

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 ALASKA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

- TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

- TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	12,012	6,218	5,662	126	6	0	125,204	64,076	60,050	1,036	42	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	32	0	27	0	5	0	322	0	281	0	41	0
21-44	2,231	0	2,177	53	1	0	23,643	0	23,245	397	1	0
45-64	3,006	17	2,951	38	0	0	31,710	149	31,238	323	0	0
65-74	3,352	2,851	467	34	0	0	34,572	29,359	4,901	312	0	0
75-84	2,520	2,483	36	1	0	0	26,257	25,908	345	4	0	0
85 and older	870	867	3	0	0	0	8,688	8,660	28	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	6,803	3,947	2,801	53	2	0	71,384	41,117	29,830	419	18	0
Male	5,209	2,271	2,861	73	4	0	53,820	22,959	30,220	617	24	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	6,055	2,558	3,441	53	3	0	62,204	25,458	36,332	384	30	0
African American	469	170	290	7	2	0	4,820	1,700	3,038	71	11	0
Other/unknown	5,488	3,490	1,931	66	1	0	58,180	36,918	20,680	581	1	0
Use of Nursing Facilities^c												
Entire year	397	330	67	0	0	0	3,931	3,202	729	0	0	0
Part year	345	287	58	0	0	0	3,125	2,576	549	0	0	0
None	11,270	5,601	5,537	126	6	0	118,148	58,298	58,772	1,036	42	0
Maintenance Assistance Status												
Cash	10,621	5,303	5,207	111	0	0	112,196	55,758	55,495	943	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	28	13	7	6	2	0	214	121	58	27	8	0
Other/unknown	1,363	902	448	9	4	0	12,794	8,197	4,497	66	34	0
Dual Medicare Status^d												
Full dual, all year	11,979	6,195	5,652	126	6	0	124,901	63,860	59,963	1,036	42	0
Full dual, part year	33	23	10	0	0	0	303	216	87	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	12,012	6,218	5,662	126	6	0	125,204	64,076	60,050	1,036	42	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. 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, ALASKA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	88.2 %	59.9	\$3,740	\$62	\$18,845	19.8 %	12,012
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	47.0	8,956	191	31,063	28.8	1
15-20	81.3	40.9	2,981	73	18,627	16.0	32
21-44	87.2	49.4	5,012	102	21,405	23.4	2,231
45-64	90.6	75.0	5,328	71	19,178	27.8	3,006
65-74	84.9	49.0	2,536	52	11,773	21.5	3,352
75-84	90.1	61.2	2,699	44	21,138	12.8	2,520
85 and older	90.7	74.3	2,667	36	31,734	8.4	870
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	87.6	57.2	2,584	45	18,431	14.0	6,218
Disabled	89.1	63.8	5,051	79	19,559	25.8	5,662
Adults	81.7	25.7	1,866	73	7,175	26.0	126
Children	83.3	25.8	3,284	127	19,372	17.0	6
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.1	70.2	3,941	56	20,021	19.7	6,803
Male	83.2	46.6	3,478	75	17,310	20.1	5,209
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.9	75.6	4,867	64	21,845	22.3	6,055
African American	83.2	67.9	3,726	55	18,542	20.1	469
Other/unknown	88.0	42.0	2,497	60	15,561	16.0	5,488
Use of Nursing Facilities^f							
Entire year	97.5	89.9	5,189	58	101,064	5.1	397
Part year	97.1	84.3	4,004	48	50,177	8.0	345
None	87.6	58.1	3,681	63	14,990	24.6	11,270
Maintenance Assistance Status							
Cash	87.9	56.3	3,621	64	14,647	24.7	10,621
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	71.4	10.3	700	68	2,431	28.8	28
Other/unknown	91.5	89.5	4,726	53	51,899	9.1	1,363

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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, ALASKA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			19.8 %	11.8 %	21.5 %	More than 0, but 1 or Less	10.9 %	24.0 %				18.7 %
All	5.8	\$359	19.8 %	11.8 %	21.5 %	10.9 %	24.0 %	18.7 %	13.1 %	\$1,808	12,012	125,204
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	3.9	746	28.8	0.0	0.0	0.0	100.0	0.0	0.0	2,589	1	12
15-20	4.1	296	16.0	18.8	31.3	6.3	31.3	6.3	6.3	1,851	32	322
21-44	4.7	473	23.4	12.8	26.7	11.0	21.8	17.0	10.7	2,020	2,231	23,643
45-64	7.1	505	27.8	9.4	16.2	9.1	23.3	25.0	17.0	1,818	3,006	31,710
65-74	4.8	246	21.5	15.1	23.5	12.2	24.8	14.9	9.5	1,142	3,352	34,572
75-84	5.9	259	12.8	9.9	21.5	12.1	25.1	18.5	12.9	2,029	2,520	26,257
85 and older	7.4	267	8.4	9.3	18.3	9.2	25.4	17.7	20.1	3,178	870	8,688
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	5.5	251	14.0	12.4	22.2	11.7	24.9	16.5	12.3	1,789	6,218	64,076
Disabled	6.0	476	25.8	10.9	20.6	10.0	23.0	21.4	14.1	1,844	5,662	60,050
Adults	3.1	227	26.0	18.3	27.8	13.5	23.8	11.1	5.6	873	126	1,036
Children	3.7	469	17.0	16.7	16.7	0.0	50.0	16.7	0.0	2,768	6	42
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.7	376	19.7	7.9	18.8	10.5	25.6	21.3	15.9	1,908	6,803	71,384
Male	4.5	337	20.1	16.8	25.1	11.4	21.9	15.4	9.3	1,675	5,209	53,820
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	7.4	474	22.3	11.1	15.7	8.9	23.1	23.2	18.1	2,126	6,055	62,204
African American	6.6	363	20.1	16.8	17.9	9.0	24.5	14.9	16.8	1,804	469	4,820
Other/unknown	4.0	236	16.0	12.0	28.2	13.3	25.0	14.2	7.3	1,468	5,488	58,180
use of nursing Facilities^f												
Entire year	9.1	524	5.1	2.5	5.5	5.3	24.2	34.8	27.7	10,207	397	3,931
Part year	9.3	442	8.0	2.9	8.1	5.8	25.8	31.3	26.1	5,540	345	3,125
None	5.5	351	24.6	12.4	22.5	11.3	23.9	17.8	12.2	1,430	11,270	118,148
Maintenance Assistance Status												
Cash	5.3	343	24.7	12.1	23.0	11.4	24.2	17.8	11.5	1,387	10,621	112,196
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.3	92	28.8	28.6	35.7	10.7	25.0	0.0	0.0	318	28	214
Other/unknown	9.5	504	9.1	8.5	9.5	7.0	22.6	26.6	25.7	5,529	1,363	12,794

