

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at [ORDI\\_508\\_Compliance@cms.hhs.gov](mailto:ORDI_508_Compliance@cms.hhs.gov).

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
ALABAMA**

**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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>101,532</b>	<b>36,398</b>	<b>63,949</b>	<b>1,141</b>	<b>4</b>	<b>40</b>	<b>1,083,336</b>	<b>374,063</b>	<b>700,210</b>	<b>8,637</b>	<b>18</b>	<b>408</b>
<b>Age</b>												
5 and younger	9	0	9	0	0	0	103	0	103	0	0	0
6-14	8	0	8	0	0	0	90	0	90	0	0	0
15-20	315	0	301	13	1	0	3,540	0	3,426	111	3	0
21-44	20,349	0	19,402	940	3	4	219,309	0	212,129	7,126	15	39
45-64	25,316	0	25,114	175	0	27	273,801	0	272,177	1,338	0	286
65-74	20,718	7,775	12,922	12	0	9	224,472	80,231	144,097	61	0	83
75-84	19,078	14,215	4,862	1	0	0	203,173	149,206	53,966	1	0	0
85 and older	15,739	14,408	1,331	0	0	0	158,848	144,626	14,222	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	68,985	28,712	39,239	992	2	40	738,234	297,977	432,356	7,488	5	408
Male	32,547	7,686	24,710	149	2	0	345,102	76,086	267,854	1,149	13	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	52,575	21,224	30,762	565	2	22	554,756	213,391	336,990	4,166	13	196
African American	40,562	12,227	27,763	553	2	17	438,101	128,780	304,806	4,307	5	203
Other/unknown	8,395	2,947	5,424	23	0	1	90,479	31,892	58,414	164	0	9
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	15,787	12,624	3,163	0	0	0	159,691	125,767	33,924	0	0	0
Part year	7,083	5,366	1,717	0	0	0	69,324	51,705	17,619	0	0	0
None	78,662	18,408	59,069	1,141	4	40	854,321	196,591	648,667	8,637	18	408
<b>Maintenance Assistance Status</b>												
Cash	70,485	16,897	53,192	396	0	0	777,188	186,012	587,459	3,717	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	3,295	811	2,240	203	1	40	29,719	7,672	20,195	1,441	3	408
Other/unknown	27,752	18,690	8,517	542	3	0	276,429	180,379	92,556	3,479	15	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	96,053	33,905	60,999	1,105	4	40	1,029,988	348,581	672,656	8,325	18	408
Full dual, part year	5,479	2,493	2,950	36	0	0	53,348	25,482	27,554	312	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	98,631	35,568	61,880	1,139	4	40	1,067,934	369,922	688,959	8,627	18	408
FFS part year, with Rx claims	1,347	284	1,062	1	0	0	7,515	1,490	6,016	9	0	0
FFS part year, no Rx claims	1,554	546	1,007	1	0	0	7,887	2,651	5,235	1	0	0

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx						FFS \$ <sup>d</sup>		
<b>All</b>	<b>42.7</b>		<b>4.0</b>	<b>\$130</b>	<b>\$32</b>	<b>\$11,165</b>	<b>1.2</b>		<b>101,532</b>
<b>Age</b>									
5 and younger	66.7		16.0	3,767	236	12,135	31.0		9
6-14	75.0		17.5	7,399	423	13,291	55.7		8
15-20	68.6		9.6	1,145	120	6,276	18.2		315
21-44	41.4		4.5	207	47	5,031	4.1		20,349
45-64	47.9		5.4	178	33	8,101	2.2		25,316
65-74	40.6		4.1	123	30	9,067	1.4		20,718
75-84	40.1		2.6	43	16	14,898	0.3		19,078
85 and older	41.4		2.7	39	15	22,354	0.2		15,739
Unknown	0.0		0.0	0	0	0	0.0		0
<b>Basis of Eligibility<sup>e</sup></b>									
Aged	38.7		2.5	41	16	17,909	0.2		36,398
Disabled	45.0		4.7	169	36	7,488	2.3		63,949
Adults	41.5		13.3	727	55	2,092	34.8		1,141
Children	25.0		1.0	14	14	599	2.4		4
Unknown	70.0		14.1	1,212	86	12,427	9.8		40
<b>Gender</b>									
Female	45.3		4.3	128	30	11,531	1.1		68,985
Male	37.1		3.5	132	38	10,387	1.3		32,547
Unknown	0.0		0.0	0	0	0	0.0		0
<b>Race</b>									
White	48.9		4.9	145	30	14,353	1.0		52,575
African American	35.4		3.0	110	37	8,617	1.3		40,562
Other/unknown	38.6		3.7	127	34	3,502	3.6		8,395
<b>Use of Nursing Facilities<sup>f</sup></b>									
Entire year	49.6		4.6	88	19	38,372	0.2		15,787
Part year	49.6		3.2	73	23	23,466	0.3		7,083
None	40.7		4.0	143	36	4,597	3.1		78,662
<b>Maintenance Assistance Status</b>									
Cash	41.4		4.1	148	36	4,401	3.4		70,485
Medically needy	0.0		0.0	0	0	0	0.0		0
Poverty related	39.3		4.3	220	52	2,916	7.5		3,295
Other/unknown	46.3		3.7	72	19	29,323	0.2		27,752

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>		None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10 Medicaid FFS \$ <sup>d</sup>	Mean \$, All	Beneficiaries	Benefit Months
			FFS \$ <sup>c</sup>	None									
<b>All</b>	<b>0.4</b>	<b>\$12</b>	<b>1.2</b>	<b>57.3</b>	<b>36.4</b>	<b>3.5</b>	<b>2.0</b>	<b>0.7</b>	<b>0.1</b>	<b>\$1,046</b>	<b>101,532</b>	<b>1,083,336</b>	
<b>Age</b>													
5 and younger	1.4	329	31.0	33.3	33.3	22.2	0.0	11.1	0.0	1,060	9	103	
6-14	1.6	658	55.7	25.0	37.5	0.0	37.5	0.0	0.0	1,181	8	90	
15-20	0.9	102	18.2	31.4	48.6	10.5	7.6	1.9	0.0	559	315	3,540	
21-44	0.4	19	4.1	58.6	33.5	3.7	3.1	0.9	0.2	467	20,349	219,309	
45-64	0.5	16	2.2	52.1	39.1	4.4	2.8	1.2	0.3	749	25,316	273,801	
65-74	0.4	11	1.4	59.4	34.0	3.3	2.3	0.8	0.2	837	20,718	224,472	
75-84	0.2	4	0.3	59.9	36.8	2.5	0.6	0.1	0.0	1,399	19,078	203,173	
85 and older	0.3	4	0.2	58.6	38.0	2.8	0.5	0.1	0.0	2,215	15,739	158,848	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	0.2	4	0.2	61.3	35.2	2.6	0.6	0.1	0.0	1,743	36,398	374,063	
Disabled	0.4	15	2.3	55.0	37.4	3.9	2.6	0.9	0.2	684	63,949	700,210	
Adults	1.8	96	34.8	58.5	14.5	5.7	12.8	7.6	1.0	276	1,141	8,637	
Children	0.2	3	2.4	75.0	25.0	0.0	0.0	0.0	0.0	133	4	18	
Unknown	1.4	119	9.8	30.0	27.5	25.0	12.5	2.5	2.5	1,218	40	408	
<b>Gender</b>													
Female	0.4	12	1.1	54.7	38.8	3.6	2.0	0.7	0.2	1,078	68,985	738,234	
Male	0.3	12	1.3	62.9	31.3	3.2	1.9	0.6	0.1	980	32,547	345,102	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Race</b>													
White	0.5	14	1.0	51.1	41.2	4.5	2.3	0.8	0.2	1,360	52,575	554,756	
African American	0.3	10	1.3	64.6	30.8	2.3	1.7	0.5	0.1	798	40,562	438,101	
Other/unknown	0.3	12	3.6	61.4	33.2	2.6	1.8	0.8	0.2	325	8,395	90,479	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	0.5	9	0.2	50.4	42.2	5.4	1.5	0.4	0.1	3,793	15,787	159,691	
Part year	0.3	7	0.3	50.4	45.7	2.6	0.8	0.4	0.1	2,398	7,083	69,324	
None	0.4	13	3.1	59.3	34.4	3.1	2.2	0.8	0.2	423	78,662	854,321	
<b>Maintenance Assistance Status</b>													
Cash	0.4	13	3.4	58.6	35.1	3.1	2.2	0.8	0.2	399	70,485	777,188	
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Poverty related	0.5	24	7.5	60.7	29.7	4.4	3.7	1.4	0.1	323	3,295	29,719	
Other/unknown	0.4	7	0.2	53.7	40.5	4.2	1.2	0.3	0.1	2,944	27,752	276,429	

