure 18
How helpful was that advice in reducing overall prescription drug costs?

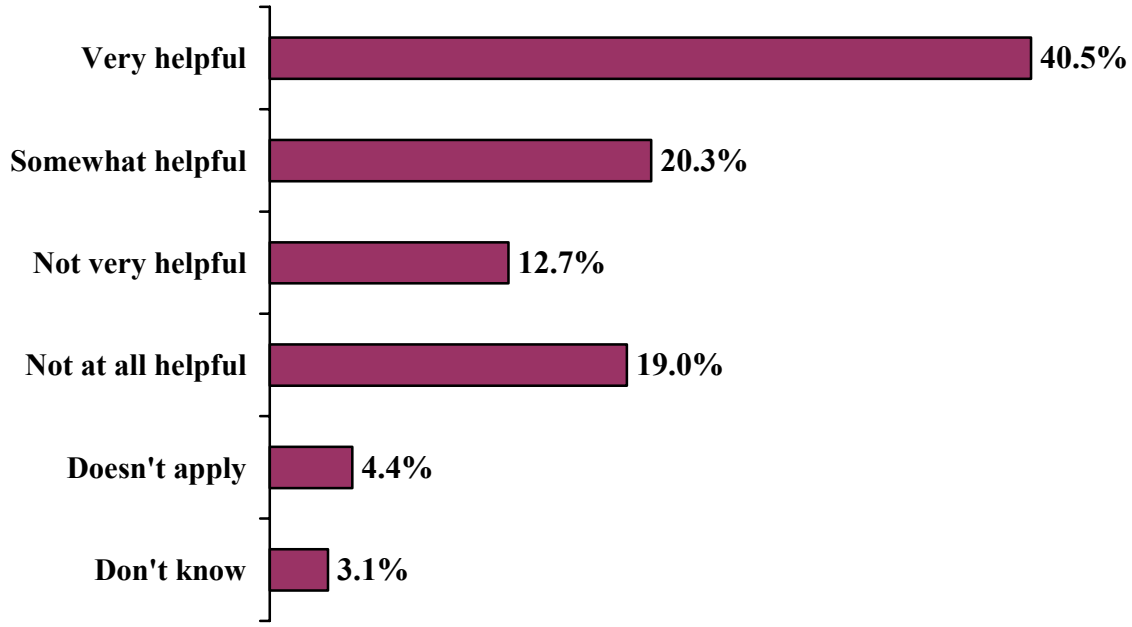


Figure 19

Average monthly out-of pocket expenses for prescriptions

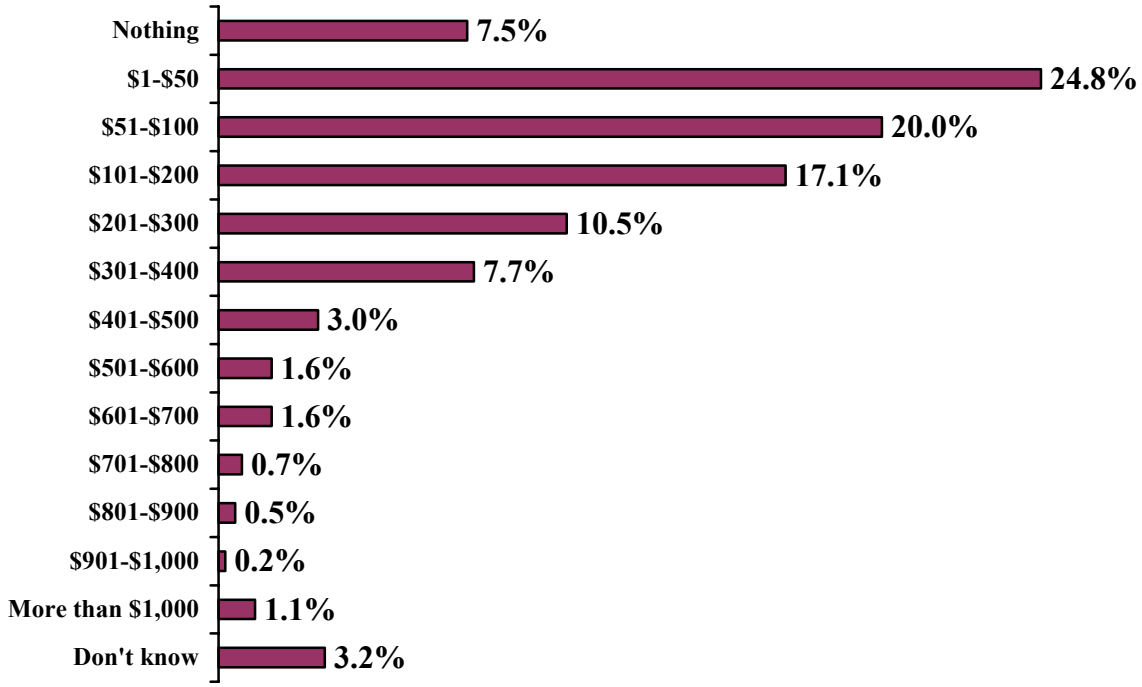


Figure 20

Percentage Going Without Filling a Prescription by Monthly Out-of-Pocket Prescription Expense Levels