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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, ALASKA, 2003

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	5.8	\$359	\$62	2.8	\$282	\$100	0.4	\$17	\$40	2.5	\$59	\$24
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	3.9	746	191	2.0	572	286	0.3	24	94	1.6	150	95
15-20	4.1	296	73	2.8	253	92	0.2	6	35	1.1	37	33
21-44	4.7	473	102	2.5	400	158	0.3	17	64	1.9	54	29
45-64	7.1	505	71	3.6	401	111	0.4	23	51	3.0	81	27
65-74	4.8	246	52	2.2	184	83	0.4	14	36	2.2	48	22
75-84	5.9	259	44	2.8	191	69	0.5	15	29	2.6	52	20
85 and older	7.4	267	36	3.3	190	57	0.7	17	23	3.4	60	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.5	251	45	2.6	185	72	0.5	14	30	2.5	51	20
Disabled	6.0	476	79	3.1	387	124	0.4	20	53	2.5	68	27
Adults	3.1	227	73	1.4	176	122	0.3	15	53	1.4	36	26
Children	3.7	469	127	2.2	403	184	0.2	3	16	1.3	63	47
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.7	376	56	3.3	290	89	0.5	18	36	2.9	67	23
Male	4.5	337	75	2.2	271	121	0.3	16	48	1.9	49	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	7.4	474	64	3.7	376	101	0.5	19	39	3.1	77	25
African American	6.6	363	55	3.2	280	87	0.5	16	33	2.9	60	21
Other/unknown	4.0	236	60	1.8	181	99	0.4	15	41	1.8	39	22
Use of Nursing Facilities^e												
Entire year	9.1	524	58	4.2	396	93	0.8	30	35	4.0	98	25
Part year	9.3	442	48	4.4	328	75	0.8	23	28	4.1	91	22
None	5.5	351	63	2.7	277	101	0.4	16	41	2.4	57	24
Maintenance Assistance Status												
Cash	5.3	343	64	2.6	271	103	0.4	16	41	2.3	55	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.3	92	68	0.6	73	112	0.1	6	37	0.5	13	24
Other/unknown	9.5	504	53	4.6	383	83	0.8	26	33	4.1	93	23

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 Alaska, 5.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.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, ALASKA, 2003