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.4</b>	<b>\$12</b>	<b>\$32</b>	<b>0.0</b>	<b>\$6</b>	<b>\$128</b>	<b>0.0</b>	<b>\$1</b>	<b>\$86</b>	<b>0.3</b>	<b>\$6</b>	<b>\$17</b>
<b>Age</b>												
5 and younger	1.4	329	236	0.6	290	506	0.0	1	40	0.8	38	48
6-14	1.6	658	423	1.0	642	635	0.0	0	0	0.5	16	29
15-20	0.9	102	120	0.3	87	280	0.0	4	107	0.5	11	22
21-44	0.4	19	47	0.1	12	170	0.0	1	89	0.3	6	19
45-64	0.5	16	33	0.1	8	122	0.0	1	98	0.4	8	18
65-74	0.4	11	30	0.0	5	97	0.0	1	93	0.3	6	18
75-84	0.2	4	16	0.0	1	48	0.0	0	37	0.2	3	14
85 and older	0.3	4	15	0.0	1	41	0.0	0	22	0.2	3	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.2	4	16	0.0	1	48	0.0	0	31	0.2	3	14
Disabled	0.4	15	36	0.1	8	137	0.0	1	94	0.4	6	18
Adults	1.8	96	55	0.4	61	142	0.0	5	115	1.3	31	24
Children	0.2	3	14	0.0	0	0	0.0	0	0	0.2	3	14
Unknown	1.4	119	86	0.4	95	212	0.1	8	118	0.9	17	19
<b>Gender</b>												
Female	0.4	12	30	0.0	6	115	0.0	1	85	0.3	6	17
Male	0.3	12	38	0.0	7	157	0.0	1	87	0.3	5	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.5	14	30	0.1	6	123	0.0	1	89	0.4	7	17
African American	0.3	10	37	0.0	6	136	0.0	1	78	0.2	4	17
Other/unknown	0.3	12	34	0.0	5	124	0.0	1	98	0.3	6	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	9	19	0.0	3	71	0.0	0	46	0.4	6	14
Part year	0.3	7	23	0.0	3	92	0.0	0	44	0.3	5	16
None	0.4	13	36	0.1	7	137	0.0	1	94	0.3	6	18
<b>Maintenance Assistance Status</b>												
Cash	0.4	13	36	0.1	7	136	0.0	1	94	0.3	6	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	24	52	0.1	15	158	0.0	2	107	0.4	8	21
Other/unknown	0.4	7	19	0.0	2	75	0.0	0	42	0.3	5	14

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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



TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name										
Anti-infective Agents	0.3	0.0	0.0	0.2	\$15	\$9	\$0	\$6	\$58	\$333	\$61	\$25	9,077	\$523,766	3,294	3.2	34,926
Biologicals	0.1	0.1	0.0	0.1	83	81	0	2	720	1,551	0	28	11	7,924	9	0.0	96
Antineoplastic Agents	0.3	0.1	0.0	0.2	77	62	0	15	228	560	77	65	614	139,836	187	0.2	1,823
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	20	1	7	54	120	64	21	13,688	735,399	2,514	2.5	26,086
Cardiovascular Agents	0.9	0.2	0.1	0.7	39	14	9	16	42	78	135	23	35,580	1,478,675	3,719	3.7	37,638
Respiratory Agents	0.2	0.0	0.0	0.2	6	2	0	4	26	101	36	18	47,276	1,223,475	16,959	16.7	191,797
Gastrointestinal Agents	0.4	0.2	0.0	0.2	30	25	1	5	75	126	252	23	9,732	732,359	2,335	2.3	24,332
Genitourinary Agents	0.2	0.1	0.0	0.1	15	9	3	3	60	89	110	24	1,615	97,466	627	0.6	6,692
CNS Drugs	0.6	0.0	0.0	0.5	17	8	0	9	28	153	117	16	147,338	4,158,199	22,609	22.3	247,120
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	51	46	0	5	135	177	99	45	532	71,726	130	0.1	1,402
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	122	122	0	0	317	321	0	31	487	154,353	127	0.1	1,267
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	16	5	1	10	33	165	185	22	19,898	658,440	4,004	3.9	40,886
Neuromuscular Agents	0.6	0.0	0.0	0.5	18	8	1	9	32	184	89	18	50,010	1,582,773	7,904	7.8	86,143
Nutritional Products	0.5	0.0	0.0	0.4	6	1	0	5	12	22	16	11	28,385	337,883	5,433	5.4	58,766
Hematological Agents	0.5	0.1	0.0	0.4	10	6	0	4	20	74	19	10	39,668	783,837	7,423	7.3	81,200
Topical Products	0.2	0.1	0.0	0.1	13	9	1	4	53	96	57	25	4,129	217,517	1,553	1.5	16,553
Miscellaneous Products	0.6	0.4	0.0	0.2	237	219	3	15	425	625	207	76	548	232,897	95	0.1	984
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	30	0	0	0	341	10,084	115	0.1	1,299
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>408,929</b>	<b>13,146,609</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.  
 a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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.medi-span.com/master-drug-database.aspx>.  
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