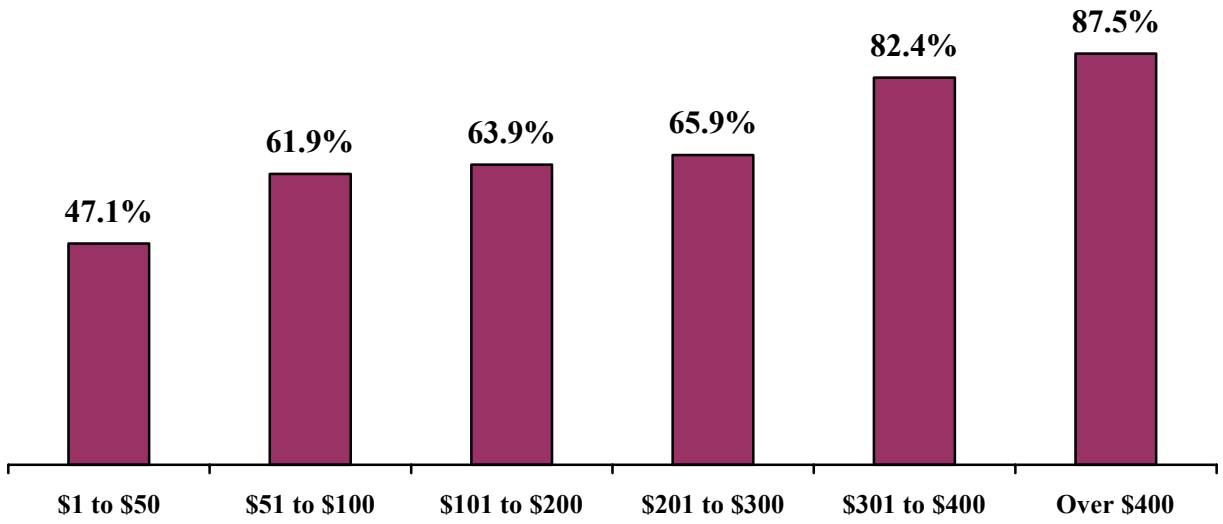


Figure 21

Percentage Skipping Doses or Taking Less of a Medication by Monthly Out-of-Pocket Prescription Expense Levels

Figure 22

Percentage Cutting Back on Food Budget to Pay for Prescriptions by Monthly Out-of-Pocket Prescription Expense Levels

Figure 23

Percentage That Skipped Paying Other Bills or Paid Bills Late to Pay for Prescriptions by Monthly Out-of-Pocket Prescription Expense

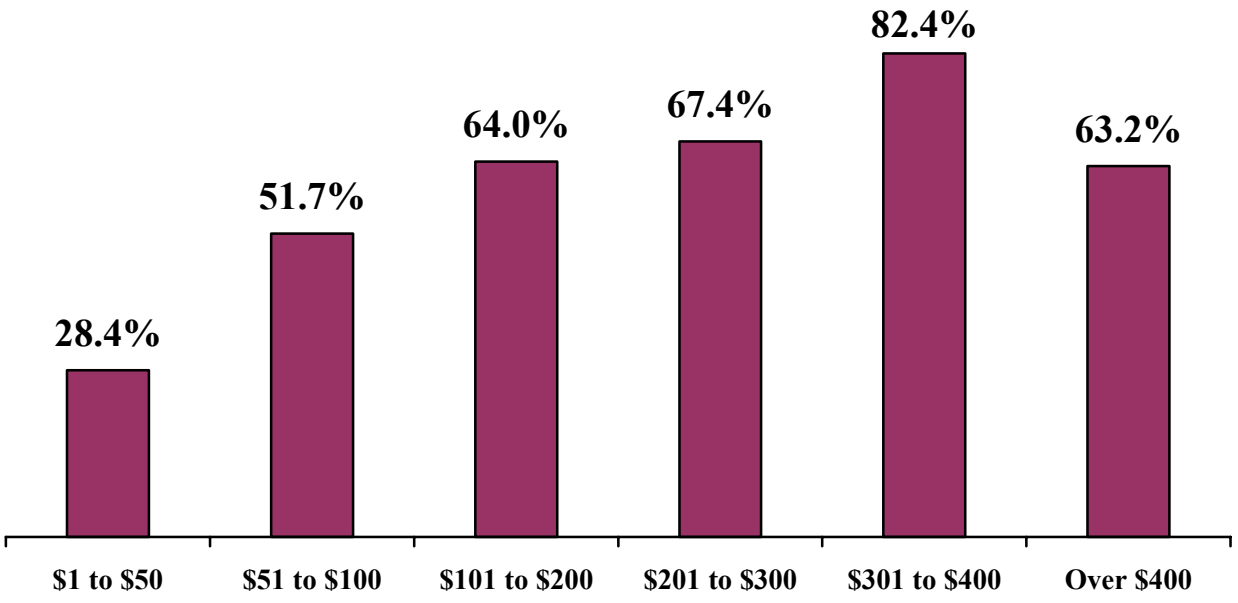


Figure 24

Percentage Borrowing Money from Family or Friends to Pay for Prescriptions by Monthly Out-of-Pocket Prescription Expense Levels

