

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
ALABAMA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	105,918	41,111	63,713	1,059	13	22	1,138,541	426,507	702,141	9,587	116	190
Age												
5 and younger	8	0	8	0	0	0	70	0	70	0	0	0
6-14	9	0	9	0	0	0	97	0	97	0	0	0
15-20	257	0	243	1	13	0	2,841	0	2,713	12	116	0
21-44	20,224	0	19,325	898	0	1	219,663	0	211,339	8,318	0	6
45-64	24,418	4	24,243	155	0	16	264,527	37	263,093	1,230	0	167
65-74	22,276	9,037	13,229	5	0	5	244,853	94,445	150,364	27	0	17
75-84	21,425	16,235	5,190	0	0	0	231,264	172,726	58,538	0	0	0
85 and older	17,301	15,835	1,466	0	0	0	175,226	159,299	15,927	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	72,665	32,570	39,143	920	10	22	786,633	341,528	436,348	8,484	83	190
Male	33,252	8,541	24,569	139	3	0	351,901	84,979	265,786	1,103	33	0
Unknown	1	0	1	0	0	0	0	0	7	0	0	0
Race												
White	54,597	23,596	30,462	525	4	10	577,461	238,418	334,210	4,718	39	76
African American	42,182	14,067	27,582	514	8	11	461,189	150,166	306,157	4,691	65	110
Other/unknown	9,139	3,448	5,669	20	1	1	99,891	37,923	61,774	178	12	4
Use of Nursing Facilities^c												
Entire year	16,720	13,648	3,072	0	0	0	167,298	134,252	33,046	0	0	0
Part year	7,047	5,467	1,580	0	0	0	69,560	53,125	16,435	0	0	0
None	82,151	21,996	59,061	1,059	13	22	901,683	239,130	652,660	9,587	116	190
Maintenance Assistance Status												
Cash	74,893	20,262	54,257	373	1	0	830,249	225,807	601,048	3,388	6	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	2,954	1,146	1,554	231	1	22	27,104	11,044	14,346	1,512	12	190
Other/unknown	28,071	19,703	7,902	455	11	0	281,188	189,656	86,747	4,687	98	0
Dual Medicare Status^d												
Full dual, all year	98,976	37,839	60,073	1,029	13	22	1,070,706	393,359	667,696	9,345	116	190
Full dual, part year	6,942	3,272	3,640	30	0	0	67,835	33,148	34,445	242	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	104,734	40,719	62,926	1,054	13	22	1,132,247	424,683	697,692	9,566	116	190
FFS part year, with Rx claims	1,058	340	716	2	0	0	5,697	1,597	4,090	10	0	0
FFS part year, no Rx claims	126	52	71	3	0	0	597	227	359	11	0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	Percentage with at		Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
	Least One Rx	Mean Number of Rx						
All	89.2 %	47.7	\$2,486	\$52	\$12,281	20.2 %	105,918	
Age								
5 and younger	87.5	47.9	4,781	100	20,637	23.2	8	
6-14	88.9	53.8	22,425	417	26,580	84.4	9	
15-20	79.0	18.6	1,940	104	6,816	28.5	257	
21-44	80.9	28.9	2,095	73	6,394	32.8	20,224	
45-64	88.8	49.5	2,807	57	9,765	28.7	24,418	
65-74	89.2	51.4	2,456	48	9,712	25.3	22,276	
75-84	93.0	55.2	2,598	47	15,540	16.7	21,425	
85 and older	94.9	53.4	2,383	45	22,058	10.8	17,301	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	91.1	51.3	2,403	47	17,621	13.6	41,111	
Disabled	88.6	45.9	2,567	56	9,007	28.5	63,713	
Adults	51.6	16.3	810	50	2,091	38.8	1,059	
Children	53.8	10.2	958	94	2,984	32.1	13	
Unknown	95.5	40.8	2,579	63	13,405	19.2	22	
Gender								
Female	92.1	52.9	2,637	50	12,823	20.6	72,665	
Male	82.7	36.3	2,155	59	11,098	19.4	33,252	
Unknown	0.0	0.0	0	0	0	0.0	1	
Race								
White	90.5	55.0	2,902	53	15,665	18.5	54,597	
African American	87.6	39.0	2,016	52	9,491	21.2	42,182	
Other/unknown	88.8	44.5	2,164	49	4,945	43.8	9,139	
Use of Nursing Facilities^f								
Entire year	97.2	72.3	3,732	52	38,300	9.7	16,720	
Part year	94.7	53.3	2,758	52	24,469	11.3	7,047	
None	87.1	42.2	2,208	52	5,940	37.2	82,151	
Maintenance Assistance Status								
Cash	89.4	44.1	2,279	52	5,920	38.5	74,893	
Medically needy	0.0	0.0	0	0	0	0.0	0	
Poverty related	52.0	15.0	762	51	3,157	24.1	2,954	
Other/unknown	92.6	60.8	3,219	53	30,215	10.7	28,071	

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	4.4	\$231	20.2 %	10.8 %	15.7 %	10.5 %	29.9 %	25.9 %	7.2 %	\$1,143	105,918	1,138,541
Age												
5 and younger	5.5	546	23.2	12.5	0.0	0.0	37.5	50.0	0.0	2,359	8	70
6-14	5.0	2,081	84.4	11.1	11.1	0.0	44.4	22.2	11.1	2,466	9	97
15-20	1.7	176	28.5	21.0	41.6	14.4	17.5	4.3	1.2	617	257	2,841
21-44	2.7	193	32.8	19.1	29.2	12.8	24.1	12.3	2.6	589	20,224	219,663
45-64	4.6	259	28.7	11.2	15.4	10.7	29.4	25.4	7.9	901	24,418	264,527
65-74	4.7	224	25.3	10.8	13.3	9.9	30.2	27.7	8.1	884	22,276	244,853
75-84	5.1	241	16.7	7.0	10.5	9.7	32.1	31.6	9.1	1,440	21,425	231,264
85 and older	5.3	235	10.8	5.1	9.5	9.0	34.3	33.7	8.4	2,178	17,301	175,226
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	4.9	232	13.6	8.9	11.3	9.5	31.7	30.0	8.6	1,699	41,111	426,507
Disabled	4.2	233	28.5	11.4	18.6	11.1	28.9	23.6	6.4	817	63,713	702,141
Adults	1.8	90	38.8	48.4	15.2	8.8	16.8	8.7	2.1	231	1,059	9,587
Children	1.1	107	32.1	46.2	30.8	7.7	7.7	7.7	0.0	334	13	116
Unknown	4.7	299	19.2	4.5	13.6	0.0	45.5	31.8	4.5	1,552	22	190
Gender												
Female	4.9	244	20.6	7.9	12.9	10.1	31.5	29.2	8.4	1,185	72,665	786,633
Male	3.4	204	19.4	17.3	21.8	11.2	26.3	18.8	4.6	1,049	33,252	351,901
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	7
Race												
White	5.2	274	18.5	9.5	12.0	8.7	28.6	30.8	10.4	1,481	54,597	577,461
African American	3.6	184	21.2	12.4	20.2	12.4	31.1	20.3	3.5	868	42,182	461,189
Other/unknown	4.1	198	43.8	11.2	17.3	11.9	31.6	22.7	5.2	452	9,139	99,891
use of nursing Facilities^f												
Entire year	7.2	373	9.7	2.8	3.8	4.9	27.0	42.7	18.8	3,828	16,720	167,298
Part year	5.4	279	11.3	5.3	9.4	9.0	32.9	34.1	9.2	2,479	7,047	69,560
None	3.8	201	37.2	12.9	18.7	11.7	30.2	21.8	4.7	541	82,151	901,683
Maintenance Assistance Status												
Cash	4.0	206	38.5	10.6	18.5	11.8	31.2	22.9	4.9	534	74,893	830,249
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.6	83	24.1	48.0	20.3	9.3	13.6	7.1	1.6	344	2,954	27,104
Other/unknown	6.1	321	10.7	7.4	7.7	6.9	28.1	36.0	14.0	3,016	28,071	281,188