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
ANTIANKXIETY AGENTS	\$1,763,257	18,100	17.8	201,121	0.5	\$17	\$9
ANTIPSYCHOTICS	1,488,192	1,374	1.4	14,481	0.4	238	103
ANTICONVULSANT	1,458,177	7,185	7.1	79,800	0.6	33	18
ANTIDIABETIC	942,072	4,932	4.9	53,536	0.3	53	18
COUGH/COLD/ALLERGY	731,520	21,879	21.5	252,478	0.2	17	3
ANTIDEPRESSANTS	646,407	3,100	3.1	32,212	0.4	56	20
HEMATOPOIETIC AGENTS	619,379	10,250	10.1	114,834	0.4	13	5
ANTIHYPERLIPIDEMIC	614,673	1,433	1.4	15,177	0.4	106	41
ULCER DRUGS	587,701	2,953	2.9	32,205	0.3	60	18
ANTIASTHMATIC	426,868	2,056	2.0	21,936	0.3	66	19
Total	9,278,246	73,262	n.a.	817,780	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTI-ANXIETY AGENTS				ANTI-PSYCHOTICS			
	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
<b>All</b>	<b>296,101</b>	<b>\$9,278,246</b>	<b>18,100</b>	<b>17.8</b>	<b>201,121</b>	<b>0.5</b>	<b>\$9</b>	<b>1,374</b>	<b>1.4</b>	<b>14,481</b>	<b>0.4</b>	<b>\$103</b>
<b>Female</b>												
All Females	218,869	6,406,323	13,655	19.8	152,271	0.5	9	851	1.2	8,988	0.4	86
<b>Female, Disabled</b>												
All Ages	148,566	4,911,716	8,195	20.9	93,645	0.5	9	701	1.8	7,601	0.4	89
5 and younger	4	814	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	35	9,560	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	823	93,496	15	11.2	180	0.2	3	25	18.7	295	0.5	120
21-44	31,344	1,177,249	1,730	17.8	19,651	0.5	8	293	3.0	3,183	0.3	84
45-64	67,222	2,160,743	3,748	24.1	42,755	0.5	9	252	1.6	2,596	0.4	87
65-74	36,242	1,234,197	1,774	19.9	20,560	0.5	10	126	1.4	1,473	0.4	98
75-84	10,219	192,894	717	19.0	8,206	0.5	9	5	0.1	54	0.3	54
85 and older	2,677	42,763	211	18.2	2,293	0.5	8	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	70,303	1,494,607	5,460	18.4	58,626	0.5	9	150	0.5	1,387	0.3	69
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	4	79	1	7.1	8	0.1	1	0	0.0	0	0.0	0
21-44	3,695	298,502	109	12.7	1,148	0.4	6	73	8.5	789	0.4	90
45-64	1,441	92,306	45	31.3	486	0.5	6	18	12.5	196	0.4	76
65-74	10,517	212,380	782	15.3	8,681	0.5	10	10	0.2	77	0.2	29
75-84	26,769	453,265	2,101	18.9	22,838	0.5	9	23	0.2	140	0.2	22
85 and older	27,877	438,075	2,422	19.4	25,465	0.5	8	26	0.2	185	0.3	26
<b>Male</b>												
All Males	77,232	2,871,923	4,445	13.7	48,850	0.5	9	523	1.6	5,493	0.5	131
<b>Male, Disabled</b>												
All Ages	62,741	2,529,271	3,357	13.6	37,826	0.5	9	485	2.0	5,163	0.5	135
5 and younger	36	7,073	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	40	8,507	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	703	99,704	11	6.6	118	0.4	5	31	18.6	356	0.5	139
21-44	21,616	1,242,870	1,065	11.0	12,085	0.5	9	303	3.1	3,267	0.5	143
45-64	25,981	775,609	1,501	15.7	16,787	0.6	9	106	1.1	1,047	0.6	146
65-74	11,677	346,025	601	15.0	6,808	0.5	9	42	1.0	460	0.4	64
75-84	2,332	42,931	157	14.6	1,778	0.5	9	2	0.2	21	0.1	13
85 and older	356	6,552	22	12.6	250	0.5	13	1	0.6	12	0.1	9

Dual Medicaid Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ANTI-PSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month
<b>Male, Other Eligibles</b>												
All Ages	14,491	342,652	1,088	13.9	11,024	0.5	8	38	0.5	330	0.4	57
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,022	81,139	33	37.1	317	0.4	5	14	15.7	146	0.5	89
45-64	536	36,259	15	25.9	127	0.6	12	4	6.9	45	0.4	40
65-74	3,757	67,744	300	11.2	3,150	0.5	8	4	0.1	40	0.3	40
75-84	5,499	102,249	444	14.3	4,520	0.5	8	9	0.3	56	0.3	21
85 and older	3,677	55,261	296	15.5	2,910	0.4	7	7	0.4	43	0.2	27
<b>Unknown</b>	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 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					COUGH/COLD/ALLERGY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>7,185</b>	<b>7.1</b>	<b>79,800</b>	<b>0.6</b>	<b>\$18</b>	<b>4,932</b>	<b>4.9</b>	<b>53,536</b>	<b>0.3</b>	<b>\$18</b>	<b>21,879</b>	<b>21.5</b>	<b>252,478</b>	<b>0.2</b>	<b>\$3</b>
<b>Female</b>															
All Females	5,170	7.5	57,455	0.5	16	3,749	5.4	41,271	0.3	18	16,482	23.9	190,714	0.2	3
<b>Female, Disabled</b>															
All Ages	4,037	10.3	45,290	0.5	16	2,706	6.9	30,162	0.3	19	12,403	31.6	144,399	0.2	3
5 and younger	1	33.3	12	0.1	2	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	34	25.4	395	0.6	96	8	6.0	94	0.4	15	36	26.9	427	0.1	2
21-44	1,263	13.0	14,063	0.5	20	356	3.7	3,924	0.3	20	3,116	32.1	36,251	0.1	2
45-64	1,867	12.0	20,895	0.6	15	1,152	7.4	12,557	0.4	22	5,444	35.0	63,351	0.2	3
65-74	668	7.5	7,648	0.5	14	946	10.6	10,890	0.3	18	2,703	30.4	31,596	0.2	3
75-84	177	4.7	1,981	0.5	7	202	5.3	2,263	0.3	13	900	23.8	10,450	0.2	3
85 and older	27	2.3	296	0.4	6	42	3.6	434	0.3	11	204	17.6	2,324	0.2	3
<b>Female, Other Eligibles</b>															
All Ages	1,133	3.8	12,165	0.5	12	1,043	3.5	11,109	0.3	13	4,079	13.7	46,315	0.2	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	139	16.2	1,359	0.4	37	78	9.1	845	0.4	30	166	19.3	1,775	0.1	2
45-64	36	25.0	371	0.5	53	27	18.8	297	0.5	35	45	31.3	454	0.2	4
65-74	204	4.0	2,220	0.5	8	209	4.1	2,217	0.3	13	781	15.3	8,912	0.2	3
75-84	443	4.0	4,820	0.6	7	443	4.0	4,756	0.3	12	1,633	14.7	18,856	0.2	3
85 and older	311	2.5	3,395	0.6	7	286	2.3	2,994	0.3	9	1,454	11.6	16,318	0.2	3
<b>Male</b>															
All Males	2,015	6.2	22,345	0.6	26	1,183	3.6	12,265	0.3	17	5,397	16.6	61,764	0.2	3
<b>Male, Disabled</b>															
All Ages	1,764	7.1	19,784	0.6	26	936	3.8	9,808	0.3	18	4,528	18.3	52,107	0.2	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	33.3	24	0.1	1
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	29	17.4	348	0.5	90	5	3.0	53	0.3	26	39	23.4	464	0.2	3
21-44	851	8.8	9,529	0.6	35	226	2.3	2,335	0.4	23	1,662	17.1	19,178	0.1	2
45-64	645	6.7	7,181	0.6	16	450	4.7	4,537	0.3	17	1,748	18.3	20,043	0.2	3
65-74	211	5.3	2,403	0.5	14	227	5.6	2,597	0.3	15	836	20.8	9,610	0.2	4
75-84	27	2.5	311	0.6	11	25	2.3	255	0.2	13	211	19.6	2,452	0.2	3
85 and older	1	0.6	12	1.0	8	3	1.7	31	0.4	23	30	17.2	336	0.2	3