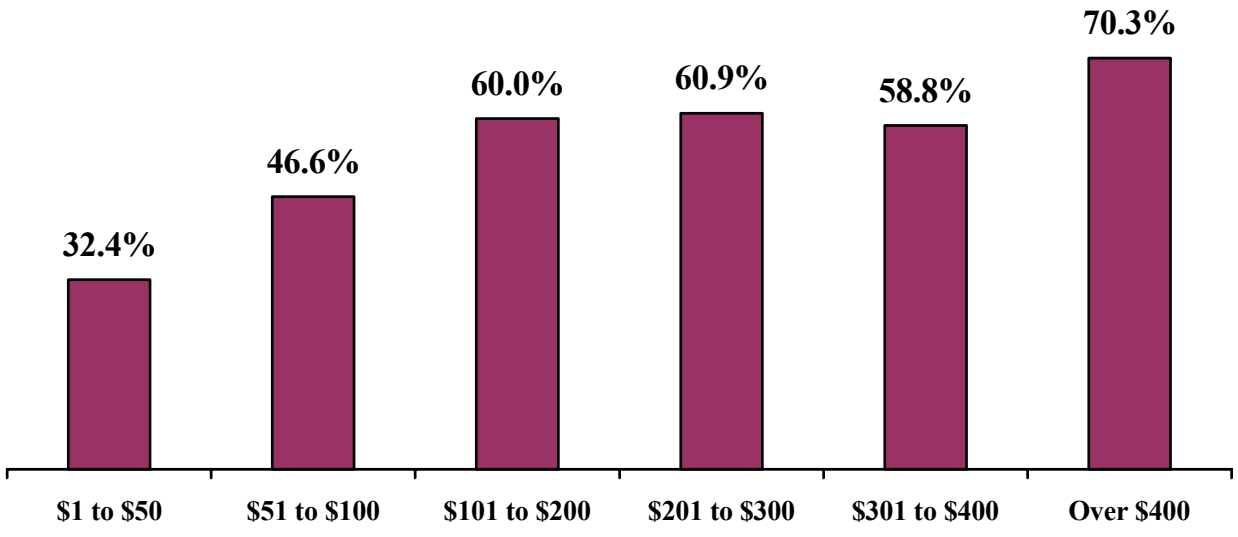
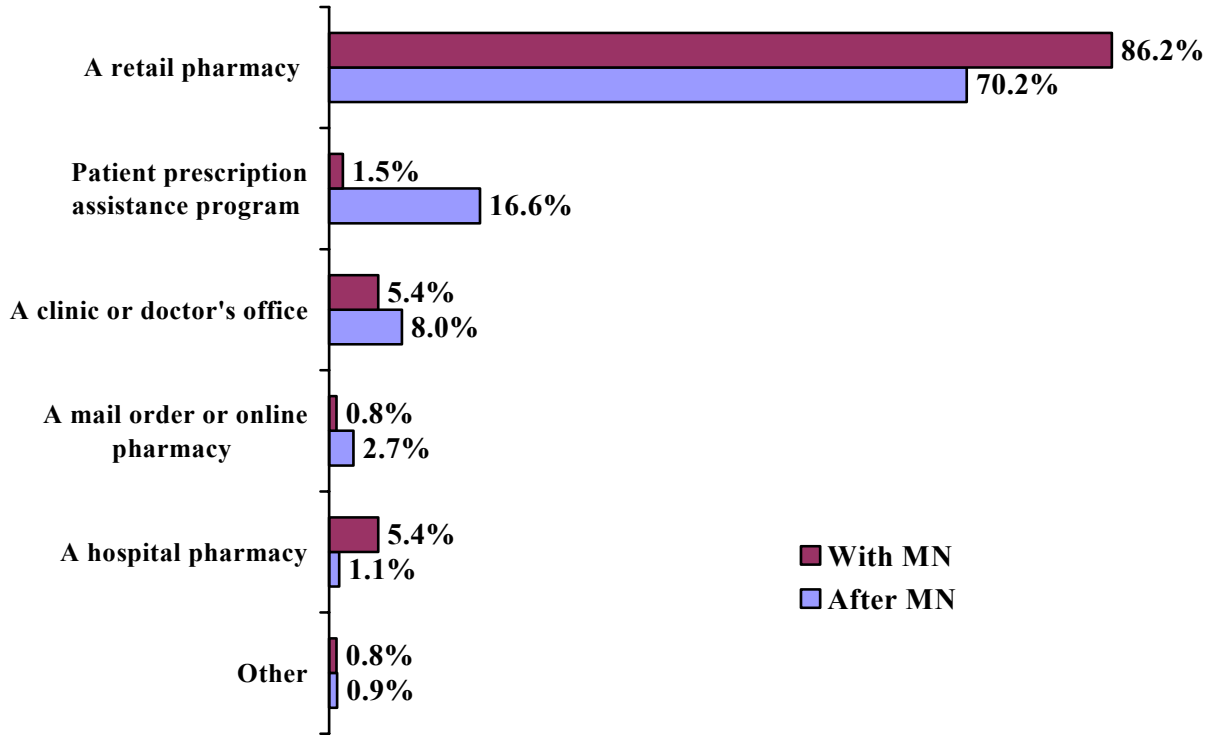