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.4	\$231	\$52	1.4	\$156	\$110	0.2	\$14	\$59	2.8	\$62	\$22
Age												
5 and younger	5.5	546	100	2.1	401	194	0.5	60	128	2.9	85	29
6-14	5.0	2,081	417	2.0	1,984	992	0.2	5	26	2.8	92	33
15-20	1.7	176	104	0.7	138	197	0.1	16	130	0.9	21	25
21-44	2.7	193	73	0.8	139	164	0.1	14	92	1.7	40	24
45-64	4.6	259	57	1.4	174	122	0.2	17	73	2.9	68	23
65-74	4.7	224	48	1.5	147	99	0.2	12	55	3.0	65	22
75-84	5.1	241	47	1.7	161	96	0.3	12	46	3.2	68	22
85 and older	5.3	235	45	1.6	153	94	0.3	12	40	3.3	70	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.9	232	47	1.6	155	95	0.3	12	44	3.0	65	22
Disabled	4.2	233	56	1.3	157	122	0.2	15	70	2.7	61	23
Adults	1.8	90	50	0.5	57	111	0.1	8	78	1.2	25	21
Children	1.1	107	94	0.5	97	179	0.1	2	29	0.6	9	16
Unknown	4.7	299	63	1.4	212	147	0.2	16	66	3.0	70	23
Gender												
Female	4.9	244	50	1.5	162	105	0.3	14	55	3.1	68	22
Male	3.4	204	59	1.1	141	129	0.2	12	72	2.2	50	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.2	274	53	1.7	183	110	0.3	17	60	3.2	74	23
African American	3.6	184	52	1.1	127	113	0.2	9	55	2.3	48	21
Other/unknown	4.1	198	49	1.2	129	105	0.2	12	63	2.6	57	22
Use of Nursing Facilities^e												
Entire year	7.2	373	52	2.5	256	103	0.5	21	46	4.3	97	23
Part year	5.4	279	52	1.8	192	105	0.3	16	48	3.2	72	22
None	3.8	201	52	1.2	134	114	0.2	12	67	2.5	55	22
Maintenance Assistance Status												
Cash	4.0	206	52	1.2	137	113	0.2	12	66	2.6	57	22
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.6	83	51	0.5	54	104	0.1	6	64	1.0	23	23
Other/unknown	6.1	321	53	2.1	220	106	0.4	18	49	3.6	83	23