Dual Medicaid Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					COUGH/COLD/ALLERGY				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean	
		of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit		of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit		of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit
<b>Male, Other Eligibles</b>															
All Ages	251	3.2	2,561	0.5	21	247	3.2	2,457	0.3	14	869	11.1	9,657	0.2	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	43	48.3	448	0.6	65	16	18.0	167	0.6	45	21	23.6	187	0.2	4
45-64	20	34.5	191	0.5	51	18	31.0	154	0.5	27	17	29.3	139	0.1	2
65-74	64	2.4	687	0.5	8	79	2.9	852	0.3	10	252	9.4	2,813	0.2	3
75-84	72	2.3	718	0.5	7	103	3.3	990	0.3	11	380	12.3	4,308	0.2	3
85 and older	52	2.7	517	0.6	9	31	1.6	294	0.3	11	199	10.4	2,210	0.2	3
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS					ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit per Month
<b>All</b>	<b>3,100</b>	<b>3.1</b>	<b>32,212</b>	<b>0.4</b>	<b>\$20</b>	<b>10,250</b>	<b>10.1</b>	<b>114,834</b>	<b>0.4</b>	<b>\$5</b>	<b>1,433</b>	<b>1.4</b>	<b>15,177</b>	<b>0.4</b>	<b>\$41</b>
<b>Female</b>															
All Females	2,292	3.3	24,138	0.3	20	7,978	11.6	89,596	0.4	5	1,046	1.5	11,238	0.4	41
<b>Female, Disabled</b>															
All Ages	1,894	4.8	20,309	0.3	20	4,248	10.8	48,890	0.4	5	932	2.4	10,094	0.4	41
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.2	61	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	5	83.3	60	0.3	155	0	0.0	0	0.0	0
15-20	27	20.1	314	0.4	25	25	18.7	300	0.3	13	2	1.5	23	0.2	10
21-44	644	6.6	6,866	0.3	18	886	9.1	10,339	0.3	4	116	1.2	1,260	0.3	34
45-64	866	5.6	9,106	0.4	21	1,516	9.8	17,396	0.4	5	452	2.9	4,715	0.4	44
65-74	345	3.9	3,910	0.3	19	1,117	12.5	12,919	0.4	6	349	3.9	3,948	0.4	41
75-84	11	0.3	101	0.4	24	513	13.6	5,808	0.4	5	13	0.3	148	0.3	35
85 and older	1	0.1	12	0.1	1	185	16.0	2,056	0.4	4	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	398	1.3	3,829	0.4	20	3,730	12.5	40,706	0.5	5	114	0.4	1,144	0.4	38
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	2	14.3	16	0.1	4	0	0.0	0	0.0	0
21-44	210	24.5	2,148	0.4	22	61	7.1	565	0.2	3	40	4.7	449	0.4	44
45-64	68	47.2	756	0.5	25	18	12.5	194	0.3	5	19	13.2	209	0.4	42
65-74	39	0.8	375	0.3	15	460	9.0	5,205	0.4	5	33	0.6	316	0.3	35
75-84	38	0.3	275	0.2	9	1,407	12.7	15,455	0.5	5	14	0.1	139	0.2	20
85 and older	43	0.3	275	0.3	12	1,782	14.3	19,271	0.5	6	8	0.1	31	0.6	48
<b>Male</b>															
All Males	808	2.5	8,074	0.4	21	2,272	7.0	25,238	0.5	6	387	1.2	3,939	0.4	39
<b>Male, Disabled</b>															
All Ages	693	2.8	7,026	0.4	21	1,408	5.7	15,963	0.5	6	332	1.3	3,500	0.4	39
5 and younger	0	0.0	0	0.0	0	3	50.0	31	0.6	183	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	200.0	48	0.6	155	0	0.0	0	0.0	0
15-20	33	19.8	390	0.4	24	6	3.6	67	0.1	2	3	1.8	35	0.5	43
21-44	357	3.7	3,624	0.4	23	279	2.9	3,140	0.4	5	84	0.9	866	0.4	39
45-64	201	2.1	1,890	0.4	18	576	6.0	6,494	0.5	6	136	1.4	1,344	0.4	40
65-74	100	2.5	1,110	0.3	16	379	9.4	4,384	0.5	5	107	2.7	1,237	0.4	39
75-84	2	0.2	12	0.3	14	129	12.0	1,450	0.5	7	2	0.2	18	0.4	48
85 and older	0	0.0	0	0.0	0	32	18.4	349	0.4	4	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS					ANTHYPERLIPIDEMIC					
	Number of Users	Users as %	Number of Benefit Months	Mean		Number of Users	Users as %	Number of Benefit Months	Mean		Number of Users	Users as %	Number of Benefit Months	Mean		
		of Dual Benes		Among Users	Rx per Benefit		Mean Rx \$ per Benefit		of Dual Benes	Among Users		Rx per Benefit		Mean Rx \$ per Benefit	of Dual Benes	Among Users
<b>Male, Other Eligibles</b>																
All Ages	115	1.5	1,048	0.4	22	864	11.0	9,275	0.5	6	55	0.7	439	0.4	39	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	58	65.2	605	0.3	21	2	2.2	13	0.2	7	13	14.6	108	0.4	42	
45-64	26	44.8	232	0.5	35	0	0.0	0	0.0	0	12	20.7	104	0.4	40	
65-74	12	0.4	97	0.4	12	212	7.9	2,294	0.5	5	13	0.5	111	0.4	29	
75-84	15	0.5	87	0.3	10	349	11.3	3,741	0.5	7	14	0.5	91	0.5	54	
85 and older	4	0.2	27	0.5	13	301	15.8	3,227	0.5	5	3	0.2	25	0.2	25	
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries



TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	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		
<b>All</b>	<b>2,953</b>	<b>2.9</b>	<b>32,205</b>	<b>0.3</b>	<b>\$18</b>	<b>2,056</b>	<b>2.0</b>	<b>21,936</b>	<b>0.3</b>	<b>\$20</b>	<b>101,532</b>	<b>1,083,336</b>
<b>Female</b>												
All Females	2,161	3.1	23,859	0.3	18	1,459	2.1	15,624	0.3	20	68,985	738,234
<b>Female, Disabled</b>												
All Ages	1,837	4.7	20,453	0.3	18	1,300	3.3	14,064	0.3	18	39,239	432,356
5 and younger	1	33.3	12	0.1	5	0	0.0	0	0.0	0	3	36
6-14	2	33.3	24	0.8	11	0	0.0	0	0.0	0	6	66
15-20	17	12.7	204	0.3	8	24	17.9	288	0.2	14	134	1,536
21-44	449	4.6	5,010	0.2	15	320	3.3	3,444	0.2	13	9,710	106,822
45-64	793	5.1	8,619	0.3	22	596	3.8	6,258	0.3	20	15,543	169,813
65-74	494	5.5	5,678	0.3	17	340	3.8	3,892	0.3	20	8,903	99,715
75-84	65	1.7	718	0.3	8	17	0.4	146	0.3	12	3,783	42,004
85 and older	16	1.4	188	0.5	8	3	0.3	36	0.2	9	1,157	12,364
<b>Female, Other Eligibles</b>												
All Ages	324	1.1	3,406	0.3	16	159	0.5	1,560	0.3	34	29,746	305,878
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	1	7.1	12	0.1	1	0	0.0	0	0.0	0	14	114
21-44	104	12.1	1,115	0.3	28	80	9.3	884	0.3	47	858	6,451
45-64	41	28.5	432	0.3	21	28	19.4	258	0.3	19	144	1,213
65-74	45	0.9	453	0.3	10	20	0.4	183	0.3	21	5,116	53,546
75-84	71	0.6	768	0.2	7	20	0.2	157	0.2	10	11,115	118,004
85 and older	62	0.5	626	0.3	7	11	0.1	78	0.2	8	12,499	126,550
<b>Male</b>												
All Males	792	2.4	8,346	0.3	20	597	1.8	6,312	0.3	19	32,547	345,102
<b>Male, Disabled</b>												
All Ages	708	2.9	7,586	0.3	20	539	2.2	5,833	0.3	19	24,710	267,854
5 and younger	3	50.0	36	0.3	33	3	50.0	21	0.2	10	6	67
6-14	4	200.0	48	0.3	22	0	0.0	0	0.0	0	2	24
15-20	12	7.2	141	0.2	10	18	10.8	206	0.2	15	167	1,890
21-44	275	2.8	2,938	0.3	21	163	1.7	1,790	0.3	23	9,692	105,307
45-64	247	2.6	2,517	0.4	20	193	2.0	1,951	0.3	19	9,571	102,364
65-74	154	3.8	1,760	0.3	19	159	4.0	1,835	0.3	16	4,019	44,382
75-84	13	1.2	146	0.2	4	2	0.2	18	0.1	1	1,079	11,962
85 and older	0	0.0	0	0.0	0	1	0.6	12	0.1	1	174	1,858