Figure 25

Primary place where obtain prescriptions



Drug Company Assistance Programs

Figure 26

Percent respondents who are aware of drug company patient assistance programs

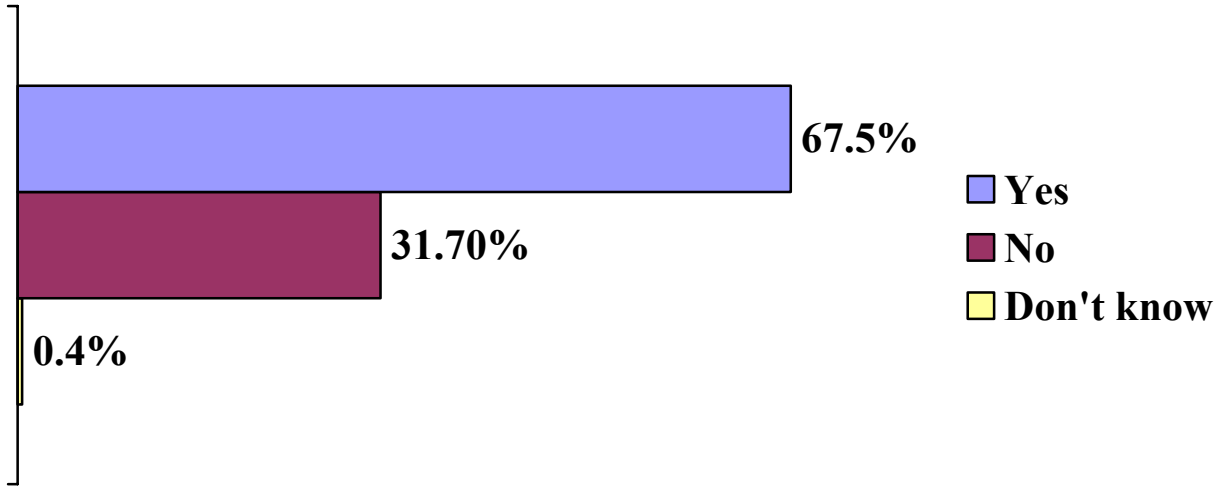


Figure 27

Current use of drug company patient assistance programs

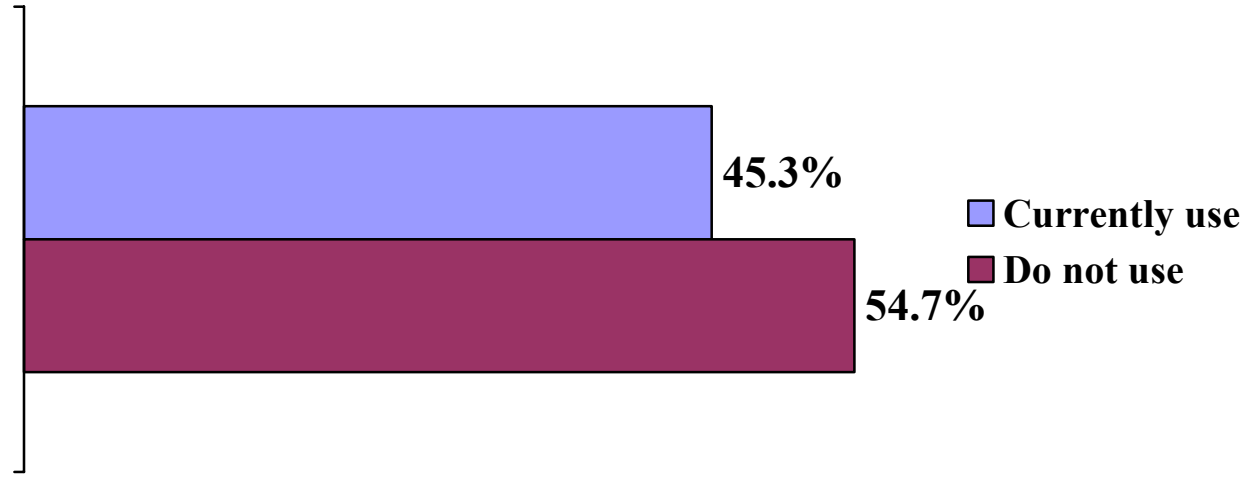


Figure 28
68% of respondents who use drug company assistance programs get help with paperwork
Who helps with paperwork?