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 Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$39	\$103	\$83	\$29	24,316	\$2,498,994	5,829	48.5 %	63,946
Biologics	0.1	0.1	0.0	0.0	2	24	0	0	47	1,121	47	0.4	532
Antineoplastic Agents	0.7	0.3	0.0	0.3	174	261	484	90	3,125	816,611	446	3.7	4,685
Endocrine/Metabolic Drugs	1.5	0.7	0.3	0.5	55	37	52	23	74,537	2,767,553	4,663	38.8	50,350
Cardiovascular Agents	2.5	0.9	0.2	1.4	80	32	55	29	182,825	5,836,214	6,748	56.2	72,604
Respiratory Agents	0.9	0.6	0.0	0.3	59	6	83	72	41,245	2,733,053	4,280	35.6	46,568
Gastrointestinal Agents	1.1	0.7	0.0	0.4	101	83	2	16	60,895	5,482,631	5,024	41.8	54,475
Genitourinary Agents	0.8	0.6	0.0	0.1	40	37	1	2	13,069	667,789	1,526	12.7	16,710
CNS Drugs	2.2	1.3	0.1	0.8	171	145	7	20	134,340	10,540,771	5,727	47.7	61,580
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	69	52	8	9	1,238	140,183	186	1.5	2,030
Miscellaneous Psychological/Neurological Agents	1.4	1.4	0.0	0.0	174	174	0	0	4,890	614,761	335	2.8	3,528
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	73	56	3	14	66,998	5,199,839	6,554	54.6	70,749
Neuromuscular Agents	1.5	0.7	0.1	0.6	89	66	5	18	54,005	3,259,904	3,347	27.9	36,489
Nutritional Products	1.0	0.0	0.1	0.8	17	1	3	13	16,513	291,781	1,597	13.3	17,040
Hematological Agents	1.2	0.4	0.3	0.4	142	129	7	6	22,377	2,706,269	1,782	14.8	19,099
Topical Products	0.4	0.2	0.0	0.2	18	13	1	4	16,447	828,756	4,075	33.9	44,974
Miscellaneous Products	0.7	0.2	0.1	0.3	144	91	25	27	1,902	406,726	268	2.2	2,833
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	29	0	0	0	1,264	131,316	401	3.3	4,520
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	720,033	44,924,272	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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.medispn.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 Alaska, 5.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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 2003.
- Bene Mo(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, ALASKA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$6,439,681	2,752	22.9 %	30,005	1.5	\$143
ULCER DRUGS	4,166,119	4,972	41.4	54,515	0.9	86
ANTIDEPRESSANTS	3,245,156	5,388	44.9	58,536	1.1	49
ANALGESICS - Narcotic	2,788,036	7,477	62.2	81,851	0.4	79
ANTICONVULSANT	2,555,648	2,507	20.9	27,363	1.3	73
ANALGESICS - ANTI-INFLAMMATORY	2,018,500	4,439	37.0	49,349	0.5	79
ANTIASTHMATIC	1,998,515	5,102	42.5	55,878	0.5	75
ANTHYPERLIPIDEMIC	1,942,318	2,677	22.3	29,562	1.0	68
ANTIDIABETIC	1,781,534	3,230	26.9	35,265	1.0	49
MISC. HEMATOLOGICAL	1,594,518	662	5.5	7,201	1.1	200
Total	28,530,025	39,206		429,525	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.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 PER BENEFIT MONTH 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, ALASKA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$			
All	355,123	\$28,530,025	2,752	22.9 %	30,005	1.5	\$215	4,972	41.4 %	54,515	0.9	\$76			
Female	226,989	16,506,545	1,432	21.0	15,592	1.4	177	3,272	48.1	36,023	0.9	77			
Disabled	117,400	10,029,517	988	35.3	10,965	1.4	202	1,419	50.7	15,766	0.9	82			
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	561	29,860	13	108.3	150	1.9	130	3	25.0	34	1.9	63			
21-44	34,100	3,202,269	456	49.4	5,014	1.5	218	333	36.1	3,753	0.7	72			
45-64	73,750	6,142,497	487	30.8	5,452	1.3	192	923	58.4	10,247	0.9	85			
65-74	8,628	622,635	29	11.2	313	1.6	168	150	58.1	1,642	0.8	81			
75-84	339	30,592	3	12.0	36	0.7	131	10	40.0	90	0.8	104			
85 and older	22	1,664	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	109,589	6,477,028	444	11.1	4,627	1.4	119	1,853	46.3	20,257	1.0	74			
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	5	329	0	0.0	0	0.0	0	1	50.0	12	0.1	10			
21-44	388	34,145	2	7.1	19	0.2	19	7	25.0	73	0.4	50			
45-64	414	37,769	2	9.1	19	0.2	23	7	31.8	70	0.7	86			
65-74	41,867	2,701,011	117	7.0	1,259	1.4	138	755	45.2	8,237	0.8	69			
75-84	46,858	2,708,050	197	12.1	2,032	1.3	111	773	47.5	8,500	1.0	76			
85 and older	20,057	995,724	126	19.3	1,298	1.7	115	310	47.4	3,365	1.3	83			
Male	128,134	12,023,480	1,320	25.3	14,413	1.6	255	1,700	32.6	18,492	0.8	75			
Disabled	86,900	9,167,447	1,111	38.8	12,392	1.7	278	854	29.8	9,453	0.9	77			
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
6-14	3	21	0	0.0	0	0.0	0	1	100.0	12	0.2	1			
15-20	151	19,575	4	26.7	41	2.0	281	2	13.3	16	0.7	73			
21-44	34,565	4,500,385	674	53.7	7,548	1.6	274	276	22.0	3,099	0.7	65			
45-64	47,838	4,342,323	423	30.9	4,706	1.8	285	495	36.1	5,481	0.9	84			
65-74	4,148	290,216	10	4.8	97	0.9	214	76	36.4	801	0.8	75			
75-84	195	14,927	0	0.0	0	0.0	0	4	36.4	44	0.9	106			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	41,234	2,856,033	209	8.9	2,021	1.1	116	846	36.0	9,039	0.8	72			
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	23	2,046	3	100.0	13	0.4	52	2	66.7	21	0.4	33			
21-44	451	48,884	10	38.5	107	0.4	122	5	19.2	52	0.5	61			
45-64	790	76,922	2	6.1	22	0.6	175	12	36.4	129	1.1	112			
65-74	19,471	1,432,643	73	6.0	720	0.9	127	409	33.7	4,456	0.7	68			
75-84	16,694	1,082,236	91	10.6	899	1.4	112	329	38.3	3,510	0.9	76			
85 and older	3,805	213,302	30	14.1	260	1.3	98	89	41.8	871	0.9	73			
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 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. 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 benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,388	44.9 %	58,536	1.1	\$55	7,477	62.2 %	81,851	0.4	\$34	2,507	20.9 %	27,363	1.3	\$93