Dual Medicaid Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months	
	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			
<b>Male, Other Eligibles</b>													
All Ages	84	1.1	760	0.3	22	58	0.7	479	0.4	21	7,837	77,248	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
21-44	22	24.7	188	0.4	27	20	22.5	206	0.5	32	89	729	
45-64	14	24.1	132	0.5	41	8	13.8	79	0.3	14	58	411	
65-74	15	0.6	139	0.2	11	12	0.4	84	0.3	12	2,680	26,829	
75-84	25	0.8	229	0.3	14	13	0.4	94	0.2	13	3,101	31,203	
85 and older	8	0.4	72	0.5	17	5	0.3	16	0.4	16	1,909	18,076	
<b>Unknown</b>	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 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$9</b>	<b>0.5</b>	<b>15,787</b>	<b>159,691</b>
<b>Age</b>				
0-64	21	0.8	1,445	15,407
65-74	16	0.6	2,319	23,996
75-84	6	0.4	5,068	51,011
85 and older	5	0.4	6,955	69,277
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	8	0.4	11,947	122,102
Male	9	0.5	3,840	37,589
Unknown	0	0.0	0	0
<b>Race</b>				
White	9	0.5	11,721	117,602
African American	7	0.3	3,970	41,071
Other/unknown	31	0.6	96	1,018
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	6	0.4	12,624	125,767
Disabled	19	0.7	3,163	33,924
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 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 7,083 beneficiaries who were in nursing facilities for part of their enrollment and their 69,324 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
	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 \$					
Anti-infective Agents	0.3	0.0	0.0	0.3	\$14	\$7	\$0	\$7	\$50	\$399	\$0	\$26	367	\$18,464	142	0.9	1,285
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	29	0	0	29	5	145	5	0.0	54
Antineoplastic Agents	0.3	0.0	0.0	0.2	28	6	0	22	103	174	0	92	56	5,749	30	0.2	203
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	24	13	8	4	53	83	245	15	595	31,789	154	1.0	1,311
Cardiovascular Agents	0.9	0.2	0.0	0.7	32	11	5	16	35	67	119	22	1,995	69,087	265	1.7	2,149
Respiratory Agents	0.2	0.0	0.0	0.2	5	1	0	4	22	81	36	19	3,595	79,088	1,527	9.7	17,102
Gastrointestinal Agents	0.5	0.2	0.0	0.3	30	21	0	9	58	113	64	27	703	41,109	158	1.0	1,384
Genitourinary Agents	0.4	0.2	0.0	0.2	22	13	5	4	62	82	124	28	232	14,498	73	0.5	661
CNS Drugs	0.7	0.0	0.0	0.6	13	3	0	10	20	89	86	16	30,584	612,125	4,387	27.8	46,297
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	71	63	0	8	123	235	0	26	54	6,628	8	0.1	93
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	54	54	0	0	139	139	0	0	165	22,904	47	0.3	426
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	24	5	0	20	44	122	6	39	723	31,995	149	0.9	1,329
Neuromuscular Agents	0.8	0.0	0.0	0.7	16	4	0	12	21	124	45	16	6,101	128,721	767	4.9	8,086
Nutritional Products	0.6	0.0	0.0	0.5	6	1	0	5	10	19	15	9	11,280	108,422	1,787	11.3	19,171
Hematological Agents	0.6	0.1	0.0	0.6	8	3	0	4	12	47	17	8	15,083	185,622	2,180	13.8	23,277
Topical Products	0.5	0.1	0.1	0.2	21	9	6	6	47	72	64	27	476	22,444	118	0.7	1,046
Miscellaneous Products	0.3	0.1	0.0	0.2	11	6	0	5	41	60	0	30	26	1,058	11	0.1	95
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	15	0	0	0	104	1,578	17	0.1	195
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.	72,144	1,381,426	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 7,083 beneficiaries who were in nursing facilities for part of their enrollment and their 69,324 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 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