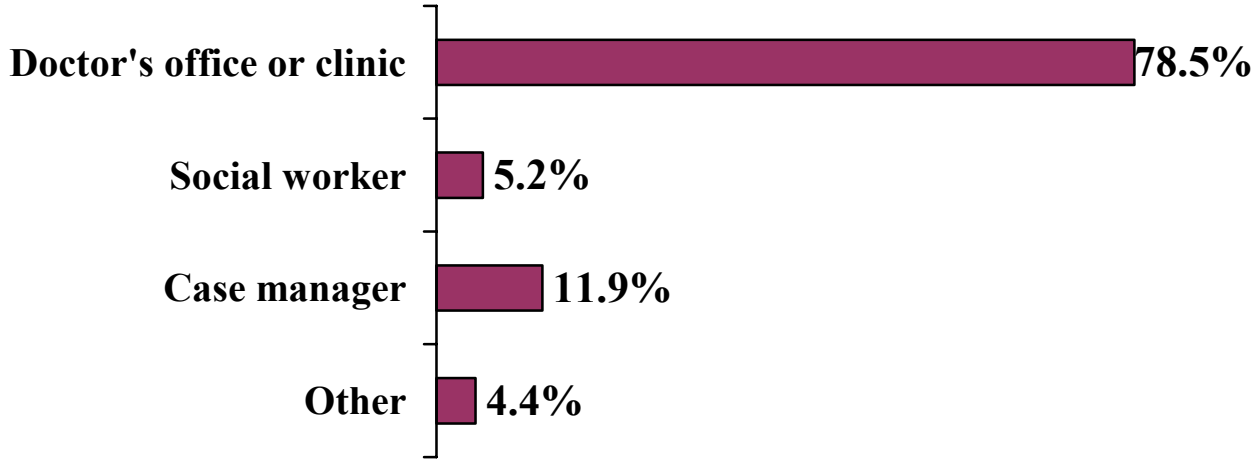


Figure 29

Ease of applying to drug company patient assistance programs

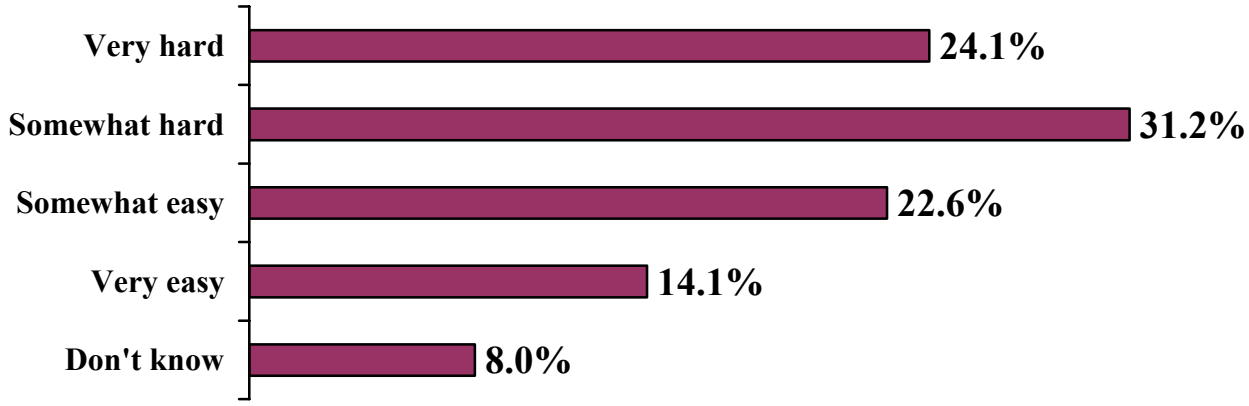


Figure 30

Confidence can continue to use drug company patient assistance programs

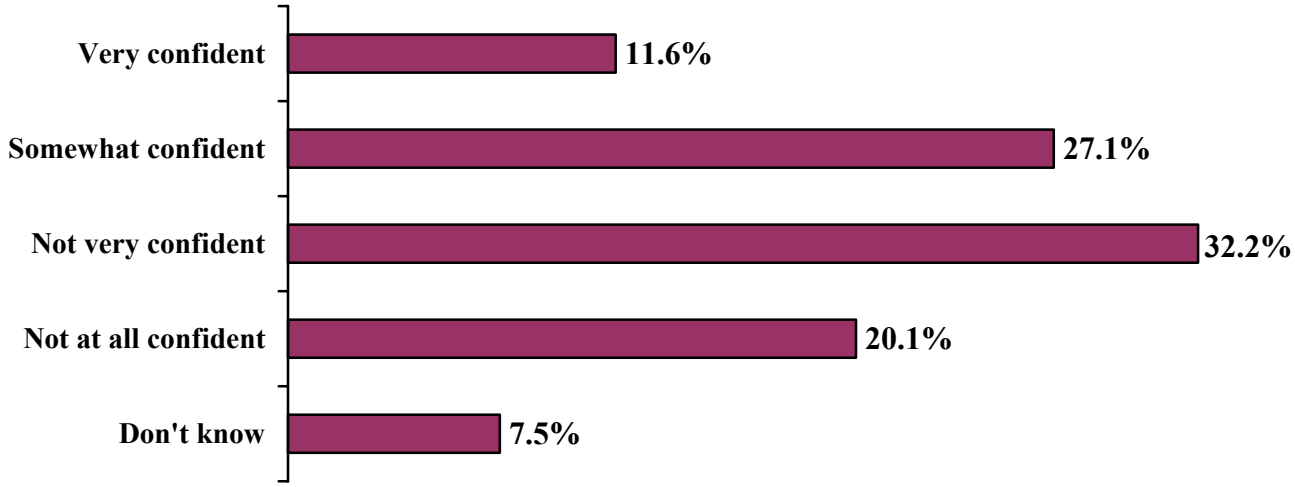


Figure 31

Why use patient assistance programs for only some of medications

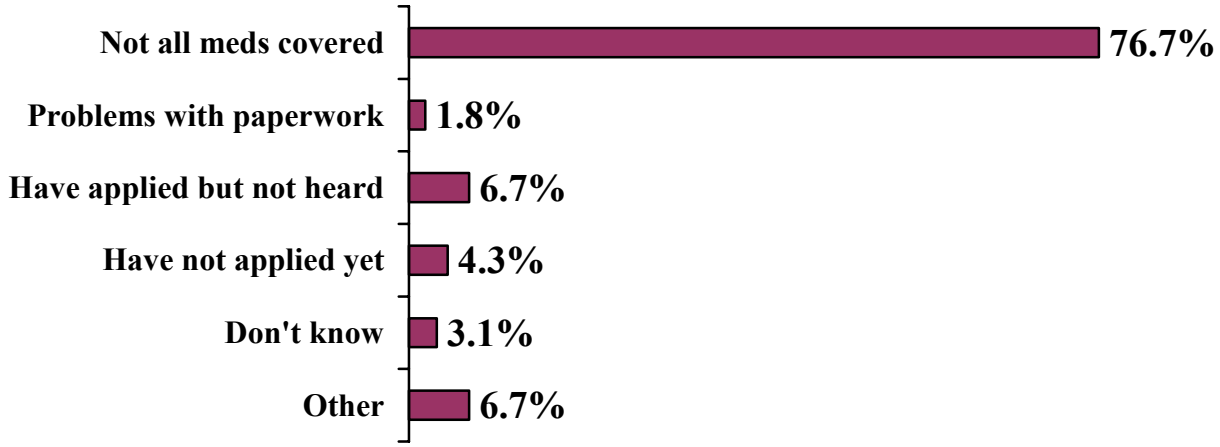


Figure 32

Percent respondents not currently using drug company patient assistance programs but have applied in the past