Female	3,592	52.8	39,161	1.2	56	4,751	69.8	52,268	0.4	34	1,505	22.1	16,395	1.3	95
Disabled	2,150	76.8	23,877	1.1	60	2,610	93.2	29,073	0.5	47	1,078	38.5	11,936	1.3	110
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	6	50.0	66	2.3	77	5	41.7	52	0.1	1	2	16.7	24	0.2	10
21-44	668	72.4	7,445	1.1	57	747	80.9	8,356	0.5	48	416	45.1	4,581	1.5	126
45-64	1,351	85.5	15,018	1.1	62	1,649	104.4	18,399	0.5	50	616	39.0	6,830	1.3	102
65-74	115	44.6	1,242	0.9	44	197	76.4	2,170	0.4	19	44	17.1	501	1.1	70
75-84	10	40.0	106	0.5	30	12	48.0	96	0.5	9	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,442	36.0	15,284	1.3	50	2,141	53.5	23,195	0.3	18	427	10.7	4,459	1.3	56
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	100.0	24	0.1	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	17	60.7	120	0.6	62	22	78.6	197	0.5	44	7	25.0	37	1.1	82
45-64	11	50.0	113	0.7	53	24	109.1	249	0.3	30	9	40.9	76	0.9	74
65-74	574	34.4	6,250	1.0	45	902	54.0	9,975	0.4	16	177	10.6	1,918	1.2	65
75-84	577	35.5	6,091	1.4	50	853	52.5	9,220	0.3	19	186	11.4	1,959	1.4	51
85 and older	261	39.9	2,686	1.7	60	340	52.0	3,554	0.3	17	48	7.3	469	1.3	41
Male	1,796	34.5	19,375	1.1	55	2,726	52.3	29,583	0.4	34	1,002	19.2	10,968	1.2	91
Disabled	1,292	45.2	14,226	1.1	58	1,709	59.7	18,866	0.5	42	802	28.0	8,863	1.3	101
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	1	100.0	12	0.1	0	0	0.0	0	0.0	0
15-20	4	26.7	43	0.6	35	2	13.3	24	0.1	1	3	20.0	35	0.9	153
21-44	551	43.9	6,084	1.1	62	660	52.6	7,356	0.4	41	405	32.3	4,475	1.3	108
45-64	690	50.3	7,625	1.1	56	926	67.5	10,185	0.5	46	366	26.7	4,053	1.3	96
65-74	46	22.0	462	0.9	40	119	56.9	1,277	0.4	19	27	12.9	288	1.3	56
75-84	1	9.1	12	0.8	23	1	9.1	12	1.0	11	1	9.1	12	0.9	142
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	504	21.5	5,149	1.0	47	1,017	43.3	10,717	0.3	20	200	8.5	2,105	1.0	49
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	9	0.3	64	2	66.7	21	0.2	1	1	33.3	2	1.0	39
21-44	24	92.3	234	0.5	43	23	88.5	238	0.5	31	12	46.2	131	0.6	85
45-64	12	36.4	127	0.9	60	18	54.5	142	0.9	144	5	15.2	44	0.6	43
65-74	225	18.5	2,402	0.9	45	530	43.6	5,803	0.4	24	100	8.2	1,087	0.9	47
75-84	195	22.7	1,971	1.2	48	369	43.0	3,831	0.3	11	72	8.4	741	1.1	48
85 and older	47	22.1	406	1.1	47	75	35.2	682	0.3	10	10	4.7	100	1.6	46
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. 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) = 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 PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIASTHMATIC					ANTIHYPERLIPIDEMIC					
	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Rx \$
All	4,439	37.0 %	0.5	\$41	5,102	42.5 %	0.5	\$36	2,677	22.3 %	1.0	\$66	29,562	22.3 %	1.0	\$66
Female	2,917	42.9	0.6	46	3,359	49.4	0.5	36	1,647	24.2	1.0	64	18,146	24.2	1.0	64
Disabled	1,422	50.8	0.5	54	1,571	56.1	0.5	33	587	21.0	0.9	62	6,504	21.0	0.9	62
5 and younger	0	0.0	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	0.0	0
15-20	4	33.3	0.6	14	4	33.3	0.6	47	0	0.0	0.0	0	0	0.0	0.0	0
21-44	385	41.7	0.4	49	336	36.4	0.4	26	68	7.4	0.9	57	747	7.4	0.9	57
45-64	893	56.5	0.5	57	1,045	66.1	0.5	34	412	26.1	0.9	62	4,572	26.1	0.9	62
65-74	134	51.9	0.5	47	175	67.8	0.5	38	98	38.0	0.9	66	1,093	38.0	0.9	66
75-84	6	24.0	0.6	56	11	44.0	0.2	19	9	36.0	0.7	62	92	36.0	0.7	62
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
Other Eligibles	1,495	37.4	0.6	39	1,788	44.7	0.5	38	1,060	26.5	1.0	65	11,642	26.5	1.0	65
5 and younger	0	0.0	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	0.0	0
15-20	1	50.0	0.1	8	1	50.0	0.1	2	0	0.0	0.0	0	0	0.0	0.0	0
21-44	10	35.7	0.4	27	10	35.7	0.4	27	2	7.1	0.9	107	15	7.1	0.9	107
45-64	9	40.9	0.3	27	9	40.9	0.3	24	8	36.4	0.7	87	84	36.4	0.7	87
65-74	684	41.0	0.5	36	810	48.5	0.5	41	543	32.5	0.9	65	5,961	32.5	0.9	65
75-84	591	36.3	0.7	40	731	45.0	0.5	38	436	26.8	1.0	64	4,815	26.8	1.0	64
85 and older	200	30.6	1.0	46	227	34.7	0.4	29	71	10.9	1.2	64	767	10.9	1.2	64
Male	1,522	29.2	0.4	31	1,743	33.5	0.5	36	1,030	19.8	1.0	69	11,416	19.8	1.0	69
Disabled	871	30.4	0.4	33	750	26.2	0.5	37	493	17.2	1.0	69	5,529	17.2	1.0	69
5 and younger	0	0.0	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	0.0	0
15-20	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
21-44	358	28.5	0.3	32	203	16.2	0.4	26	80	6.4	1.1	69	903	6.4	1.1	69
45-64	450	32.8	0.5	36	434	31.7	0.6	45	338	24.7	1.0	69	3,790	24.7	1.0	69
65-74	61	29.2	0.3	19	113	54.1	0.4	26	71	34.0	0.9	70	788	34.0	0.9	70
75-84	2	18.2	2.3	85	0	0.0	0.0	0	4	36.4	0.3	29	48	36.4	0.3	29
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
Other Eligibles	651	27.7	0.4	28	993	42.3	0.5	36	537	22.9	0.9	69	5,887	22.9	0.9	69
5 and younger	0	0.0	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	0.0	0
15-20	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
21-44	12	46.2	0.3	21	6	23.1	0.2	18	3	11.5	0.2	21	27	11.5	0.2	21
45-64	12	36.4	0.6	36	13	39.4	0.7	61	11	33.3	0.8	61	109	33.3	0.8	61
65-74	340	28.0	0.4	27	510	42.0	0.5	37	306	25.2	0.9	65	3,337	25.2	0.9	65
75-84	240	28.0	0.5	28	374	43.6	0.4	34	196	22.8	1.0	75	2,203	22.8	1.0	75
85 and older	47	22.1	0.9	37	90	42.3	0.4	33	21	9.9	1.8	86	211	9.9	1.8	86
Unknown	0	0.0	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 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. 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 PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2003