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 other than the original patent holder. In Alabama, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx					Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$21	\$16	\$2	\$4	\$64	\$124	\$84	\$20	223,453	\$14,208,899	60,791	57.4 %	679,741	
Biologicals	0.1	0.0	0.0	0.1	87	1	5	82	724	22	1,911	1,165	610	441,873	460	0.4	5,050	
Antineoplastic Agents	0.5	0.1	0.0	0.4	64	26	0	38	138	457	162	94	27,014	3,739,197	5,652	5.3	58,569	
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	44	33	2	9	48	85	28	20	470,781	22,710,422	46,546	43.9	517,466	
Cardiovascular Agents	1.8	0.5	0.0	1.2	63	39	2	22	36	76	35	18	1,361,832	48,384,198	70,103	66.2	773,577	
Respiratory Agents	0.6	0.2	0.0	0.3	24	18	1	6	42	80	24	19	307,642	12,986,868	47,368	44.7	530,454	
Gastrointestinal Agents	0.7	0.1	0.0	0.6	41	17	1	22	56	142	47	38	386,718	21,774,630	47,770	45.1	530,346	
Genitourinary Agents	0.5	0.3	0.0	0.1	29	25	2	3	65	81	54	26	85,540	5,525,969	16,909	16.0	188,841	
CNS Drugs	1.1	0.5	0.0	0.6	90	72	2	17	81	149	82	27	669,010	54,040,274	54,498	51.5	598,534	
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	49	40	2	7	104	148	109	40	6,087	635,836	1,155	1.1	12,939	
Miscellaneous Psychological/																		
Neurological Agents	0.7	0.7	0.0	0.0	104	103	0	1	140	145	0	25	73,565	10,276,879	9,275	8.8	98,565	
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	30	19	1	10	41	147	148	17	508,104	20,682,314	61,061	57.6	678,933	
Neuromuscular Agents	0.8	0.2	0.2	0.5	53	25	16	12	64	138	96	24	327,799	20,892,361	35,552	33.6	395,826	
Nutritional Products	0.7	0.0	0.0	0.6	11	1	1	9	17	55	26	15	210,144	3,473,317	29,088	27.5	317,222	
Hematological Agents	0.7	0.2	0.1	0.4	48	38	4	6	66	165	35	16	183,196	12,095,162	23,193	21.9	253,845	
Topical Products	0.4	0.2	0.0	0.2	18	13	1	4	46	70	47	23	185,716	8,521,871	41,106	38.8	461,837	
Miscellaneous Products	0.4	0.2	0.0	0.2	98	72	14	12	241	438	329	62	11,216	2,707,353	2,572	2.4	27,564	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	4	0	0	0	12	0	0	0	13,777	167,414	3,476	3.3	38,595	
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.	5,052,204	263,264,837	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alabama, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$33,390,032	25,618	24.2 %	283,469	0.6	\$188	\$118
ANTICONVULSANT	17,401,471	28,470	26.9	318,153	0.7	81	55
ANTIDEPRESSANTS	16,905,791	49,088	46.3	545,093	0.6	53	31
ANTIDIABETIC	16,724,051	37,887	35.8	425,201	0.7	59	39
ULCER DRUGS	16,281,688	47,517	44.9	534,323	0.5	59	30
ANTIHYPERLIPIDEMIC	16,243,764	25,763	24.3	295,251	0.6	97	55
ANTIHYPERTENSIVE	12,990,444	58,408	55.1	658,670	0.6	34	20
ANALGESICS - Narcotic	10,898,410	72,649	68.6	816,692	0.4	35	13
NEUROLOGICAL	10,223,638	10,568	10.0	113,547	0.6	140	90
CALCIUM BLOCKERS	8,286,405	23,705	22.4	266,635	0.7	47	31
Total	159,345,694	379,673		4,257,034	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,383,603	\$159,345,694	25,618	24.2 %	283,469	0.6	\$118	28,470	26.9 %	318,153	0.7	\$55
Female	1,783,813	114,649,336	16,641	22.9	183,833	0.6	107	19,510	26.8	218,773	0.6	51
Disabled	993,907	66,929,768	9,389	24.0	107,064	0.6	118	13,104	33.5	150,016	0.6	57
5 and younger	34	2,285	1	25.0	5	0.6	47	0	0.0	0	0.0	0
6-14	9	151	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	811	86,439	18	18.9	216	0.8	138	18	18.9	216	1.2	182
21-44	157,024	13,022,901	2,881	30.2	32,851	0.5	116	3,752	39.3	42,686	0.6	71
45-64	413,518	29,093,328	3,921	26.2	44,800	0.6	128	5,821	38.8	66,833	0.6	58
65-74	282,854	16,789,095	1,568	17.1	17,965	0.6	113	2,416	26.3	27,904	0.6	43
75-84	110,825	6,331,220	750	18.4	8,531	0.6	94	880	21.6	10,030	0.6	39
85 and older	28,832	1,604,349	250	19.9	2,696	0.6	83	217	17.3	2,347	0.6	32
Other Eligibles	789,906	47,719,568	7,252	21.6	76,769	0.6	91	6,406	19.1	68,757	0.7	38
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	9	268	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4,314	290,136	76	9.4	700	0.4	76	129	15.9	1,208	0.5	50
45-64	2,440	145,780	20	15.7	198	0.4	86	42	33.1	396	0.6	38
65-74	134,784	8,232,575	945	15.5	10,168	0.6	105	1,160	19.0	12,750	0.6	42
75-84	341,939	20,770,246	2,859	22.3	30,753	0.6	95	2,760	21.5	30,113	0.7	39
85 and older	306,420	18,280,563	3,352	24.6	34,950	0.6	84	2,315	17.0	24,290	0.7	34
Male	599,790	44,696,358	8,977	27.0	99,636	0.7	138	8,960	26.9	99,380	0.7	62
Disabled	437,171	34,641,535	7,088	28.8	80,560	0.7	149	7,275	29.6	81,988	0.7	67
5 and younger	34	1,996	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	75	4,006	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,319	158,730	45	30.4	506	0.5	135	47	31.8	508	0.8	126
21-44	130,260	13,091,374	3,444	35.2	39,248	0.6	156	3,158	32.3	35,632	0.7	77
45-64	187,022	14,267,786	2,658	28.7	30,298	0.7	151	2,910	31.5	32,759	0.7	64
65-74	91,127	5,536,480	663	16.4	7,523	0.7	125	905	22.4	10,275	0.7	47
75-84	23,597	1,379,068	238	21.3	2,585	0.7	96	216	19.4	2,365	0.7	40
85 and older	3,737	202,095	40	18.9	400	0.6	104	39	18.4	449	0.9	39
Other Eligibles	162,619	10,054,823	1,889	21.8	19,076	0.6	93	1,685	19.4	17,392	0.7	40
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	13	225	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,485	86,373	18	20.2	161	0.3	48	35	39.3	302	0.4	31
45-64	638	45,590	7	14.6	45	0.8	116	13	27.1	111	0.4	56
65-74	49,010	3,030,009	505	17.1	5,212	0.6	101	544	18.4	5,826	0.7	43
75-84	70,649	4,391,420	825	24.4	8,499	0.6	92	745	22.0	7,704	0.7	39
85 and older	40,824	2,501,206	534	24.3	5,159	0.6	86	348	15.8	3,449	0.7	35
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	49,088	46.3 %	545,093	0.6	\$31	37,887	35.8 %	425,201	0.7	\$39	47,517	44.9 %	534,323	0.5	\$31
Female	37,791	52.0	421,357	0.6	31	29,410	40.5	331,790	0.7	39	35,821	49.3	404,351	0.5	31
Disabled	22,571	57.7	258,039	0.5	29	17,129	43.8	197,367	0.6	41	20,698	52.9	239,309	0.5	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	14	0.9	62
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	21	22.1	250	0.5	29	3	3.2	36	0.8	44	16	16.8	192	0.3	14
21-44	5,755	60.3	65,268	0.5	27	1,768	18.5	20,222	0.5	37	3,745	39.2	43,336	0.3	22
45-64	10,544	70.3	120,613	0.5	30	7,120	47.5	81,751	0.6	41	8,551	57.0	98,672	0.5	30
65-74	4,324	47.1	50,065	0.6	28	5,759	62.7	66,935	0.7	43	5,545	60.4	64,529	0.5	29
75-84	1,510	37.1	17,176	0.6	28	2,050	50.3	23,639	0.7	39	2,181	53.5	25,185	0.5	29
85 and older	417	33.3	4,667	0.6	30	429	34.2	4,784	0.7	32	658	52.5	7,381	0.6	31
Other Eligibles	15,220	45.4	163,318	0.7	35	12,281	36.6	134,423	0.7	37	15,123	45.1	165,042	0.6	34
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	18.2	18	0.2	9	0	0.0	0	0.0	0	2	18.2	18	0.1	3