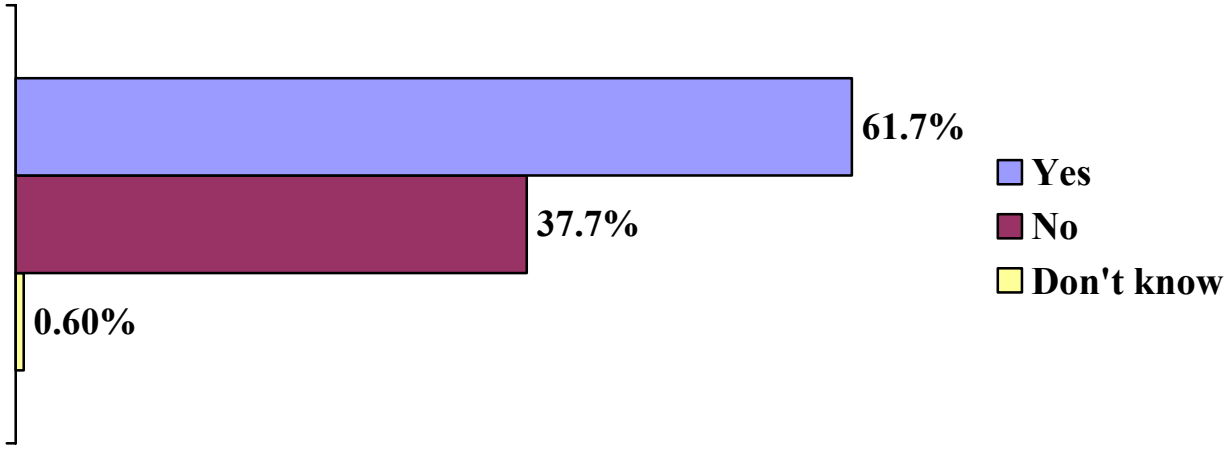


Figure 33
Result of that application

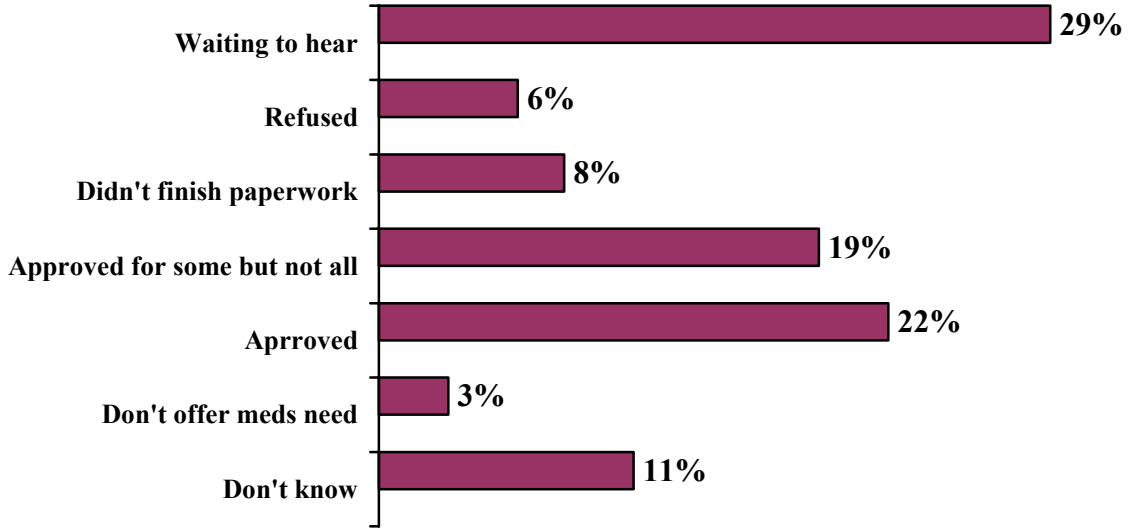
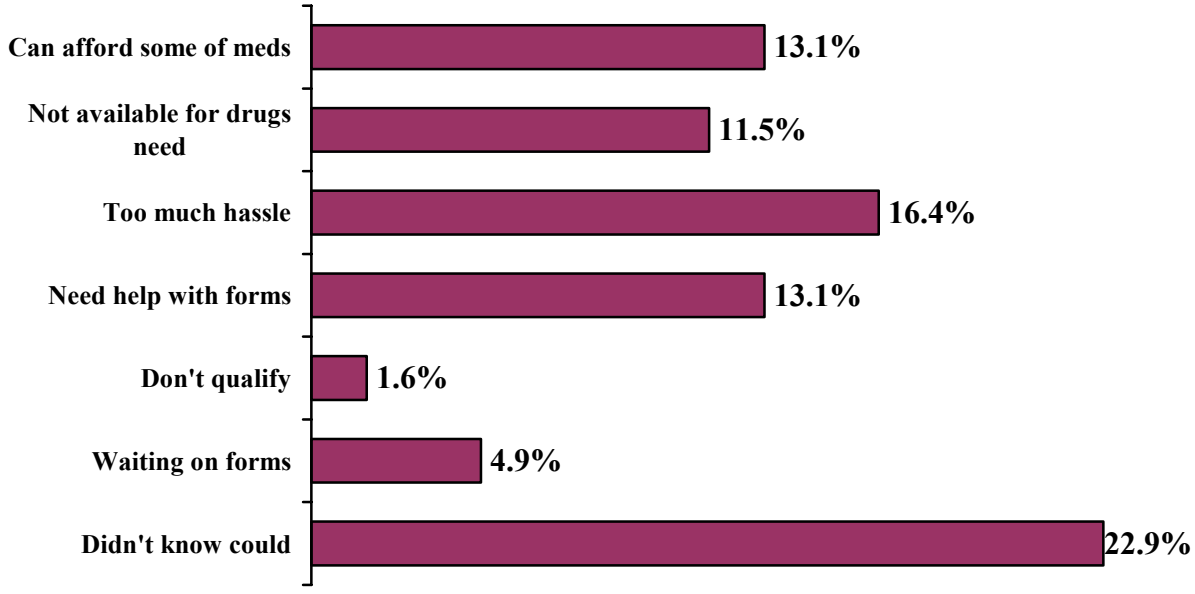