Beneficiary Characteristics	ANTIDIABETIC				MISC. HEMATOLOGICAL					
	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx	Mean Rx \$	Number of Beneficiaries	Number of Benefit Months
All	3,230	26.9 %	1.0	\$51	662	5.5 %	1.1	\$221	12,012	125,204
Female	2,059	30.3	1.0	50	375	5.5	1.2	83	6,803	71,384
Disabled	817	29.2	1.0	55	101	3.6	1.1	90	2,801	29,830
5 and younger	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
15-20	0	0.0	0.0	0	0	0.0	0.0	0	12	121
21-44	128	13.9	1.0	54	11	1.2	1.2	52	923	9,860
45-64	553	35.0	1.1	56	68	4.3	1.0	96	1,580	16,819
65-74	134	51.9	0.9	49	19	7.4	1.1	93	258	2,772
75-84	2	8.0	0.6	9	2	8.0	0.7	85	25	230
85 and older	0	0.0	0.0	0	1	33.3	1.0	129	3	28
Other Eligibles	1,242	31.0	1.1	47	274	6.8	1.2	80	4,002	41,554
5 and younger	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
15-20	0	0.0	0.0	0	0	0.0	0.0	0	2	18
21-44	7	25.0	1.2	92	0	0.0	0.0	0	28	181
45-64	1	4.5	0.2	5	0	0.0	0.0	0	22	205
65-74	588	35.2	1.0	48	83	5.0	0.9	70	1,670	17,372
75-84	523	32.2	1.1	47	134	8.2	1.1	81	1,626	17,122
85 and older	123	18.8	1.3	39	57	8.7	2.0	93	654	6,656
Male	1,171	22.5	1.0	52	287	5.5	1.0	403	5,209	53,820
Disabled	630	22.0	1.0	56	94	3.3	1.1	1,033	2,861	30,220
5 and younger	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	1	12
15-20	0	0.0	0.0	0	0	0.0	0.0	0	15	160
21-44	128	10.2	1.0	52	10	0.8	2.3	7,269	1,254	13,385
45-64	420	30.6	1.0	59	69	5.0	1.0	409	1,371	14,419
65-74	71	34.0	0.9	50	15	7.2	0.9	81	209	2,129
75-84	11	100.0	0.4	40	0	0.0	0.0	0	11	115
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0
Other Eligibles	541	23.0	0.9	46	193	8.2	0.9	80	2,348	23,600
5 and younger	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
15-20	0	0.0	0.0	0	0	0.0	0.0	0	3	23
21-44	0	0.0	0.0	0	0	0.0	0.0	0	26	217
45-64	10	30.3	0.6	57	4	12.1	0.7	53	33	267
65-74	288	23.7	0.8	46	97	8.0	0.9	80	1,215	12,299
75-84	204	23.8	1.0	48	77	9.0	1.0	77	858	8,790
85 and older	39	18.3	1.4	36	15	7.0	0.6	105	213	2,004
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. 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, ALASKA, 2003