21-44	231	28.5	2,317	0.4	26	50	6.2	480	0.5	35	123	15.2	1,298	0.3	22
45-64	94	74.0	914	0.5	29	53	41.7	525	0.5	37	58	45.7	551	0.4	27
65-74	2,319	38.1	25,740	0.6	31	2,683	44.1	29,724	0.7	39	2,438	40.0	27,335	0.5	32
75-84	6,056	47.1	65,875	0.7	35	5,708	44.4	63,700	0.7	38	6,055	47.1	67,273	0.6	34
85 and older	6,518	47.8	68,454	0.7	36	3,787	27.8	39,994	0.7	34	6,447	47.3	68,567	0.6	35
Male	11,297	34.0	123,736	0.6	31	8,477	25.5	93,411	0.7	40	11,696	35.2	129,972	0.5	30
Disabled	8,132	33.1	91,695	0.6	30	5,850	23.8	65,675	0.6	41	8,206	33.4	93,455	0.5	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	75.0	36	0.7	48
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	100.0	72	0.4	43
15-20	42	28.4	477	0.5	24	6	4.1	32	0.8	33	12	8.1	133	0.5	35
21-44	3,283	33.6	37,095	0.5	29	1,134	11.6	12,713	0.6	39	2,344	24.0	26,805	0.4	24
45-64	3,355	36.3	37,694	0.6	31	2,783	30.1	31,046	0.6	42	3,449	37.3	39,066	0.5	31
65-74	1,111	27.4	12,649	0.6	28	1,528	37.7	17,487	0.7	41	1,803	44.5	20,733	0.5	30
75-84	293	26.3	3,247	0.6	30	353	31.6	3,914	0.7	42	504	45.2	5,664	0.5	30
85 and older	48	22.6	533	0.6	29	46	21.7	483	0.7	33	85	40.1	946	0.6	24
Other Eligibles	3,165	36.5	32,041	0.6	34	2,627	30.3	27,736	0.7	37	3,490	40.2	36,517	0.6	34
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	66	74.2	580	0.4	19	19	21.3	170	0.7	50	36	40.4	350	0.3	23
21-44	21	43.8	185	0.4	19	17	35.4	132	0.7	67	15	31.3	135	0.4	25
45-64	852	28.8	8,973	0.6	31	925	31.3	10,081	0.7	38	964	32.6	10,313	0.5	33
65-74	1,314	38.8	13,437	0.7	35	1,151	34.0	12,251	0.7	37	1,423	42.0	15,169	0.6	34
75-84	912	41.5	8,866	0.7	37	515	23.4	5,102	0.7	34	1,051	47.8	10,538	0.6	35
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIHYPERTENSIVE					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	25,763	24.3 %	295,251	0.6	\$55	58,408	55.1 %	658,670	0.6	\$20	72,649	68.6 %	816,692	0.4	\$13
Female	19,384	26.7	223,127	0.6	55	43,976	60.5	497,980	0.6	20	54,576	75.1	616,770	0.4	13
Disabled	11,863	30.3	137,763	0.5	54	23,847	60.9	275,167	0.6	19	34,930	89.2	402,088	0.4	13
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.9	50	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	12	0.7	12	1	33.3	12	0.1	1
15-20	2	2.1	24	0.2	25	10	10.5	120	0.4	12	48	50.5	576	0.2	4
21-44	991	10.4	11,429	0.4	41	2,398	25.1	27,526	0.4	15	8,723	91.4	100,208	0.3	12
45-64	5,153	34.4	59,507	0.5	50	9,305	62.1	106,661	0.5	19	14,375	95.9	165,125	0.4	16
65-74	4,130	45.0	48,308	0.6	59	8,028	87.5	93,542	0.6	21	7,836	85.4	91,179	0.4	11
75-84	1,379	33.8	16,081	0.6	58	3,285	80.6	38,041	0.6	21	3,099	76.1	35,545	0.4	9
85 and older	208	16.6	2,414	0.7	62	819	65.3	9,253	0.6	22	848	67.6	9,443	0.4	11
Other Eligibles	7,521	22.4	85,364	0.6	58	20,129	60.0	222,813	0.6	21	19,646	58.6	214,682	0.4	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27.3	36	0.1	2
21-44	30	3.7	316	0.3	30	103	12.7	985	0.4	13	383	47.3	3,770	0.3	12
45-64	25	19.7	245	0.4	42	74	58.3	741	0.5	19	136	107.1	1,325	0.4	16
65-74	2,039	33.5	23,343	0.6	56	4,032	66.2	45,485	0.6	21	3,387	55.6	37,912	0.4	13
75-84	3,687	28.7	42,181	0.6	59	8,740	68.0	98,670	0.6	21	8,097	63.0	90,778	0.4	13
85 and older	1,740	12.8	19,279	0.6	57	7,180	52.7	76,932	0.7	21	7,640	56.0	80,861	0.4	14
Male	6,379	19.2	72,124	0.6	55	14,432	43.4	160,690	0.6	18	18,073	54.4	199,922	0.4	14
Disabled	4,762	19.4	54,371	0.6	54	10,019	40.8	113,346	0.6	18	13,903	56.6	156,195	0.4	14
5 and younger	1	25.0	12	0.3	15	1	25.0	12	0.3	4	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	66.7	48	0.8	16	4	66.7	48	0.1	1
15-20	2	1.4	24	0.6	47	25	16.9	267	0.5	10	45	30.4	493	0.2	2
21-44	925	9.5	10,558	0.5	43	2,149	22.0	24,037	0.5	17	5,293	54.1	59,553	0.3	13
45-64	2,242	24.2	25,429	0.6	55	4,390	47.5	49,211	0.6	18	5,423	58.6	60,467	0.4	16
65-74	1,284	31.7	14,846	0.6	59	2,646	65.3	30,627	0.6	19	2,421	59.8	27,612	0.4	15
75-84	280	25.1	3,194	0.6	62	709	63.5	8,104	0.6	18	612	54.8	6,831	0.4	7
85 and older	28	13.2	308	0.7	56	95	44.8	1,040	0.6	18	105	49.5	1,191	0.4	7
Other Eligibles	1,617	18.6	17,753	0.6	56	4,413	50.8	47,344	0.6	19	4,170	48.0	43,727	0.4	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	22	0.1	1
21-44	16	18.0	163	0.4	46	35	39.3	347	0.5	17	130	146.1	1,212	0.5	21
45-64	9	18.8	74	0.7	77	21	43.8	193	0.5	18	43	89.6	381	0.4	20
65-74	653	22.1	7,268	0.6	54	1,472	49.8	16,197	0.6	18	1,281	43.3	13,829	0.4	12
75-84	686	20.2	7,591	0.6	59	1,916	56.6	20,626	0.6	19	1,674	49.4	17,948	0.4	13
85 and older	253	11.5	2,657	0.6	56	969	44.1	9,981	0.7	18	1,040	47.3	10,335	0.4	14
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					CALCIUM BLOCKERS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Benefit per Rx \$ per Month		
All	10,568	10.0 %	113,547	0.6	\$90	23,705	22.4 %	266,635	0.7	\$31	105,918	1,138,541
Female	8,506	11.7	92,145	0.6	90	18,556	25.5	209,513	0.7	31	72,665	786,633
Disabled	1,839	4.7	20,908	0.6	107	9,355	23.9	107,808	0.6	30	39,143	436,348
5 and younger	1	25.0	5	0.4	56	1	25.0	5	1.0	59	4	31
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
15-20	0	0.0	0	0.0	0	6	6.3	72	0.3	22	95	1,094
21-44	132	1.4	1,479	0.5	302	788	8.3	8,979	0.5	22	9,542	105,357
45-64	404	2.7	4,540	0.5	152	3,463	23.1	39,759	0.6	28	14,991	165,094
65-74	584	6.4	6,723	0.6	71	3,253	35.4	37,806	0.7	32	9,180	104,907
75-84	509	12.5	5,836	0.6	77	1,436	35.2	16,570	0.7	32	4,074	46,127
85 and older	209	16.7	2,325	0.6	79	408	32.5	4,617	0.7	33	1,254	13,713
Other Eligibles	6,667	19.9	71,237	0.7	85	9,201	27.4	101,705	0.7	33	33,522	350,285
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	11	95
21-44	2	0.2	22	0.1	21	38	4.7	362	0.4	16	810	7,602
45-64	0	0.0	0	0.0	0	27	21.3	249	0.6	28	127	1,061
65-74	577	9.5	6,220	0.6	79	1,664	27.3	18,851	0.7	31	6,090	64,591
75-84	2,743	21.4	29,587	0.7	84	3,961	30.8	44,418	0.7	33	12,847	138,456
85 and older	3,345	24.5	35,408	0.7	87	3,511	25.7	37,825	0.7	33	13,637	138,480
Male	2,062	6.2	21,402	0.6	89	5,149	15.5	57,122	0.6	31	33,252	351,901
Disabled	650	2.6	7,218	0.6	95	3,445	14.0	38,996	0.6	31	24,569	265,786
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.2	4	4	39
6-14	0	0.0	0	0.0	0	1	16.7	12	0.2	9	6	72
15-20	0	0.0	0	0.0	0	16	10.8	160	0.5	27	148	1,619
21-44	102	1.0	1,158	0.5	174	662	6.8	7,392	0.5	28	9,783	105,982
45-64	196	2.1	2,139	0.6	80	1,466	15.8	16,492	0.6	31	9,251	97,992
65-74	201	5.0	2,316	0.6	76	981	24.2	11,293	0.7	32	4,049	45,457
75-84	121	10.8	1,307	0.6	86	267	23.9	3,091	0.7	32	1,116	12,411
85 and older	30	14.2	298	0.7	90	51	24.1	544	0.7	33	212	2,214
Other Eligibles	1,412	16.3	14,184	0.7	86	1,704	19.6	18,126	0.7	31	8,683	86,115
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	3	33
21-44	3	3.4	36	0.2	22	9	10.1	77	0.6	21	89	722