In 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

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	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIANKXIETY AGENTS	\$423,491	3,675	23.3	39,380	0.6	\$18	\$11	
HEMATOPOIETIC AGENTS	171,683	2,261	14.3	24,618	0.6	12	7	
ANTICONVULSANT	116,649	732	4.6	7,950	0.7	20	15	
ANTIDIABETIC	91,532	691	4.4	7,216	0.3	39	13	
MULTIVITAMINS	94,798	1,465	9.3	16,040	0.6	9	6	
ANTIPSYCHOTICS	69,719	100	0.6	875	0.4	178	80	
HYPNOTICS	75,275	802	5.1	8,737	0.7	12	9	
COUGH/COLD/ALLERGY	62,237	1,617	10.2	18,254	0.2	19	3	
ANTIDEPRESSANTS	42,529	198	1.3	1,817	0.4	58	23	
ULCER DRUGS	30,063	104	0.7	994	0.4	79	30	
Total	1,177,976	11,645	n.a.	125,881	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A total of 7,083 beneficiaries who were in nursing facilities for part of their enrollment and their 69,324 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Medicaid reimbursement; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					HEMATOPOIETIC AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>67,406</b>	<b>\$1,177,976</b>	<b>3,675</b>	<b>23.3</b>	<b>39,380</b>	<b>0.6</b>	<b>\$11</b>	<b>2,261</b>	<b>14.3</b>	<b>24,618</b>	<b>0.6</b>	<b>\$7</b>
<b>Female</b>												
All Females	51,613	906,448	2,903	24.3	31,325	0.6	11	1,733	14.5	18,888	0.6	7
<b>Female, Disabled</b>												
All Ages	11,601	301,506	496	27.3	5,579	0.6	12	246	13.5	2,724	0.6	9
64 or younger	5,288	129,620	221	32.6	2,478	0.6	13	91	13.4	981	0.6	8
65-74	3,919	133,688	135	25.0	1,571	0.6	12	75	13.9	856	0.5	13
75-84	1,640	27,235	94	24.8	1,050	0.6	11	49	12.9	546	0.5	6
85 and older	754	10,963	46	20.7	480	0.6	11	31	14.0	341	0.6	7
<b>Female, Other Eligibles</b>												
All Ages	40,012	604,942	2,407	23.8	25,746	0.6	11	1,487	14.7	16,164	0.6	7
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,352	73,301	246	28.7	2,709	0.7	13	123	14.3	1,412	0.6	7
75-84	14,809	231,688	885	25.4	9,429	0.6	11	521	15.0	5,584	0.6	6
85 and older	20,851	299,953	1,276	22.0	13,608	0.6	10	843	14.6	9,168	0.6	7
<b>Male</b>												
All Males	15,793	271,528	772	20.1	8,055	0.6	11	528	13.8	5,730	0.6	7
<b>Male, Disabled</b>												
All Ages	7,431	142,978	314	23.3	3,455	0.6	12	159	11.8	1,813	0.6	7
64 or younger	4,692	88,878	194	25.3	2,109	0.7	13	86	11.2	957	0.7	8
65-74	2,046	44,354	79	20.9	881	0.6	12	50	13.2	588	0.6	6
75-84	620	8,468	33	21.2	373	0.5	9	19	12.2	220	0.6	6
85 and older	73	1,278	8	18.2	92	0.3	7	4	9.1	48	0.3	2
<b>Male, Other Eligibles</b>												
All Ages	8,362	128,550	458	18.4	4,600	0.5	9	369	14.8	3,917	0.6	8
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,231	33,767	108	19.9	1,123	0.6	12	85	15.6	906	0.6	6
75-84	3,249	54,105	195	18.6	1,950	0.5	9	139	13.2	1,443	0.6	10
85 and older	2,882	40,678	155	17.2	1,527	0.5	8	145	16.1	1,568	0.6	6
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 7,083 beneficiaries who were in nursing facilities for part of their enrollment and their 69,324 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					MULTIVITAMINS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>732</b>	<b>4.6</b>	<b>7,950</b>	<b>0.7</b>	<b>\$15</b>	<b>691</b>	<b>4.4</b>	<b>7,216</b>	<b>0.3</b>	<b>\$13</b>	<b>1,465</b>	<b>9.3</b>	<b>16,040</b>	<b>0.6</b>	<b>\$6</b>
<b>Female</b>															
All Females	560	4.7	6,165	0.8	14	506	4.2	5,377	0.3	13	1,096	9.2	12,060	0.6	6
<b>Female, Disabled</b>															
All Ages	170	9.4	1,941	0.8	24	154	8.5	1,678	0.4	20	208	11.4	2,372	0.7	6
64 or younger	88	13.0	992	0.8	27	57	8.4	619	0.5	23	82	12.1	933	0.6	6
65-74	66	12.2	764	0.7	25	69	12.8	772	0.5	20	66	12.2	764	0.7	7
75-84	13	3.4	149	0.8	11	22	5.8	218	0.3	12	44	11.6	491	0.7	6
85 and older	3	1.4	36	0.9	12	6	2.7	69	0.2	10	16	7.2	184	0.7	7
<b>Female, Other Eligibles</b>															
All Ages	390	3.9	4,224	0.7	10	352	3.5	3,699	0.3	10	888	8.8	9,688	0.6	6
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	61	7.1	673	0.8	11	55	6.4	594	0.3	11	65	7.6	716	0.6	5
75-84	179	5.1	1,921	0.7	10	152	4.4	1,565	0.3	10	299	8.6	3,252	0.6	6
85 and older	150	2.6	1,630	0.7	9	145	2.5	1,540	0.3	9	524	9.1	5,720	0.6	6
<b>Male</b>															
All Males	172	4.5	1,785	0.7	16	185	4.8	1,839	0.3	12	369	9.6	3,980	0.7	6
<b>Male, Disabled</b>															
All Ages	98	7.3	1,090	0.7	20	80	5.9	817	0.4	14	139	10.3	1,526	0.7	7
64 or younger	63	8.2	716	0.7	18	52	6.8	506	0.4	14	81	10.6	873	0.7	7
65-74	31	8.2	327	0.6	25	22	5.8	239	0.3	16	42	11.1	475	0.7	7
75-84	4	2.6	47	0.7	9	5	3.2	60	0.3	13	13	8.3	152	0.6	6
85 and older	0	0.0	0	0.0	0	1	2.3	12	0.4	15	3	6.8	26	0.7	6
<b>Male, Other Eligibles</b>															
All Ages	74	3.0	695	0.6	11	105	4.2	1,022	0.3	10	230	9.2	2,454	0.7	6
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	17	3.1	160	0.7	15	31	5.7	338	0.3	11	61	11.2	679	0.7	6
75-84	32	3.0	302	0.6	8	53	5.0	484	0.3	11	78	7.4	811	0.6	5
85 and older	25	2.8	233	0.7	11	21	2.3	200	0.3	10	91	10.1	964	0.7	6
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 7,083 beneficiaries who were in nursing facilities for part of their enrollment and their 69,324 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					HYPNOTICS					COUGH/COLD/ALLERGY				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>100</b>	<b>0.6</b>	<b>875</b>	<b>0.4</b>	<b>\$80</b>	<b>802</b>	<b>5.1</b>	<b>8,737</b>	<b>0.7</b>	<b>\$9</b>	<b>1,617</b>	<b>10.2</b>	<b>18,254</b>	<b>0.2</b>	<b>\$3</b>
<b>Female</b>															
All Females	74	0.6	640	0.5	93	564	4.7	6,139	0.7	9	1,293	10.8	14,652	0.2	3
<b>Female, Disabled</b>															
All Ages	33	1.8	362	0.7	145	167	9.2	1,893	0.8	7	206	11.3	2,418	0.2	5
64 or younger	13	1.9	126	0.5	123	97	14.3	1,106	0.9	7	77	11.4	914	0.2	6
65-74	19	3.5	224	0.8	160	44	8.2	510	0.8	7	65	12.1	767	0.2	5
75-84	1	0.3	12	0.5	108	19	5.0	217	0.7	7	41	10.8	465	0.2	2
85 and older	0	0.0	0	0.0	0	7	3.2	60	0.7	5	23	10.4	272	0.2	3
<b>Female, Other Eligibles</b>															
All Ages	41	0.4	278	0.3	25	397	3.9	4,246	0.6	10	1,087	10.7	12,234	0.2	3
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	4	0.5	34	0.2	32	55	6.4	576	0.6	9	106	12.4	1,222	0.2	4
75-84	17	0.5	102	0.3	23	153	4.4	1,700	0.6	10	385	11.1	4,318	0.2	3
85 and older	20	0.3	142	0.3	25	189	3.3	1,970	0.7	10	596	10.3	6,694	0.2	3
<b>Male</b>															
All Males	26	0.7	235	0.3	43	238	6.2	2,598	0.8	8	324	8.4	3,602	0.2	4
<b>Male, Disabled</b>															
All Ages	13	1.0	139	0.4	57	134	10.0	1,525	0.9	7	119	8.8	1,328	0.2	4
64 or younger	6	0.8	58	0.3	51	88	11.5	997	0.9	7	57	7.4	652	0.2	3
65-74	5	1.3	60	0.5	78	32	8.5	365	0.9	6	49	13.0	521	0.2	4
75-84	1	0.6	9	0.1	22	13	8.3	151	0.9	6	11	7.1	132	0.3	6
85 and older	1	2.3	12	0.1	9	1	2.3	12	0.1	1	2	4.5	23	0.1	6
<b>Male, Other Eligibles</b>															
All Ages	13	0.5	96	0.3	23	104	4.2	1,073	0.7	9	205	8.2	2,274	0.2	3
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	2	0.4	19	0.3	37	30	5.5	338	0.8	7	38	7.0	419	0.2	5
75-84	7	0.7	44	0.4	15	43	4.1	407	0.7	7	77	7.3	852	0.2	4
85 and older	4	0.4	33	0.2	26	31	3.4	328	0.6	13	90	10.0	1,003	0.2	3
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 7,083 beneficiaries who were in nursing facilities for part of their enrollment and their 69,324 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<b>All</b>	<b>198</b>	<b>1.3</b>	<b>1,817</b>	<b>0.4</b>	<b>\$23</b>	<b>104</b>	<b>0.7</b>	<b>994</b>	<b>0.4</b>	<b>\$30</b>	<b>15,787</b>	<b>159,691</b>
<b>Female</b>												
All Females	137	1.1	1,232	0.4	23	67	0.6	624	0.4	29	11,947	122,102
<b>Female, Disabled</b>												
All Ages	66	3.6	744	0.5	30	41	2.3	445	0.4	34	1,818	19,703
64 or younger	27	4.0	287	0.5	31	15	2.2	150	0.5	39	678	7,395
65-74	37	6.9	433	0.5	31	24	4.5	277	0.4	31	539	5,964
75-84	2	0.5	24	0.3	17	2	0.5	18	0.3	34	379	4,015
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	222	2,329
<b>Female, Other Eligibles</b>												
All Ages	71	0.7	488	0.3	11	26	0.3	179	0.3	18	10,129	102,399
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	0.8	66	0.3	12	1	0.1	4	0.3	29	858	8,774
75-84	32	0.9	232	0.2	9	12	0.3	103	0.3	19	3,482	35,395
85 and older	32	0.6	190	0.3	13	13	0.2	72	0.3	16	5,789	58,230
<b>Male</b>												
All Males	61	1.6	585	0.4	25	37	1.0	370	0.4	32	3,840	37,589
<b>Male, Disabled</b>												
All Ages	44	3.3	482	0.5	28	26	1.9	298	0.4	33	1,345	14,221
64 or younger	30	3.9	345	0.5	29	19	2.5	217	0.4	32	767	8,012
65-74	14	3.7	137	0.4	26	7	1.9	81	0.4	33	378	4,020
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	156	1,726
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	44	463
<b>Male, Other Eligibles</b>												
All Ages	17	0.7	103	0.4	12	11	0.4	72	0.3	30	2,495	23,368
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	3	0.6	14	0.4	14	1	0.2	7	0.1	13	544	5,238
75-84	13	1.2	77	0.4	11	7	0.7	48	0.3	26	1,051	9,875
85 and older	1	0.1	12	0.3	19	3	0.3	17	0.4	49	900	8,255
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 7,083 beneficiaries who were in nursing facilities for part of their enrollment and their 69,324 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 ALABAMA, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>42,526</b>	<b>41.9</b>	<b>2.9</b>	<b>295,440</b>	<b>\$39</b>	<b>\$3,919,828</b>	<b>\$13</b>	<b>29.8</b>	<b>101,532</b>
<b>Age</b>									
5 and younger	7	77.8	8.6	77	599	5,392	70	15.9	9
6-14	8	100.0	8.4	67	443	3,547	53	6.0	8
15-20	106	33.7	1.6	493	45	14,280	29	4.0	315
21-44	7,414	36.4	2.3	46,489	33	674,927	15	16.0	20,349
45-64	12,046	47.6	3.7	92,541	48	1,220,756	13	27.1	25,316
65-74	8,837	42.7	3.1	64,778	40	828,453	13	32.6	20,718
75-84	7,952	41.7	2.8	53,056	36	677,926	13	82.4	19,078
85 and older	6,156	39.1	2.4	37,939	31	494,547	13	80.6	15,739
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	13,688	37.6	2.4	85,684	31	1,139,153	13	77.3	36,398
Disabled	28,472	44.5	3.2	207,781	43	2,754,646	13	25.5	63,949
Adults	346	30.3	1.7	1,906	22	25,171	13	3.0	1,141
Children	0	0.0	0.0	0	0	0	0	0.0	4
Unknown	20	50.0	1.7	69	21	858	12	1.8	40
<b>Gender</b>									
Female	31,170	45.2	3.1	216,071	42	2,899,769	13	32.8	68,985
Male	11,356	34.9	2.4	79,369	31	1,020,059	13	23.7	32,547
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	24,199	46.0	3.5	183,774	49	2,592,083	14	34.0	52,575
African American	14,950	36.9	2.2	88,612	25	1,030,737	12	23.1	40,562
Other/unknown	3,377	40.2	2.7	23,054	35	297,008	13	27.9	8,395
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	6,592	41.8	3.1	49,021	47	736,758	15	53.3	15,787
Part year	3,201	45.2	2.4	16,959	35	245,839	14	47.7	7,083
None	32,733	41.6	2.9	229,460	37	2,937,231	13	26.1	78,662
<b>Maintenance Assistance Status</b>									
Cash	30,123	42.7	3.0	211,565	38	2,685,530	13	25.7	70,485
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	1,043	31.7	1.4	4,519	19	64,248	14	8.9	3,295
Other/unknown	11,360	40.9	2.9	79,356	42	1,170,050	15	58.8	27,752