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	
				9.1	397
All	\$524	9.1	397		3,931
Age					
0-64	738	10.3	65		688
65-74	603	10.1	69		685
75-84	485	8.8	160		1,596
85 and older	381	8.1	103		962
Unknown	0	0.0	0		0
Gender					
Female	506	9.0	246		2,455
Male	554	9.2	151		1,476
Unknown	0	0.0	0		0
Race					
White	550	10.1	264		2,568
African American	443	10	15		165
Other/unknown	479	6.9	118		1,198
Basis of Eligibility^c					
Aged	469	8.9	330		3,202
Disabled	768	10.1	67		729
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 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 345 beneficiaries who were in nursing facilities for part of their enrollment and their 3,125 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, ALASKA, 2003

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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$33	\$27	\$1	\$5	\$79	\$124	\$93	\$27	1,095	\$86,991	248	62.5 %	2,606
Biologics	0.1	0.1	0.0	0.0	2	2	0	0	24	24	0	0	43	1,025	43	10.8	492
Antineoplastic Agents	0.8	0.4	0.0	0.4	247	205	0	42	310	527	93	104	205	63,605	26	6.5	257
Endocrine/Metabolic Drugs	1.5	0.7	0.2	0.7	61	41	6	14	40	61	35	21	2,916	116,435	187	47.1	1,911
Cardiovascular Agents	2.9	0.7	0.3	1.9	85	44	9	32	29	60	30	17	7,906	230,529	268	67.5	2,719
Respiratory Agents	0.8	0.5	0.1	0.2	62	52	3	7	77	99	60	31	1,123	86,690	140	35.3	1,400
Gastrointestinal Agents	1.5	0.9	0.0	0.6	110	90	4	17	71	96	96	29	4,080	290,115	258	65.0	2,642
Genitourinary Agents	1.1	0.9	0.0	0.2	61	55	1	6	54	62	34	27	1,108	60,175	96	24.2	979
CNS Drugs	2.3	1.6	0.1	0.6	164	145	4	15	71	91	39	24	7,104	502,608	298	75.1	3,074
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.7	12	0	0	12	17	0	0	17	51	878	7	1.8	75
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	229	229	0	0	269	269	0	0	241	64,744	28	7.1	283
Analgesics and Anesthetics	1.1	0.5	0.1	0.4	61	47	5	9	56	88	33	22	2,404	134,554	224	56.4	2,196
Neuromuscular Agents	1.9	0.8	0.2	0.9	114	66	8	41	61	82	50	45	3,207	196,483	164	41.3	1,720
Nutritional Products	0.9	0.0	0.1	0.8	21	1	4	16	23	143	32	20	1,097	24,980	117	29.5	1,177
Hematological Agents	1.6	0.5	0.7	0.4	128	108	14	6	82	226	22	14	1,643	135,136	105	26.4	1,056
Topical Products	0.6	0.2	0.0	0.3	24	12	2	10	41	67	43	28	1,422	58,850	234	58.9	2,495
Miscellaneous Products	0.2	0.1	0.0	0.2	13	7	0	6	56	91	0	38	27	1,514	11	2.8	113
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	33	0	0	0	141	0	0	0	34	4,807	14	3.5	146
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.	35,706	2,060,119	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 345 beneficiaries who were in nursing facilities for part of their enrollment and their 3,125 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Alaska, 5.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$250,945	140	35.3 %	1,432	1.2	\$146	\$175	
ANTIDEPRESSANTS	221,912	293	73.8	3,097	1.4	51	72	
ULCER DRUGS	222,021	204	51.4	2,131	1.1	91	104	
ANTICONVULSANT	125,187	133	33.5	1,402	1.4	66	89	
ANTIHYPERTENSIVE	74,800	165	41.6	1,770	1.2	35	42	
ANTIASTHMATIC	73,554	161	40.6	1,662	0.5	82	44	
ANTIDIABETIC	73,367	125	31.5	1,316	1.2	47	56	
ANALGESICS - ANTI-INFLAMMATORY	64,816	109	27.5	1,129	0.9	64	57	
ANALGESICS - Narcotic	64,529	239	60.2	2,340	0.5	53	28	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	64,744	28	7.1	283	0.9	269	229	
Total	1,235,875	1,597		16,562	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 345 beneficiaries who were in nursing facilities for part of their enrollment and their 3,125 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 2003. 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 2003 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); 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, ALASKA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	17,474	\$1,235,875	140	35.3 %	1,432	1.2	\$175	293	73.8 %	1.4	3,097	\$72
Female	10,660	747,438	83	33.7	890	1.3	153	180	73.2	1.3	1,943	69
Disabled	1,976	146,740	10	33.3	114	1.5	178	27	90.0	1.6	299	86
64 or younger	1,817	130,834	8	29.6	90	1.8	201	23	85.2	1.8	253	84
65-74	78	7,722	0	0.0	0	0.0	0	2	100.0	1.0	22	94
75-84	81	8,184	2	200.0	24	0.6	89	2	200.0	1.0	24	101
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
Other Eligibles	8,684	600,698	73	33.8	776	1.2	150	153	70.8	1.3	1,644	65
64 or younger	79	3,948	1	33.3	7	0.3	11	3	100.0	1.3	25	39
65-74	1,635	119,153	13	39.4	132	0.9	139	29	87.9	1.0	324	66
75-84	4,104	297,892	36	36.0	384	1.1	169	71	71.0	1.2	768	57
85 and older	2,866	179,705	23	28.8	253	1.5	130	50	62.5	1.6	527	79
Male	6,814	488,437	57	37.7	542	1.1	212	113	74.8	1.5	1,154	77
Disabled	1,835	195,824	13	35.1	146	1.4	376	24	64.9	1.2	263	84
64 or younger	1,595	161,626	12	36.4	134	1.3	293	22	66.7	1.2	239	88
65-74	170	29,753	1	50.0	12	2.3	1,299	1	50.0	0.8	12	73
75-84	70	4,445	0	0.0	0	0.0	0	1	50.0	0.8	12	23
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
Other Eligibles	4,979	292,613	44	38.6	396	1.0	151	89	78.1	1.6	891	75
64 or younger	104	11,019	1	50.0	10	1.1	367	1	50.0	2.1	10	208
65-74	1,514	97,275	14	43.8	127	0.8	191	26	81.3	2.0	251	88
75-84	2,561	145,407	20	35.1	185	1.0	138	46	80.7	1.5	496	71
85 and older	800	38,912	9	39.1	74	1.4	87	16	69.6	1.4	134	55
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 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 345 beneficiaries who were in nursing facilities for part of their enrollment and their 3,125 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.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, ALASKA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	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	204	51.4 %	2,131	1.1	\$104	133	33.5 %	1,402	1.4	\$89	165	41.6 %	1,770	1.2	\$42
Female	133	54.1	1,420	1.2	97	77	31.3	801	1.4	95	85	34.6	947	1.0	42
Disabled	20	66.7	221	1.7	104	20	66.7	232	1.5	142	2	6.7	22	1.0	64
64 or younger	18	66.7	199	1.7	96	20	74.1	232	1.5	142	1	3.7	12	1.0	36
65-74	1	50.0	10	1.0	213	0	0.0	0	0.0	0	1	50.0	10	1.0	97
75-84	1	100.0	12	1.0	141	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	113	52.3	1,199	1.1	96	57	26.4	569	1.4	76	83	38.4	925	1.0	42
64 or younger	1	33.3	7	1.4	205	3	100.0	15	1.3	61	1	33.3	7	1.3	41
65-74	23	69.7	255	0.8	71	18	54.5	182	1.2	75	19	57.6	201	0.9	36
75-84	46	46.0	479	1.3	115	28	28.0	286	1.5	82	34	34.0	387	1.0	45
85 and older	43	53.8	458	1.0	89	8	10.0	86	1.6	59	29	36.3	330	1.1	41
Male	71	47.0	711	1.1	118	56	37.1	601	1.3	82	80	53.0	823	1.4	42
Disabled	22	59.5	238	1.1	135	26	70.3	293	1.2	93	20	54.1	198	1.2	48
64 or younger	19	57.6	202	1.1	131	24	72.7	269	1.2	99	16	48.5	154	1.3	51
65-74	2	100.0	24	0.9	188	2	100.0	24	1.0	32	2	100.0	24	0.9	44
75-84	1	50.0	12	0.9	104	0	0.0	0	0.0	0	2	100.0	20	1.0	33