45-64	0	0.0	0	0.0	0	6	12.5	63	0.5	27	48	373
65-74	276	9.3	2,871	0.6	77	528	17.9	5,771	0.6	30	2,957	29,898
75-84	632	18.7	6,423	0.7	86	744	22.0	8,004	0.7	32	3,388	34,270
85 and older	501	22.8	4,854	0.7	93	417	19.0	4,211	0.7	32	2,198	20,819
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$373	7.2	16,720	167,298
Age				
0-64	468	7.7	1,343	14,119
65-74	449	8.0	2,287	23,313
75-84	394	7.6	5,422	54,647
85 and older	317	6.7	7,668	75,219
Unknown	0	0.0	0	0
Gender				
Female	372	7.3	12,837	129,881
Male	376	6.9	3,883	37,417
Unknown	0	0.0	0	0
Race				
White	384	7.6	12,533	124,518
African American	340	6.2	4,087	41,781
Other/unknown	370	6.4	100	999
Basis of Eligibility^c				
Aged	359	7.2	13,648	134,252
Disabled	430	7.4	3,072	33,046
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 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 7,047 beneficiaries who were in nursing facilities for part of their enrollment and their 69,560 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.2	\$21	\$16	\$2	\$3	\$60	\$101	\$80	\$20	43,136	\$2,607,063	11,588	69.3 %	123,260
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	22	19	90	26	304	6,772	301	1.8	3,347
Antineoplastic Agents	0.5	0.0	0.0	0.4	62	6	0	56	131	306	111	124	10,144	1,332,165	2,190	13.1	21,623
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	52	42	2	8	47	82	19	16	99,963	4,672,941	8,626	51.6	89,994
Cardiovascular Agents	2.1	0.4	0.1	1.5	58	30	2	26	28	67	30	17	274,680	7,742,190	12,982	77.6	133,341
Respiratory Agents	0.6	0.2	0.0	0.4	24	17	1	7	41	77	22	19	50,801	2,060,208	8,005	47.9	85,057
Gastrointestinal Agents	1.1	0.2	0.1	0.8	55	25	3	28	52	128	41	35	109,014	5,696,149	9,884	59.1	103,669
Genitourinary Agents	0.6	0.4	0.0	0.1	42	35	3	4	67	80	60	29	30,078	2,012,859	4,513	27.0	48,242
CNS Drugs	1.5	0.8	0.0	0.7	116	94	3	19	78	120	69	29	190,198	14,894,146	12,336	73.8	128,236
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	0.6	0.3	0.0	0.3	42	36	1	6	71	134	34	19	924	65,532	147	0.9	1,543
Analgesics and Anesthetics	0.9	0.9	0.0	0.0	120	120	0	0	134	135	0	24	42,471	5,707,116	4,560	27.3	47,474
Neuromuscular Agents	0.9	0.3	0.0	0.6	44	34	1	10	49	122	60	16	86,148	4,244,990	9,218	55.1	96,010
Nutritional Products	1.1	0.3	0.3	0.5	66	28	21	17	59	104	68	32	71,295	4,209,876	6,015	36.0	63,686
Hematological Agents	0.8	0.0	0.0	0.8	12	1	1	11	15	44	22	14	72,527	1,064,946	8,414	50.3	87,159
Topical Products	1.0	0.3	0.2	0.5	56	43	5	7	56	140	32	14	65,170	3,631,654	6,230	37.3	64,702
Miscellaneous Products	0.5	0.2	0.0	0.3	21	13	2	6	41	66	45	23	56,153	2,309,586	10,003	59.8	107,480
Unknown Therapeutic Category	0.2	0.1	0.0	0.1	8	4	0	5	37	47	92	32	2,663	99,522	1,127	6.7	11,824
TOTAL NO. OF RX AND RX \$	0.5	0.0	0.0	0.0	6	0	0	0	12	0	0	0	3,992	48,752	727	4.3	7,625
	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,209,661	62,406,467	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 7,047 beneficiaries who were in nursing facilities for part of their enrollment and their 69,560 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 2004. 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Alabama, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,554,077	6,905	41.3 %	73,883	0.7	\$158	\$116
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,690,104	5,222	31.2	55,119	0.8	134	103
ANTIDEPRESSANTS	5,521,232	11,833	70.8	125,699	0.8	56	44
ULCER DRUGS	4,297,602	9,467	56.6	100,689	0.7	59	43
ANTICONVULSANT	3,264,339	5,622	33.6	60,424	0.9	63	54
ANTIDIABETIC	3,103,606	6,995	41.8	74,493	0.9	49	42
ANALGESICS - Narcotic	2,526,418	9,552	57.1	100,444	0.5	46	25
MISC. HEMATOLOGICAL	2,187,500	2,705	16.2	28,580	0.8	101	77
ANTIHYPERTENSIVE	2,022,821	8,262	49.4	86,499	0.8	30	23
ANTIHYPERLIPIDEMIC	1,671,195	2,543	15.2	27,414	0.8	81	61
Total	38,838,894	69,106		733,244	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 7,047 beneficiaries who were in nursing facilities for part of their enrollment and their 69,560 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	547,457	\$38,838,894	6,905	41.3 %	73,883	0.7	\$116	5,222	31.2 %	55,119	0.8	\$103
Female	425,116	29,936,684	5,229	40.7	56,359	0.7	114	4,221	32.9	44,864	0.8	103
Disabled	73,646	5,787,202	921	50.7	10,293	0.8	151	363	20.0	3,982	0.8	144
64 or younger	27,227	2,330,048	326	50.6	3,538	0.8	160	84	13.0	844	0.9	267
65-74	23,649	1,801,912	285	54.5	3,263	0.8	164	102	19.5	1,138	0.8	115
75-84	15,536	1,159,076	221	52.6	2,497	0.8	134	112	26.7	1,256	0.8	109
85 and older	7,234	496,166	89	38.7	995	0.7	124	65	28.3	744	0.8	107
Other Eligibles	351,470	24,149,482	4,308	39.1	46,066	0.7	106	3,858	35.0	40,882	0.8	99
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	37,827	2,788,370	463	53.0	4,945	0.8	129	288	33.0	2,985	0.8	101
75-84	139,361	9,785,118	1,670	44.3	18,228	0.7	114	1,492	39.6	15,915	0.8	100
85 and older	174,282	11,575,994	2,175	34.1	22,893	0.7	94	2,078	32.6	21,982	0.8	99
Male	122,341	8,902,210	1,676	43.2	17,524	0.7	122	1,001	25.8	10,255	0.8	104
Disabled	46,092	3,529,076	606	48.3	6,647	0.8	145	190	15.1	2,079	0.8	111
64 or younger	25,551	2,020,958	327	46.8	3,542	0.8	155	65	9.3	678	0.8	130
65-74	14,207	1,070,713	178	50.9	2,042	0.8	144	70	20.0	814	0.8	99
75-84	5,122	355,213	86	53.1	912	0.7	105	47	29.0	500	0.8	107
85 and older	1,212	82,192	15	34.1	151	0.8	156	8	18.2	87	0.8	107
Other Eligibles	76,249	5,373,134	1,070	40.7	10,877	0.7	107	811	30.9	8,176	0.8	102
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	17,732	1,267,466	254	47.0	2,604	0.7	118	134	24.8	1,391	0.7	96
75-84	33,489	2,374,075	473	44.1	4,890	0.7	109	362	33.8	3,664	0.7	99
85 and older	25,028	1,731,593	343	33.8	3,383	0.7	98	315	31.0	3,121	0.8	108
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 7,047 beneficiaries who were in nursing facilities for part of their enrollment and their 69,560 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	11,833	70.8 %	125,699	0.8	\$44	9,467	56.6 %	100,689	0.7	\$43	5,622	33.6 %	60,424	0.9	\$54
Female	9,325	72.6	99,751	0.8	44	7,298	56.9	78,035	0.7	42	4,037	31.4	43,523	0.8	51
Disabled	1,344	74.0	15,064	0.8	47	1,085	59.7	12,102	0.7	42	1,007	55.4	11,390	0.9	71
64 or younger	526	81.7	5,858	0.8	49	353	54.8	3,955	0.7	42	487	75.6	5,556	1.0	89
65-74	402	76.9	4,622	0.8	47	330	63.1	3,766	0.7	42	305	58.3	3,469	0.9	58
75-84	287	68.3	3,178	0.7	45	251	59.8	2,734	0.7	39	156	37.1	1,718	0.9	52
85 and older	129	56.1	1,406	0.8	44	151	65.7	1,647	0.8	45	59	25.7	647	0.8	42
Other Eligibles	7,981	72.4	84,687	0.8	43	6,213	56.4	65,933	0.7	42	3,030	27.5	32,133	0.8	44
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	717	82.1	7,674	0.8	48	568	65.1	6,025	0.7	47	430	49.3	4,575	0.8	56