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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<sup>a,b</sup>  
 ALABAMA, 2006

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
<b>All</b>	<b>0.3</b>	<b>\$4</b>	<b>\$13</b>	<b>\$0</b>	<b>\$2</b>	<b>1,083,336</b>
<b>Age</b>						
5 and younger	0.7	52	70	0	0	103
6-14	0.7	39	53	0	0	90
15-20	0.1	4	29	0	1	3,540
21-44	0.2	3	15	0	2	219,309
45-64	0.3	4	13	0	3	273,801
65-74	0.3	4	13	0	2	224,472
75-84	0.3	3	13	0	2	203,173
85 and older	0.2	3	13	0	2	158,848
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	3	13	0	2	374,063
Disabled	0.3	4	13	0	2	700,210
Adults	0.2	3	13	0	1	8,637
Children	0.0	0	0	0	0	18
Unknown	0.2	2	12	0	1	408
<b>Gender</b>						
Female	0.3	4	13	0	2	738,234
Male	0.2	3	13	0	2	345,102
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	5	14	0	3	554,756
African American	0.2	2	12	0	1	438,101
Other/unknown	0.3	3	13	0	2	90,479
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	5	15	0	3	159,691
Part year	0.2	4	14	0	3	69,324
None	0.3	3	13	0	2	854,321
<b>Maintenance Assistance Status</b>						
Cash	0.3	3	13	0	2	777,188
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	14	0	1	29,719
Other/unknown	0.3	4	15	0	3	276,429

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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<sup>a,b,c</sup>  
ALABAMA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>58,027</b>	<b>\$68</b>	<b>\$3,919,828</b>	<b>100.0</b>	<b>295,440</b>	<b>\$13</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	40	80	0.0	2	40	0.0
Drugs for cosmetic purposes	1	11	11	0.0	1	11	0.0
Cough and cold medications	14,699	40	586,897	15.0	34,739	17	11.8
Vitamins and minerals	5,078	61	307,915	7.9	26,975	11	9.1
Non-prescription drugs	13,485	43	585,169	14.9	69,425	8	23.5
Barbiturates	1,355	61	82,943	2.1	11,912	7	4.0
Benzodiazepines	23,120	101	2,327,056	59.4	151,577	15	51.3
Other Part D Excl Rx Drugs	287	104	29,757	0.8	809	37	0.3

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 ALABAMA, 2006

Total Number of Dual Eligible Beneficiaries: 101,532  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$13,146,609  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$129

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	58,191	57.3	\$0	0.0
1-500	39,210	38.6	3,652,463	27.8
501-1,000	1,633	1.6	1,138,334	8.7
1,001-1,500	677	0.7	835,790	6.4
1,501-2,000	399	0.4	689,752	5.2
2,001-2,500	299	0.3	668,340	5.1
2,501-3,000	233	0.2	633,647	4.8
3,001-3,500	161	0.2	519,519	4.0
3,501-4,000	112	0.1	418,507	3.2
4,001-4,500	112	0.1	473,897	3.6
4,501-5,000	79	0.1	375,400	2.9
5,001-5,500	74	0.1	387,943	3.0
5,501-6,000	44	0.0	252,364	1.9
6,001-6,500	44	0.0	273,928	2.1
6,501-7,000	37	0.0	248,658	1.9
7,001-7,500	27	0.0	195,525	1.5
7,501-8,000	31	0.0	239,356	1.8
8,001-8,500	19	0.0	156,298	1.2
8,501-9,000	18	0.0	157,631	1.2
9,001-9,500	18	0.0	166,408	1.3
9,501-10,000	7	0.0	68,399	0.5
10,001+	107	0.1	1,594,450	12.1

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 ALABAMA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 44,834  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$8,304,252  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$185