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	49	43.0	473	1.2	110	30	26.3	308	1.3	71	60	52.6	625	1.5	41
64 or younger	1	50.0	10	5.3	441	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12	37.5	108	0.9	87	12	37.5	113	0.7	69	24	75.0	237	1.2	37
75-84	27	47.4	279	1.0	104	13	22.8	146	1.6	75	27	47.4	290	1.7	43
85 and older	9	39.1	76	1.4	119	5	21.7	49	1.8	63	9	39.1	98	1.5	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 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 345 beneficiaries who were in nursing facilities for part of their enrollment and their 3,125 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.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, ALASKA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-DIABETIC				ANALGESICS - ANTI-INFLAMMATORY						
	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	161	40.6 %	1,662	0.5	\$44	125	31.5 %	1,316	1.2	\$56	109	27.5 %	1,129	0.9	\$57
Female	112	45.5	1,172	0.6	48	72	29.3	808	1.2	59	73	29.7	762	0.8	55
Disabled	9	30.0	102	0.4	53	7	23.3	74	2.2	68	8	26.7	92	0.9	56
64 or younger	9	33.3	102	0.4	53	5	18.5	54	2.7	70	7	25.9	80	0.9	52
65-74	0	0.0	0	0.0	0	2	100.0	20	0.9	63	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.9	83
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	103	47.7	1,070	0.6	47	65	30.1	734	1.1	58	65	30.1	670	0.8	55
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	9	0.1	1
65-74	25	75.8	268	0.7	71	12	36.4	133	1.3	76	9	27.3	104	0.6	31
75-84	57	57.0	592	0.6	42	33	33.0	363	1.1	61	29	29.0	308	0.8	62
85 and older	21	26.3	210	0.4	32	20	25.0	238	1.0	45	26	32.5	249	0.8	58
Male	49	32.5	490	0.5	36	53	35.1	508	1.1	50	36	23.8	367	1.1	63
Disabled	12	32.4	117	0.4	19	10	27.0	102	1.3	60	11	29.7	118	1.0	64
64 or younger	12	36.4	117	0.4	19	7	21.2	66	1.6	70	10	30.3	106	1.0	62
65-74	0	0.0	0	0.0	0	3	150.0	36	0.8	43	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.9	85
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	37	32.5	373	0.6	41	43	37.7	406	1.1	48	25	21.9	249	1.2	62
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	19	59.4	179	0.7	55	18	56.3	139	1.1	42	7	21.9	79	1.2	62
75-84	15	26.3	165	0.4	27	20	35.1	222	1.2	51	11	19.3	120	1.0	51
85 and older	3	13.0	29	0.2	6	5	21.7	45	0.7	51	7	30.4	50	1.5	92
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 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 345 beneficiaries who were in nursing facilities for part of their enrollment and their 3,125 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.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, ALASKA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				Benefit Months Among All-Year			
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	239	60.2 %	2,340	0.5	\$28	28	7.1 %	283	0.9	\$229	397	3,931
Female	163	66.3	1,626	0.5	29	17	6.9	162	0.7	195	246	2,455
Disabled	29	96.7	311	0.8	29	3	10.0	36	0.6	522	30	330
64 or younger	25	92.6	269	0.8	28	2	7.4	24	0.7	753	27	296
65-74	3	150.0	30	0.6	44	0	0.0	0	0.0	0	2	22
75-84	1	100.0	12	1.1	21	1	100.0	12	0.5	59	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	134	62.0	1,315	0.5	29	14	6.5	126	0.7	101	216	2,125
64 or younger	3	100.0	17	0.3	15	0	0.0	0	0.0	0	3	17
65-74	30	90.9	323	0.5	25	0	0.0	0	0.0	0	33	351
75-84	57	57.0	570	0.5	36	8	8.0	88	0.6	87	100	984
85 and older	44	55.0	405	0.4	23	6	7.5	38	0.9	134	80	773
Male	76	50.3	714	0.5	25	11	7.3	121	1.1	275	151	1,476
Disabled	20	54.1	214	0.5	44	5	13.5	56	0.8	435	37	399
64 or younger	16	48.5	166	0.4	23	4	12.1	48	0.8	485	33	355
65-74	3	150.0	36	1.1	151	0	0.0	0	0.0	0	2	24
75-84	1	50.0	12	1.0	11	1	50.0	8	0.9	139	2	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	56	49.1	500	0.5	16	6	5.3	65	1.4	136	114	1,077
64 or younger	1	50.0	10	0.1	1	0	0.0	0	0.0	0	2	20
65-74	17	53.1	135	0.7	33	0	0.0	0	0.0	0	32	288
75-84	27	47.4	281	0.3	7	5	8.8	53	1.6	163	57	580
85 and older	11	47.8	74	0.7	25	1	4.3	12	0.4	18	23	189
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 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A total of 345 beneficiaries who were in nursing facilities for part of their enrollment and their 3,125 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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}
 ALASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries with		Percentage of Beneficiaries with		Number of 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 \$ of Beneficiaries		Total Number of Beneficiaries
	D Excluded Rx	at Least One Part D Excluded Rx	D Excluded Rx	at Least One Part D Excluded Rx	D Excluded Rx per Beneficiary	D Excluded Rx per Beneficiary	Excluded Rx	Total Part D Excluded Rx \$	Excluded Rx	Total Part D Excluded Rx \$	Percentage of All Dual Rx \$	1.9 %	
All	4,605	38.3 %	3.9	46,486	\$70	\$844,688	\$18	12,012					
Age													
5 and younger	0	0.0	0.0	0	0	0	0	0	0.0	0.0	0	0	0
6-14	1	100.0	4.0	4	111	111	28	1	1.2	1.2	28	1	1
15-20	8	25.0	0.7	22	17	555	25	32	0.6	0.6	25	32	32
21-44	811	36.4	3.2	7,145	83	184,723	26	2,231	1.7	1.7	26	2,231	2,231
45-64	1,347	44.8	4.9	14,623	95	287,012	20	3,006	1.8	1.8	20	3,006	3,006
65-74	1,058	31.6	3.0	9,909	48	161,660	16	3,352	1.9	1.9	16	3,352	3,352
75-84	955	37.9	3.8	9,622	57	144,649	15	2,520	2.1	2.1	15	2,520	2,520
85 and older	425	48.9	5.9	5,161	76	65,978	13	870	2.8	2.8	13	870	870
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0.0	0	0	0
Basis of Eligibility^c													
Aged	2,252	36.2	3.7	23,139	55	344,943	15	6,218	2.1	2.1	15	6,218	6,218
Disabled	2,310	40.8	4.1	23,128	87	494,736	21	5,662	1.7	1.7	21	5,662	5,662
Adults	40	31.7	1.6	207	39	4,866	24	126	2.1	2.1	24	126	126
Children	3	50.0	2.0	12	24	143	12	6	0.7	0.7	12	6	6
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0.0	0	0	0
Gender													
Female	3,011	44.3	4.7	31,990	84	574,606	18	6,803	2.1	2.1	18	6,803	6,803
Male	1,594	30.6	2.8	14,496	52	270,082	19	5,209	1.5	1.5	19	5,209	5,209
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0.0	0	0	0
Race													
White	2,522	41.7	4.9	29,752	95	576,736	19	6,055	2.0	2.0	19	6,055	6,055
African American	164	35.0	4.2	1,950	69	32,567	17	469	1.9	1.9	17	469	469
Other/unknown	1,919	35.0	2.7	14,784	43	235,385	16	5,488	1.7	1.7	16	5,488	5,488
Use of Nursing Facilities^d													
Entire year	200	50.4	5.7	2,245	117	46,326	21	397	2.2	2.2	21	397	397
Part year	215	62.3	6.2	2,152	92	31,600	15	345	2.3	2.3	15	345	345
None	4,190	37.2	3.7	42,089	68	766,762	18	11,270	1.8	1.8	18	11,270	11,270
Maintenance Assistance Status													
Cash	3,934	37.0	3.6	38,486	67	709,123	18	10,621	1.8	1.8	18	10,621	10,621
Medically needy	0	0.0	0.0	0	0	0	0	0	0.0	0.0	0	0	0
Poverty related	6	21.4	0.4	12	10	277	23	28	1.4	1.4	23	28	28
Other/unknown	665	48.8	5.9	7,988	99	135,288	17	1,363	2.1	2.1	17	1,363	1,363