75-84	3,059	81.2	32,830	0.8	44	2,167	57.5	23,253	0.7	44	1,269	33.7	13,613	0.8	46
85 and older	4,205	65.9	44,183	0.8	42	3,478	54.5	36,655	0.7	41	1,331	20.9	13,945	0.8	39
Male	2,508	64.6	25,948	0.8	44	2,169	55.9	22,654	0.7	44	1,585	40.8	16,901	0.9	61
Disabled	824	65.7	9,039	0.8	45	759	60.5	8,368	0.7	46	760	60.6	8,402	1.0	74
64 or younger	481	68.8	5,158	0.8	45	409	58.5	4,447	0.7	47	478	68.4	5,276	1.0	83
65-74	235	67.1	2,674	0.8	46	223	63.7	2,523	0.7	50	218	62.3	2,438	0.9	60
75-84	81	50.0	901	0.8	44	101	62.3	1,115	0.7	38	50	30.9	524	1.0	54
85 and older	27	61.4	306	0.8	40	26	59.1	283	0.6	29	14	31.8	164	1.1	52
Other Eligibles	1,684	64.1	16,909	0.8	43	1,410	53.7	14,286	0.7	43	825	31.4	8,499	0.8	48
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	353	65.2	3,646	0.7	43	279	51.6	2,869	0.7	46	236	43.6	2,518	0.9	59
75-84	739	68.9	7,457	0.8	44	565	52.7	5,809	0.7	43	375	35.0	3,857	0.8	46
85 and older	592	58.3	5,806	0.8	43	566	55.8	5,608	0.7	42	214	21.1	2,124	0.8	40
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 7,047 beneficiaries who were in nursing facilities for part of their enrollment and their 69,560 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	6,995	41.8 %	74,493	0.9	\$42	9,552	57.1 %	100,444	0.5	\$25	2,705	16.2 %	28,580	0.8	\$77
Female	5,341	41.6	57,113	0.9	42	7,604	59.2	80,713	0.5	25	2,025	15.8	21,611	0.8	77
Disabled	995	54.8	11,180	0.9	47	1,117	61.5	12,376	0.6	33	248	13.6	2,781	0.7	72
64 or younger	330	51.2	3,669	0.9	50	407	63.2	4,537	0.7	42	64	9.9	704	0.7	76
65-74	340	65.0	3,875	1.0	51	335	64.1	3,821	0.6	32	76	14.5	870	0.7	72
75-84	228	54.3	2,625	0.9	44	234	55.7	2,546	0.5	29	79	18.8	889	0.7	65
85 and older	97	42.2	1,011	0.8	33	141	61.3	1,472	0.5	16	29	12.6	318	0.7	79
Other Eligibles	4,346	39.4	45,933	0.8	40	6,487	58.9	68,337	0.5	24	1,777	16.1	18,830	0.8	78
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	576	66.0	5,853	0.9	46	600	68.7	6,363	0.7	37	159	18.2	1,715	0.8	82
75-84	1,829	48.5	19,841	0.9	43	2,410	64.0	25,962	0.6	26	615	16.3	6,553	0.8	83
85 and older	1,941	30.4	20,239	0.8	36	3,477	54.5	36,012	0.5	21	1,003	15.7	10,562	0.7	73
Male	1,654	42.6	17,380	0.9	42	1,948	50.2	19,731	0.5	24	680	17.5	6,969	0.8	76
Disabled	593	47.3	6,556	0.9	43	646	51.5	6,878	0.5	27	189	15.1	2,042	0.7	80
64 or younger	312	44.6	3,364	0.9	47	396	56.7	4,174	0.5	27	86	12.3	904	0.7	78
65-74	190	54.3	2,189	0.8	39	167	47.7	1,844	0.6	32	69	19.7	765	0.8	79
75-84	77	47.5	857	0.8	38	66	40.7	668	0.5	16	26	16.0	281	0.8	80
85 and older	14	31.8	146	0.7	25	17	38.6	192	0.6	22	8	18.2	92	0.8	101
Other Eligibles	1,061	40.4	10,824	0.8	41	1,302	49.5	12,853	0.5	22	491	18.7	4,927	0.8	74
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	261	48.2	2,776	0.9	42	280	51.8	2,829	0.6	25	104	19.2	1,057	0.7	73
75-84	491	45.8	5,072	0.8	42	538	50.2	5,405	0.5	22	201	18.8	2,014	0.8	77
85 and older	309	30.4	2,976	0.8	38	484	47.7	4,619	0.5	21	186	18.3	1,856	0.8	72
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 7,047 beneficiaries who were in nursing facilities for part of their enrollment and their 69,560 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIHYPERLIPIDEMIC					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	8,262	49.4 %	86,499	0.8	\$23	2,543	15.2 %	27,414	0.8	\$61	16,720	167,298
Female	6,356	49.5	66,743	0.8	24	1,934	15.1	20,993	0.8	61	12,837	129,881
Disabled	940	51.7	10,503	0.8	24	362	19.9	4,107	0.7	60	1,817	19,828
64 or younger	276	42.9	3,027	0.8	25	135	21.0	1,499	0.8	58	644	6,952
65-74	307	58.7	3,531	0.8	24	136	26.0	1,564	0.7	60	523	5,839
75-84	231	55.0	2,569	0.7	22	67	16.0	766	0.7	64	420	4,593
85 and older	126	54.8	1,376	0.7	23	24	10.4	278	0.8	64	230	2,444
Other Eligibles	5,416	49.1	56,240	0.8	24	1,572	14.3	16,886	0.8	62	11,020	110,053
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	547	62.7	5,648	0.8	26	215	24.6	2,331	0.8	69	873	8,573
75-84	2,001	53.1	21,243	0.8	24	738	19.6	8,017	0.8	62	3,768	38,330
85 and older	2,868	45.0	29,349	0.8	24	619	9.7	6,538	0.7	59	6,379	63,150
Male	1,906	49.1	19,756	0.8	22	609	15.7	6,421	0.7	60	3,883	37,417
Disabled	632	50.4	6,980	0.8	22	219	17.5	2,376	0.7	61	1,255	13,218
64 or younger	340	48.6	3,673	0.8	24	121	17.3	1,296	0.7	60	699	7,167
65-74	194	55.4	2,236	0.8	20	75	21.4	836	0.8	62	350	3,861
75-84	84	51.9	936	0.7	18	19	11.7	206	0.8	64	162	1,740
85 and older	14	31.8	135	0.8	15	4	9.1	38	0.9	36	44	450
Other Eligibles	1,274	48.5	12,776	0.8	22	390	14.8	4,045	0.7	59	2,628	24,199
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	291	53.8	3,014	0.8	22	108	20.0	1,093	0.7	57	541	5,040
75-84	565	52.7	5,704	0.8	22	182	17.0	1,953	0.7	59	1,072	9,984
85 and older	418	41.2	4,058	0.8	22	100	9.9	999	0.8	62	1,015	9,175
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 7,047 beneficiaries who were in nursing facilities for part of their enrollment and their 69,560 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALABAMA, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	65,860	62.2 %	6.1	647,927	\$93	\$9,812,579	\$15	3.7 %	105,918
Age									
5 and younger	7	87.5	12.4	99	1,317	10,538	106	27.6	8
6-14	6	66.7	10.7	96	845	7,605	79	3.8	9
15-20	99	38.5	2.5	637	83	21,294	33	4.3	257
21-44	9,452	46.7	3.3	66,990	71	1,427,573	21	3.4	20,224
45-64	15,076	61.7	5.9	143,758	100	2,448,724	17	3.6	24,418
65-74	13,769	61.8	6.1	135,490	90	2,009,519	15	3.7	22,276
75-84	14,627	68.3	7.3	155,575	99	2,115,885	14	3.8	21,425
85 and older	12,824	74.1	8.4	145,282	102	1,771,441	12	4.3	17,301
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	27,572	67.1	7.2	294,943	93	3,813,951	13	3.9	41,111
Disabled	37,936	59.5	5.5	350,904	94	5,966,123	17	3.6	63,713
Adults	333	31.4	1.9	1,974	29	30,794	16	3.6	1,059
Children	4	30.8	1.8	23	29	376	16	3.0	13
Unknown	15	68.2	3.8	83	61	1,335	16	2.4	22
Gender									
Female	49,065	67.5	6.9	498,024	103	7,486,283	15	3.9	72,665
Male	16,795	50.5	4.5	149,903	70	2,326,296	16	3.2	33,252
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Race									
White	36,627	67.1	7.3	397,255	109	5,951,121	15	3.8	54,597
African American	23,957	56.8	4.9	205,315	75	3,163,635	15	3.7	42,182
Other/unknown	5,276	57.7	5.0	45,357	76	697,823	15	3.5	9,139
Use of Nursing Facilities^d									
Entire year	13,842	82.8	11.5	192,936	143	2,391,377	12	3.8	16,720
Part year	5,654	80.2	8.1	56,871	115	812,518	14	4.2	7,047
None	46,364	56.4	4.8	398,120	80	6,608,684	17	3.6	82,151
Maintenance Assistance Status									
Cash	43,727	58.4	5.1	382,219	82	6,159,401	16	3.6	74,893
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	949	32.1	1.8	5,345	27	79,913	15	3.5	2,954
Other/unknown	21,184	75.5	9.3	260,363	127	3,573,265	14	4.0	28,071