Figure 34

Reasons why respondents have never applied to drug company assistance programs



Healthcare Utilization

Figure 35

Current place of usual medical care

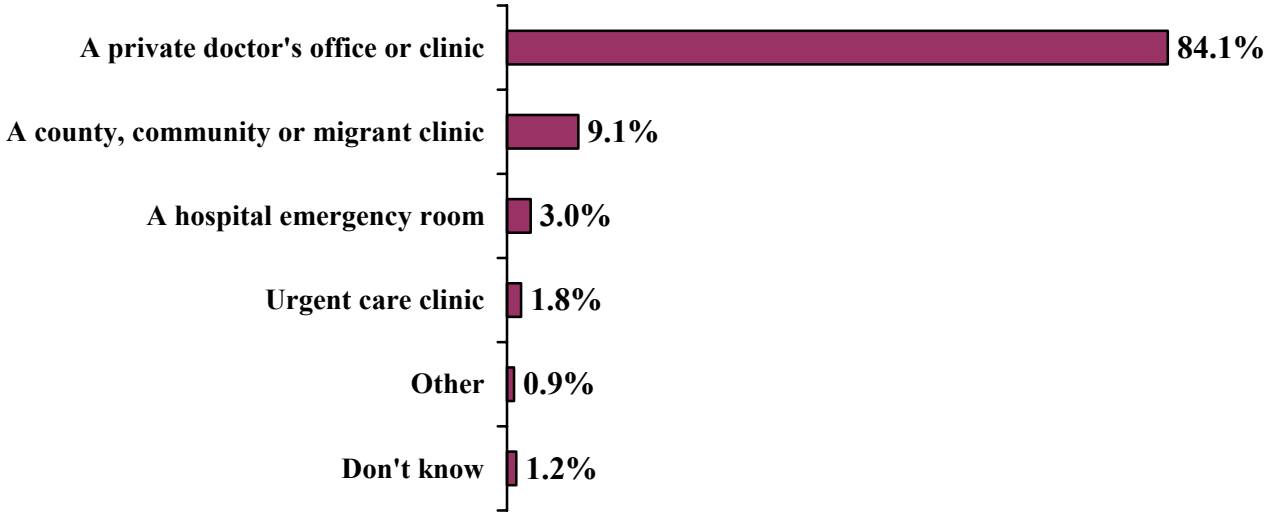


Figure 36

Where the 12.5% of respondents who have changed their place of care since losing their Medically Needy benefits used to get medical care