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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}
 ALASKA, 2003

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	0.4	\$7	\$18	\$0	\$3	125,204
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.3	9	28	0	0	12
15-20	0.1	2	25	0	0	322
21-44	0.3	8	26	0	5	23,643
45-64	0.5	9	20	0	5	31,710
65-74	0.3	5	16	0	1	34,572
75-84	0.4	6	15	0	1	26,257
85 and older	0.6	8	13	0	2	8,688
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	5	15	0	1	64,076
Disabled	0.4	8	21	0	5	60,050
Adults	0.2	5	24	0	3	1,036
Children	0.3	3	12	0	1	42
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	8	18	0	4	71,384
Male	0.3	5	19	0	2	53,820
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	9	19	0	5	62,204
African American	0.4	7	17	0	2	4,820
Other/unknown	0.3	4	16	0	1	58,180
Use of Nursing Facilities^d						
Entire year	0.6	12	21	0	4	3,931
Part year	0.7	10	15	0	3	3,125
None	0.4	6	18	0	3	118,148
Maintenance Assistance Status						
Cash	0.3	6	18	0	3	112,196
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	23	0	1	214
Other/unknown	0.6	11	17	0	4	12,794

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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}
 ALASKA, 2003

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	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	6,010	\$141	\$844,688	100.0 %	46,486	\$18	100.0 %	46,486	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0	0	0.0
Drugs for cosmetic purposes	6	15	89	0.0	8	11	0.0	11	0.0
Cough and cold medications	194	260	50,347	6.0	774	65	6.0	774	1.7
Vitamins and minerals	1,526	190	290,517	34.4	16,260	18	34.4	16,260	35.0
Non-prescription drugs	1,557	63	98,056	11.6	10,434	9	11.6	10,434	22.4
Barbiturates	57	94	5,361	0.6	539	10	0.6	539	1.2
Benzodiazepines	2,366	162	382,350	45.3	17,567	22	45.3	17,567	37.8
Other Part D Excl Rx Drugs	304	59	17,968	2.1	904	20	2.1	904	1.9

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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}
 ALASKA, 2003

Total Number of Dual Eligible Beneficiaries 12,012
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$44,924,272
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$3,740

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,412	11.8 %	\$0	0.0 %
1-500	2,259	18.8	446,247	1.0
501-1,000	1,168	9.7	862,156	1.9
1,001-1,500	885	7.4	1,106,157	2.5
1,501-2,000	728	6.1	1,270,463	2.8
2,001-2,500	601	5.0	1,355,377	3.0
2,501-3,000	528	4.4	1,455,268	3.2
3,001-3,500	408	3.4	1,321,556	2.9
3,501-4,000	431	3.6	1,614,378	3.6
4,001-4,500	343	2.9	1,456,133	3.2
4,501-5,000	309	2.6	1,464,479	3.3
5,001-5,500	263	2.2	1,378,326	3.1
5,501-6,000	269	2.2	1,544,473	3.4
6,001-6,500	207	1.7	1,291,890	2.9
6,501-7,000	190	1.6	1,282,153	2.9
7,001-7,500	200	1.7	1,451,163	3.2
7,501-8,000	146	1.2	1,129,689	2.5
8,001-8,500	152	1.3	1,250,221	2.8
8,501-9,000	128	1.1	1,119,844	2.5
9,001-9,500	132	1.1	1,218,884	2.7
9,501-10,000	112	0.9	1,091,197	2.4
10,001+	1,141	9.5	19,814,218	44.1

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003.

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, ALASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	12,012	6,218	5,662	126	0	125,204	64,076	60,050	1,036	42	0
Age											
5 and younger	0	0	0	0	0		0	0	0	0	0
6-14	1	0	1	0	0	12	0	12	0	0	0
15-20	32	0	27	0	5	322	0	281	0	41	0
21-44	2,231	0	2,177	53	1	23,643	0	23,245	397	1	0
45-64	3,006	17	2,951	38	0	31,710	149	31,238	323	0	0
65-74	3,352	2,851	467	34	0	34,572	29,359	4,901	312	0	0
75-84	2,520	2,483	36	1	0	26,257	25,908	345	4	0	0
85 and older	870	867	3	0	0	8,688	8,660	28	0	0	0
Unknown	0	0	0	0	0		0	0	0	0	0
Gender											
Female	6,803	3,947	2,801	53	2	71,384	41,117	29,830	419	18	0
Male	5,209	2,271	2,861	73	4	53,820	22,959	30,220	617	24	0
Unknown	0	0	0	0	0		0	0	0	0	0
Race											
White	6,055	2,558	3,441	53	3	62,204	25,458	36,332	384	30	0
African American	469	170	290	7	2	4,820	1,700	3,038	71	11	0
Other/unknown	5,488	3,490	1,931	66	1	58,180	36,918	20,680	581	1	0
Use of Nursing Facilities^c											
Entire year	397	330	67	0	0	3,931	3,202	729	0	0	0
Part year	345	287	58	0	0	3,125	2,576	549	0	0	0
None	11,270	5,601	5,537	126	6	118,148	58,298	58,772	1,036	42	0
Maintenance Assistance Status											
Cash	10,621	5,303	5,207	111	0	112,196	55,758	55,495	943	0	0
Medically needy	0	0	0	0	0		0	0	0	0	0
Poverty related	28	13	7	6	2	214	121	58	27	8	0
Other/unknown	1,363	902	448	9	4	12,794	8,197	4,497	66	34	0
Dual Status^d											
Full dual, all year	11,979	6,195	5,652	126	6	124,901	63,860	59,963	1,036	42	0
Full dual, part year	33	23	10	0	0	303	216	87	0	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	12,012	6,218	5,662	126	6	125,204	64,076	60,050	1,036	42	0
FFS part year, with Rx claims	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003. 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, ALASKA, 2003

Beneficiary Characteristics	Beneficiaries and			
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries
All	12,012	125,204	12,012	125,204
Fee-for-service (FFS) all year	12,012	125,204	12,012	125,204
FFS part year, with Rx claims	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0
MC all year, with no Rx claims	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Alaska, released by CMS in 04/2007. This table was produced on 11/01/2007.

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.