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

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

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

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALABAMA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.6	\$9	\$15	\$0	\$2	1,138,541
Age						
5 and younger	1.4	151	106	0	0	70
6-14	1.0	78	79	0	0	97
15-20	0.2	7	33	0	1	2,841
21-44	0.3	6	21	0	2	219,663
45-64	0.5	9	17	0	3	264,527
65-74	0.6	8	15	0	2	244,853
75-84	0.7	9	14	0	2	231,264
85 and older	0.8	10	12	0	2	175,226
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	9	13	0	2	426,507
Disabled	0.5	8	17	0	2	702,141
Adults	0.2	3	16	0	1	9,587
Children	0.2	3	16	0	0	116
Unknown	0.4	7	16	0	2	190
Gender						
Female	0.6	10	15	0	2	786,633
Male	0.4	7	16	0	2	351,901
Unknown	0.0	0	0	0	0	7
Race						
White	0.7	10	15	0	3	577,461
African American	0.4	7	15	0	1	461,189
Other/unknown	0.5	7	15	0	2	99,891
Use of Nursing Facilities^d						
Entire year	1.2	14	12	0	3	167,298
Part year	0.8	12	14	0	3	69,560
None	0.4	7	17	0	2	901,683
Maintenance Assistance Status						
Cash	0.5	7	16	0	2	830,249
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	3	15	0	1	27,104
Other/unknown	0.9	13	14	0	3	281,188

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 ALABAMA, 2004

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
All	112,651	\$87	\$9,812,579	100.0 %	647,927	\$15	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	52	52	0.0	1	52	0.0
Drugs for cosmetic purposes	24	29	701	0.0	37	19	0.0
Cough and cold medications	26,429	61	1,608,190	16.4	77,331	21	11.9
Vitamins and minerals	27,916	109	3,036,895	30.9	195,299	16	30.1
Non-prescription drugs	30,017	52	1,573,444	16.0	195,390	8	30.2
Barbiturates	1,687	72	121,363	1.2	15,611	8	2.4
Benzodiazepines	22,508	109	2,445,601	24.9	147,198	17	22.7
Other Part D Excl Rx Drugs	4,069	252	1,026,333	10.5	17,060	60	2.6

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 ALABAMA, 2004

Total Number of Dual Eligible Beneficiaries	105,918
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$263,264,837
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,486

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,453	10.8 %	\$0	0.0 %
1-500	18,480	17.4	3,926,527	1.5
501-1,000	12,144	11.5	8,990,412	3.4
1,001-1,500	9,822	9.3	12,208,440	4.6
1,501-2,000	8,356	7.9	14,578,800	5.5
2,001-2,500	7,282	6.9	16,337,888	6.2
2,501-3,000	6,262	5.9	17,185,828	6.5
3,001-3,500	5,412	5.1	17,560,413	6.7
3,501-4,000	4,407	4.2	16,494,348	6.3
4,001-4,500	3,703	3.5	15,719,024	6.0
4,501-5,000	3,141	3.0	14,896,159	5.7
5,001-5,500	2,645	2.5	13,868,251	5.3
5,501-6,000	2,186	2.1	12,565,101	4.8
6,001-6,500	1,802	1.7	11,245,316	4.3
6,501-7,000	1,437	1.4	9,691,692	3.7
7,001-7,500	1,188	1.1	8,604,481	3.3
7,501-8,000	998	0.9	7,720,800	2.9
8,001-8,500	802	0.8	6,615,364	2.5
8,501-9,000	660	0.6	5,771,799	2.2
9,001-9,500	551	0.5	5,096,226	1.9
9,501-10,000	439	0.4	4,280,719	1.6
10,001+	2,748	2.6	39,907,249	15.2

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 ALABAMA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	43,828
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$110,737,680
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$2,527

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,130	14.0 %	0	0.0 %
1-500	9,516	21.7	1,860,556	1.7
501-1,000	4,877	11.1	3,596,953	3.2
1,001-1,500	3,519	8.0	4,357,495	3.9
1,501-2,000	2,813	6.4	4,909,233	4.4
2,001-2,500	2,329	5.3	5,229,715	4.7
2,501-3,000	2,041	4.7	5,609,439	5.1
3,001-3,500	1,793	4.1	5,811,498	5.2
3,501-4,000	1,430	3.3	5,351,435	4.8
4,001-4,500	1,235	2.8	5,239,548	4.7
4,501-5,000	1,062	2.4	5,039,436	4.6
5,001-5,500	941	2.1	4,936,524	4.5
5,501-6,000	818	1.9	4,704,225	4.2
6,001-6,500	748	1.7	4,665,409	4.2
6,501-7,000	612	1.4	4,126,500	3.7
7,001-7,500	503	1.1	3,646,342	3.3
7,501-8,000	453	1.0	3,505,352	3.2
8,001-8,500	389	0.9	3,210,831	2.9
8,501-9,000	344	0.8	3,004,750	2.7
9,001-9,500	249	0.6	2,301,638	2.1
9,501-10,000	220	0.5	2,145,509	1.9
10,001+	1,806	4.1	27,485,292	24.8

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 ALABAMA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	61,002
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$151,603,405
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,485

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,802	7.9 %	0	0.0 %
1-500	8,750	14.3	2,025,480	1.3
501-1,000	7,176	11.8	5,326,926	3.5
1,001-1,500	6,248	10.2	7,781,961	5.1
1,501-2,000	5,492	9.0	9,581,837	6.3
2,001-2,500	4,924	8.1	11,043,168	7.3
2,501-3,000	4,193	6.9	11,499,355	7.6
3,001-3,500	3,600	5.9	11,688,152	7.7
3,501-4,000	2,965	4.9	11,098,595	7.3
4,001-4,500	2,452	4.0	10,411,880	6.9
4,501-5,000	2,068	3.4	9,805,138	6.5
5,001-5,500	1,696	2.8	8,890,084	5.9
5,501-6,000	1,362	2.2	7,826,322	5.2
6,001-6,500	1,048	1.7	6,542,430	4.3
6,501-7,000	819	1.3	5,525,490	3.6
7,001-7,500	684	1.1	4,951,027	3.3
7,501-8,000	542	0.9	4,192,179	2.8
8,001-8,500	411	0.7	3,387,857	2.2
8,501-9,000	314	0.5	2,749,290	1.8
9,001-9,500	300	0.5	2,776,100	1.8
9,501-10,000	219	0.4	2,135,210	1.4
10,001+	937	1.5	12,364,924	8.2