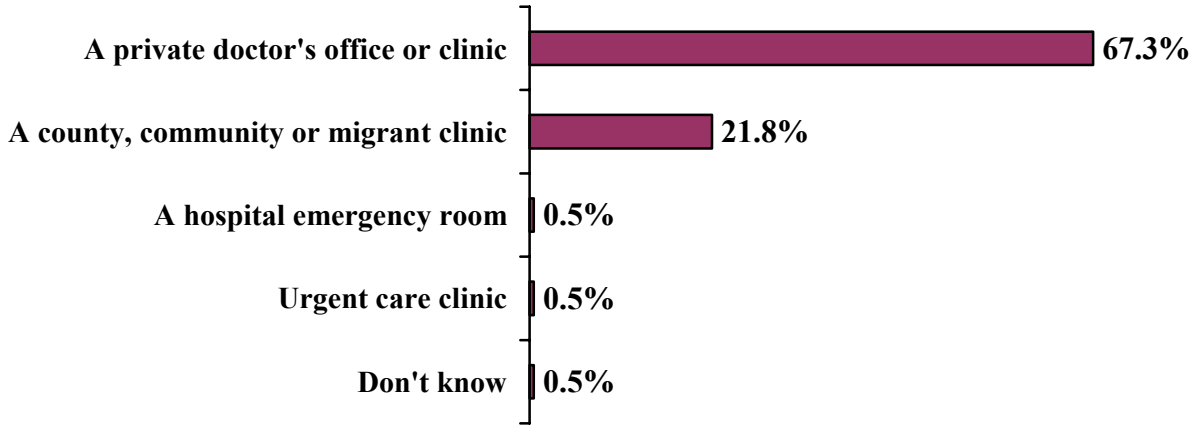


Figure 37

Number of ER visits before and after MN program

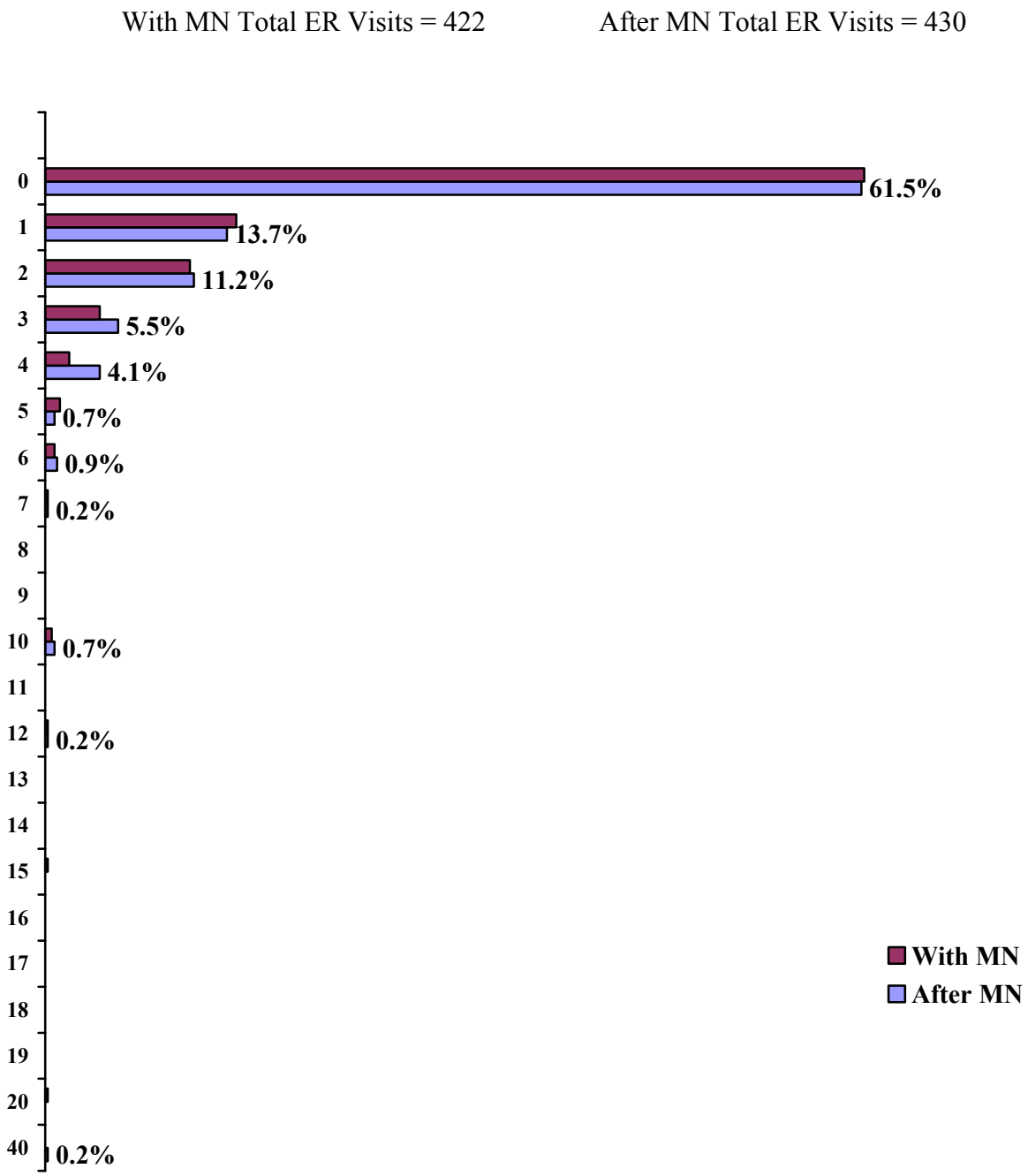


Figure 38

Number of hospitalizations before and after MN program

With MN Total Hospitalizations = 227 After MN Total Hospitalizations = 179

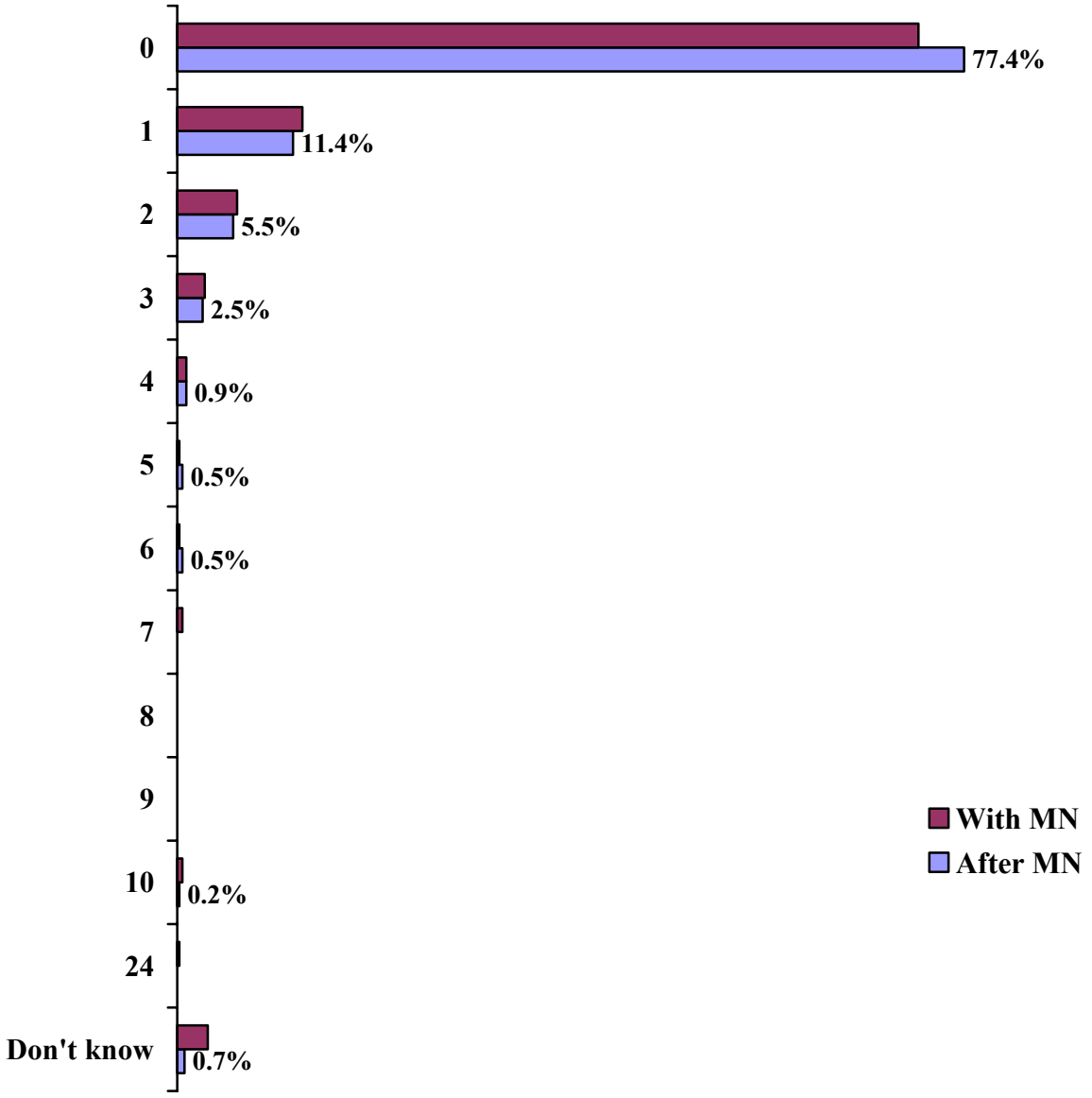


Figure 39

Reasons for hospitalizations

With MN		**After MN**	
227 total hospitalizations		**179 total hospitalizations**	
Heart disease	21%	Heart disease 22%	22%
Pneumonia	9%	Mental health 11%	11%
Mental health	9%	Pneumonia 10%	10%
Surgery for elbow/shoulder/foot/uterus	8%	Infection 7%	7%
Surgery for joints (hip/knee/wrist)	6%	Gastrointestinal 7%	7%
Back Surgery	5%	Back surgery 7%	7%
Infection	5%	Diabetes 6%	6%
Asthma	5%	Surgery for joints (hip/knee/wrist) 6%	6%
Cancer surgery or chemotherapy	4%	Cancer surgery or chemotherapy 4%	4%
Lungs	3%	Kidneys 4%	4%
		Broken bones/fractures 4%	4%