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	24,553	54.8	\$0	0.0	
1-500	17,725	39.5	1,766,149	21.3	
501-1,000	943	2.1	664,353	8.0	
1,001-1,500	405	0.9	499,028	6.0	
1,501-2,000	252	0.6	434,763	5.2	
2,001-2,500	186	0.4	415,029	5.0	
2,501-3,000	148	0.3	399,630	4.8	
3,001-3,500	96	0.2	311,718	3.8	
3,501-4,000	74	0.2	276,449	3.3	
4,001-4,500	75	0.2	317,800	3.8	
4,501-5,000	53	0.1	251,679	3.0	
5,001-5,500	52	0.1	272,916	3.3	
5,501-6,000	33	0.1	189,536	2.3	
6,001-6,500	36	0.1	223,823	2.7	
6,501-7,000	24	0.1	160,837	1.9	
7,001-7,500	15	0.0	108,759	1.3	
7,501-8,000	22	0.0	170,088	2.0	
8,001-8,500	17	0.0	140,019	1.7	
8,501-9,000	14	0.0	122,209	1.5	
9,001-9,500	9	0.0	83,591	1.0	
9,501-10,000	7	0.0	68,399	0.8	
10,001+	95	0.2	1,427,477	17.2	

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 ALABAMA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 55,535  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$3,980,749  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$71

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	32,966	59.4	\$0	0.0
1-500	21,289	38.3	1,855,501	46.6
501-1,000	623	1.1	423,085	10.6
1,001-1,500	225	0.4	278,023	7.0
1,501-2,000	115	0.2	198,538	5.0
2,001-2,500	86	0.2	194,010	4.9
2,501-3,000	56	0.1	154,485	3.9
3,001-3,500	42	0.1	134,069	3.4
3,501-4,000	29	0.1	108,639	2.7
4,001-4,500	27	0.0	114,445	2.9
4,501-5,000	18	0.0	84,943	2.1
5,001-5,500	9	0.0	46,592	1.2
5,501-6,000	7	0.0	39,740	1.0
6,001-6,500	6	0.0	37,310	0.9
6,501-7,000	8	0.0	53,745	1.4
7,001-7,500	10	0.0	71,916	1.8
7,501-8,000	6	0.0	45,917	1.2
8,001-8,500	1	0.0	8,113	0.2
8,501-9,000	4	0.0	35,422	0.9
9,001-9,500	3	0.0	27,717	0.7
9,501-10,000	0	0.0	0	0.0
10,001+	5	0.0	68,539	1.7

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 ALABAMA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 20,718  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,544,582  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$122

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,312	59.4	\$0	0.0
1-500	7,451	36.0	694,598	27.3
501-1,000	361	1.7	253,618	10.0
1,001-1,500	182	0.9	225,529	8.9
1,501-2,000	106	0.5	183,295	7.2
2,001-2,500	83	0.4	187,048	7.4
2,501-3,000	53	0.3	146,057	5.7
3,001-3,500	41	0.2	131,002	5.1
3,501-4,000	29	0.1	108,639	4.3
4,001-4,500	25	0.1	106,105	4.2
4,501-5,000	18	0.1	84,943	3.3
5,001-5,500	8	0.0	41,359	1.6
5,501-6,000	7	0.0	39,740	1.6
6,001-6,500	5	0.0	31,280	1.2
6,501-7,000	8	0.0	53,745	2.1
7,001-7,500	10	0.0	71,916	2.8
7,501-8,000	6	0.0	45,917	1.8
8,001-8,500	1	0.0	8,113	0.3
8,501-9,000	4	0.0	35,422	1.4
9,001-9,500	3	0.0	27,717	1.1
9,501-10,000	0	0.0	0	0.0
10,001+	5	0.0	68,539	2.7

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries



SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 ALABAMA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 19,078  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$822,498  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$43

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,436	59.9	\$0	0.0
1-500	7,452	39.1	647,124	78.7
501-1,000	149	0.8	96,838	11.8
1,001-1,500	23	0.1	28,479	3.5
1,501-2,000	7	0.0	11,997	1.5
2,001-2,500	3	0.0	6,962	0.8
2,501-3,000	3	0.0	8,428	1.0
3,001-3,500	1	0.0	3,067	0.4
3,501-4,000	0	0.0	0	0.0
4,001-4,500	2	0.0	8,340	1.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,233	0.6
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,030	0.7
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 ALABAMA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 15,739  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$613,669  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$39

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,218	58.6	\$0	0.0
1-500	6,386	40.6	513,779	83.7
501-1,000	113	0.7	72,629	11.8
1,001-1,500	20	0.1	24,015	3.9
1,501-2,000	2	0.0	3,246	0.5
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>104,609</b>	<b>37,486</b>	<b>65,937</b>	<b>1,142</b>	<b>4</b>	<b>40</b>	<b>1,136,903</b>	<b>391,555</b>	<b>736,270</b>	<b>8,652</b>	<b>18</b>	<b>408</b>
<b>Age</b>												
5 and younger	9	0	9	0	0	0	103	0	103	0	0	0
6-14	8	0	8	0	0	0	90	0	90	0	0	0
15-20	315	0	301	13	1	0	3,552	0	3,438	111	3	0
21-44	20,782	0	19,835	940	3	4	227,539	0	220,347	7,138	15	39
45-64	26,153	0	25,950	176	0	27	288,613	0	286,986	1,341	0	286
65-74	21,539	8,087	13,431	12	0	9	239,856	86,035	153,677	61	0	83
75-84	19,788	14,748	5,039	1	0	0	214,307	157,391	56,915	1	0	0
85 and older	16,015	14,651	1,364	0	0	0	162,843	148,129	14,714	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	71,191	29,591	40,565	993	2	40	776,480	311,821	456,743	7,503	5	408
Male	33,418	7,895	25,372	149	2	0	360,423	79,734	279,527	1,149	13	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	53,418	21,490	31,339	565	2	22	570,320	217,861	348,084	4,166	13	196
African American	42,452	12,915	28,964	554	2	17	470,031	139,514	325,987	4,322	5	203
Other/unknown	8,739	3,081	5,634	23	0	1	96,552	34,180	62,199	164	0	9
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	15,924	12,738	3,186	0	0	0	161,728	127,447	34,281	0	0	0
Part year	7,169	5,431	1,738	0	0	0	71,060	52,990	18,070	0	0	0
None	81,516	19,317	61,013	1,142	4	40	904,115	211,118	683,919	8,652	18	408
<b>Maintenance Assistance Status</b>												
Cash	73,096	17,746	54,954	396	0	0	822,695	199,591	619,386	3,718	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	3,367	839	2,283	204	1	40	31,160	8,222	21,072	1,455	3	408
Other/unknown	28,146	18,901	8,700	542	3	0	283,048	183,742	95,812	3,479	15	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	99,029	34,944	62,935	1,106	4	40	1,081,121	364,877	707,489	8,329	18	408
Full dual, part year	5,580	2,542	3,002	36	0	0	55,782	26,678	28,781	323	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	98,631	35,568	61,880	1,139	4	40	1,067,934	369,922	688,959	8,627	18	408
FFS part year, with Rx claims	1,347	284	1,062	1	0	0	15,715	3,270	12,435	10	0	0
FFS part year, no Rx claims	1,554	546	1,007	1	0	0	17,833	6,158	11,663	12	0	0
MC all year, with Rx claims	1,112	338	774	0	0	0	12,945	3,836	9,109	0	0	0
MC all year, no Rx claims	1,965	750	1,214	1	0	0	22,476	8,369	14,104	3	0	0

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>104,609</b>	<b>1,136,903</b>	<b>101,532</b>	<b>1,083,336</b>	<b>0</b>	<b>53,567</b>
Fee-for-service (FFS) all year	98,631	1,067,934	98,631	1,067,934	0	0
FFS part year, with Rx claims	1,347	15,715	1,347	7,515	0	8,200
FFS part year, with no Rx claims	1,554	17,833	1,554	7,887	0	9,946
Managed care (MC) all year, with Rx claims	1,112	12,945	0	0	0	12,945
MC all year, with no Rx claims	1,965	22,476	0	0	0	22,476

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.

Dual Medicaid Beneficiaries