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 ALABAMA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	22,276
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$54,713,755
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,456

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,409	10.8 %	0	0.0 %
1-500	3,278	14.7	723,254	1.3
501-1,000	2,474	11.1	1,835,895	3.4
1,001-1,500	2,140	9.6	2,666,048	4.9
1,501-2,000	1,778	8.0	3,105,052	5.7
2,001-2,500	1,718	7.7	3,855,512	7.0
2,501-3,000	1,483	6.7	4,068,335	7.4
3,001-3,500	1,264	5.7	4,103,172	7.5
3,501-4,000	1,039	4.7	3,890,071	7.1
4,001-4,500	871	3.9	3,698,161	6.8
4,501-5,000	746	3.3	3,536,511	6.5
5,001-5,500	612	2.7	3,210,073	5.9
5,501-6,000	484	2.2	2,781,988	5.1
6,001-6,500	377	1.7	2,350,663	4.3
6,501-7,000	311	1.4	2,098,135	3.8
7,001-7,500	256	1.1	1,851,618	3.4
7,501-8,000	170	0.8	1,315,940	2.4
8,001-8,500	136	0.6	1,121,186	2.0
8,501-9,000	99	0.4	865,199	1.6
9,001-9,500	120	0.5	1,110,882	2.0
9,501-10,000	84	0.4	819,625	1.5
10,001+	427	1.9	5,706,435	10.4

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 ALABAMA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	21,425
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$55,666,402
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,598

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,503	7.0 %	0	0.0 %
1-500	2,828	13.2	670,928	1.2
501-1,000	2,449	11.4	1,816,580	3.3
1,001-1,500	2,173	10.1	2,705,263	4.9
1,501-2,000	2,003	9.3	3,496,395	6.3
2,001-2,500	1,804	8.4	4,044,977	7.3
2,501-3,000	1,452	6.8	3,982,242	7.2
3,001-3,500	1,311	6.1	4,259,010	7.7
3,501-4,000	1,126	5.3	4,215,635	7.6
4,001-4,500	904	4.2	3,837,123	6.9
4,501-5,000	752	3.5	3,565,135	6.4
5,001-5,500	603	2.8	3,161,792	5.7
5,501-6,000	502	2.3	2,883,134	5.2
6,001-6,500	403	1.9	2,516,858	4.5
6,501-7,000	298	1.4	2,012,698	3.6
7,001-7,500	253	1.2	1,829,209	3.3
7,501-8,000	228	1.1	1,764,112	3.2
8,001-8,500	153	0.7	1,261,924	2.3
8,501-9,000	144	0.7	1,262,360	2.3
9,001-9,500	112	0.5	1,034,889	1.9
9,501-10,000	97	0.5	946,955	1.7
10,001+	327	1.5	4,399,183	7.9

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 ALABAMA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	17,301
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$41,223,248
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,383

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	890	5.1 %	0	0.0 %
1-500	2,644	15.3	631,298	1.5
501-1,000	2,253	13.0	1,674,451	4.1
1,001-1,500	1,935	11.2	2,410,650	5.8
1,501-2,000	1,711	9.9	2,980,390	7.2
2,001-2,500	1,402	8.1	3,142,679	7.6
2,501-3,000	1,258	7.3	3,448,778	8.4
3,001-3,500	1,025	5.9	3,325,970	8.1
3,501-4,000	800	4.6	2,992,889	7.3
4,001-4,500	677	3.9	2,876,596	7.0
4,501-5,000	570	3.3	2,703,492	6.6
5,001-5,500	481	2.8	2,518,219	6.1
5,501-6,000	376	2.2	2,161,200	5.2
6,001-6,500	268	1.5	1,674,909	4.1
6,501-7,000	210	1.2	1,414,657	3.4
7,001-7,500	175	1.0	1,270,200	3.1
7,501-8,000	144	0.8	1,112,127	2.7
8,001-8,500	122	0.7	1,004,747	2.4
8,501-9,000	71	0.4	621,731	1.5
9,001-9,500	68	0.4	630,329	1.5
9,501-10,000	38	0.2	368,630	0.9
10,001+	183	1.1	2,259,306	5.5

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	108,126	42,065	64,965	1,061	13	22	1,171,226	439,977	721,315	9,628	116	190
Age												
5 and younger	8	0	8	0	0	0	70	0	70	0	0	0
6-14	9	0	9	0	0	0	97	0	97	0	0	0
15-20	257	0	243	1	13	0	2,841	0	2,713	12	116	0
21-44	20,485	0	19,584	900	0	1	223,962	0	215,597	8,359	0	6
45-64	24,930	4	24,755	155	0	16	272,406	37	270,972	1,230	0	167
65-74	22,843	9,279	13,554	5	0	5	253,597	98,313	155,240	27	0	17
75-84	22,048	16,722	5,326	0	0	0	239,717	179,322	60,395	0	0	0
85 and older	17,546	16,060	1,486	0	0	0	178,536	162,305	16,231	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	74,293	33,353	39,986	922	10	22	810,312	352,495	449,019	8,525	83	190
Male	33,832	8,712	24,978	139	3	0	360,907	87,482	272,289	1,103	33	0
Unknown	1	0	1	0	0	0	0	0	7	0	0	0
Race												
White	55,144	23,831	30,774	525	4	10	586,036	241,866	339,324	4,731	39	76
African American	43,583	14,659	28,389	516	8	11	481,632	158,505	318,233	4,719	65	110
Other/unknown	9,399	3,575	5,802	20	1	1	103,558	39,606	63,758	178	12	4
Use of Nursing Facilities^c												
Entire year	16,852	13,760	3,092	0	0	0	169,196	135,859	33,337	0	0	0
Part year	7,131	5,528	1,603	0	0	0	71,091	54,307	16,784	0	0	0
None	84,143	22,777	60,270	1,061	13	22	930,939	249,811	671,194	9,628	116	190
Maintenance Assistance Status												
Cash	76,761	21,010	55,377	373	1	0	857,162	235,839	617,929	3,388	6	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	2,967	1,156	1,556	232	1	22	27,766	11,463	14,561	1,540	12	190
Other/unknown	28,398	19,899	8,032	456	11	0	286,298	192,675	88,825	4,700	98	0
Dual Status^d												
Full dual, all year	101,106	38,756	61,284	1,031	13	22	1,101,620	405,894	686,045	9,375	116	190
Full dual, part year	7,020	3,309	3,681	30	0	0	69,606	34,083	35,270	253	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	104,734	40,719	62,926	1,054	13	22	1,132,247	424,683	697,692	9,566	116	190
FFS part year, with Rx claims	1,058	340	716	2	0	0	12,229	3,894	8,321	14	0	0
FFS part year, no Rx claims	126	52	71	3	0	0	1,339	558	757	24	0	0
MC all year, with Rx claims	1,961	846	1,113	2	0	0	22,727	9,707	12,996	24	0	0
MC all year, no Rx claims	247	108	139	0	0	0	2,684	1,135	1,549	0	0	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	108,126	1,171,226	105,918	1,138,541	0	32,685
Fee-for-service (FFS) all year	104,734	1,132,247	104,734	1,132,247	0	0
FFS part year, with Rx claims	1,058	12,229	1,058	5,697	0	6,532
FFS part year, with no Rx claims	126	1,339	126	597	0	742
Managed care (MC) all year, with Rx claims	1,961	22,727	0	0	0	22,727
MC all year, with no Rx claims	247	2,684	0	0	0	2,684

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.