LIST OF TABLES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**98,411**	**34,391**	**63,154**	**809**	**10**	**47**	**1,056,477**	**354,053**	**695,122**	**6,782**	**91**	**429**
Age												
5 and younger	6	0	6	0	0	0	62	0	62	0	0	0
6-14	9	0	9	0	0	0	108	0	108	0	0	0
15-20	323	0	312	2	9	0	3,546	0	3,447	20	79	0
21-44	19,496	0	18,816	673	1	6	212,860	0	207,145	5,640	12	63
45-64	25,466	2	25,305	129	0	30	276,797	23	275,371	1,090	0	313
65-74	20,008	7,308	12,686	3	0	11	217,886	75,525	142,286	22	0	53
75-84	18,046	13,315	4,730	1	0	0	192,869	140,014	52,851	4	0	0
85 and older	15,057	13,766	1,290	1	0	0	152,349	138,491	13,852	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	66,426	26,914	38,769	690	6	47	715,920	280,103	429,689	5,651	48	429
Male	31,985	7,477	24,385	119	4	0	340,557	73,950	265,433	1,131	43	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	51,044	20,121	30,484	408	4	27	542,583	203,156	335,743	3,391	33	260
African American	39,452	11,542	27,497	389	4	20	428,058	121,545	303,003	3,303	38	169
Other/unknown	7,915	2,728	5,173	12	2	0	85,836	29,352	56,376	88	20	0
Use of Nursing Facilities[c]												
Entire year	15,410	12,191	3,219	0	0	0	156,866	121,833	35,033	0	0	0
Part year	6,870	5,167	1,703	0	0	0	67,923	50,203	17,720	0	0	0
None	76,131	17,033	58,232	809	10	47	831,688	182,017	642,369	6,782	91	429
Maintenance Assistance Status												
Cash	68,051	15,511	52,158	380	2	0	752,311	170,671	577,945	3,680	15	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	3,455	889	2,316	200	3	47	32,216	8,559	21,826	1,379	23	429
Other/unknown	26,905	17,991	8,680	229	5	0	271,950	174,823	95,351	1,723	53	0
Dual Medicare Status[d]												
Full dual, all year	92,764	31,834	60,101	772	10	47	1,000,197	327,650	665,576	6,451	91	429
Full dual, part year	5,647	2,557	3,053	37	0	0	56,280	26,403	29,546	331	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	95,512	33,530	61,121	805	10	46	1,040,461	349,635	683,566	6,750	91	419
FFS part year, with Rx claims	1,204	282	919	3	0	0	7,117	1,568	5,523	26	0	0
FFS part year, no Rx claims	1,695	579	1,114	1	0	1	8,899	2,850	6,033	6	0	10

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**43.0**	**4.4**	**$150**	**$34**	**$12,037**	**1.2**	**98,411**
Age							
5 and younger	16.7	0.2	3	19	3,103	0.1	6
6-14	44.4	1.7	64	38	8,390	0.8	9
15-20	69.3	10.2	1,023	100	7,843	13.0	323
21-44	42.2	5.1	263	52	5,469	4.8	19,496
45-64	47.9	5.7	201	35	8,496	2.4	25,466
65-74	40.9	4.7	145	31	9,875	1.5	20,008
75-84	39.9	2.8	41	15	16,337	0.3	18,046
85 and older	41.7	2.8	40	14	24,346	0.2	15,057
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	39.0	2.7	41	15	19,654	0.2	34,391
Disabled	45.0	5.1	196	38	8,008	2.5	63,154
Adults	57.2	19.6	1,130	58	3,042	37.2	809
Children	60.0	14.1	2,373	168	9,883	24.0	10
Unknown	61.7	19.2	1,379	72	7,562	18.2	47
Gender							
Female	46.0	4.8	152	32	12,447	1.2	66,426
Male	36.8	3.7	148	40	11,185	1.3	31,985
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	49.5	5.4	166	31	15,480	1.1	51,044
African American	35.6	3.3	134	41	9,248	1.4	39,452
Other/unknown	38.2	3.9	131	33	3,732	3.5	7,915
Use of Nursing Facilities[f]							
Entire year	50.8	4.8	92	19	41,324	0.2	15,410
Part year	49.8	3.5	80	23	25,158	0.3	6,870
None	40.8	4.4	169	38	4,925	3.4	76,131
Maintenance Assistance Status							
Cash	41.4	4.5	172	38	4,615	3.7	68,051
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	42.4	4.9	254	52	3,042	8.3	3,455
Other/unknown	47.3	4.1	82	20	31,964	0.3	26,905

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]

DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**0.4**	**$14**	**1.2**	**57.0**	**36.0**	**3.9**	**2.2**	**0.7**	**0.2**	**$1,121**	**98,411**	**1,056,477**
Age												
5 and younger	0.0	0	0.1	83.3	16.7	0.0	0.0	0.0	0.0	300	6	62
6-14	0.1	5	0.8	55.6	44.4	0.0	0.0	0.0	0.0	699	9	108
15-20	0.9	93	13.0	30.7	46.7	13.6	7.1	1.9	0.0	714	323	3,546
21-44	0.5	24	4.8	57.8	33.3	4.4	3.4	1.0	0.2	501	19,496	212,860
45-64	0.5	19	2.4	52.1	38.6	4.8	3.1	1.1	0.3	782	25,466	276,797
65-74	0.4	13	1.5	59.1	33.8	3.6	2.2	1.1	0.2	907	20,008	217,886
75-84	0.3	4	0.3	60.1	36.2	2.7	0.7	0.1	0.1	1,529	18,046	192,869
85 and older	0.3	4	0.2	58.3	37.9	3.0	0.7	0.1	0.0	2,406	15,057	152,349
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	0.3	4	0.2	61.0	35.1	2.9	0.8	0.1	0.1	1,909	34,391	354,053
Disabled	0.5	18	2.5	55.0	36.8	4.4	2.7	1.0	0.2	728	63,154	695,122
Adults	2.3	135	37.2	42.8	18.2	9.0	19.5	8.8	1.7	363	809	6,782
Children	1.5	261	24.0	40.0	10.0	40.0	0.0	10.0	0.0	1,086	10	91
Unknown	2.1	151	18.2	38.3	21.3	8.5	21.3	10.6	0.0	828	47	429
Gender												
Female	0.4	14	1.2	54.0	38.5	4.2	2.3	0.8	0.2	1,155	66,426	715,920
Male	0.3	14	1.3	63.2	30.9	3.3	1.9	0.6	0.1	1,051	31,985	340,557
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.5	16	1.1	50.5	40.8	5.1	2.5	0.9	0.2	1,456	51,044	542,583
African American	0.3	12	1.4	64.4	30.6	2.4	1.9	0.6	0.1	852	39,452	428,058
Other/unknown	0.4	12	3.5	61.8	32.4	3.1	1.6	0.9	0.3	344	7,915	85,836
Use of Nursing Facilities[f]												
Entire year	0.5	9	0.2	49.2	42.6	5.6	1.9	0.5	0.2	4,060	15,410	156,866
Part year	0.4	8	0.3	50.2	45.7	2.5	1.0	0.4	0.1	2,545	6,870	67,923
None	0.4	15	3.4	59.2	33.8	3.6	2.3	0.8	0.2	451	76,131	831,688
Maintenance Assistance Status												
Cash	0.4	16	3.7	58.6	34.4	3.6	2.3	0.8	0.2	418	68,051	752,311
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	27	8.3	57.6	32.1	4.5	4.1	1.5	0.1	326	3,455	32,216
Other/unknown	0.4	8	0.3	52.7	40.7	4.5	1.5	0.4	0.1	3,162	26,905	271,950

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-

for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.4**	**$14**	**$34**	**0.0**	**$7**	**$156**	**0.0**	**$1**	**$90**	**0.4**	**$6**	**$17**
Age												
5 and younger	0.0	0	19	0.0	0	0	0.0	0	0	0.0	0	19
6-14	0.1	5	38	0.0	0	0	0.0	0	9	0.1	5	40
15-20	0.9	93	100	0.3	74	235	0.0	5	117	0.6	14	25
21-44	0.5	24	52	0.1	16	213	0.0	1	103	0.4	7	19
45-64	0.5	19	35	0.1	9	163	0.0	1	96	0.5	8	17
65-74	0.4	13	31	0.1	6	111	0.0	1	93	0.4	7	18
75-84	0.3	4	15	0.0	1	41	0.0	0	31	0.2	3	13
85 and older	0.3	4	14	0.0	1	46	0.0	0	19	0.3	3	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.3	4	15	0.0	1	50	0.0	0	29	0.2	3	13
Disabled	0.5	18	38	0.1	10	170	0.0	1	96	0.4	7	18
Adults	2.3	135	58	0.5	82	157	0.1	12	118	1.7	40	24
Children	1.5	261	168	0.6	244	404	0.0	0	9	0.9	17	18
Unknown	2.1	151	72	0.5	108	227	0.1	8	98	1.6	35	23
Gender												
Female	0.4	14	32	0.0	7	142	0.0	1	89	0.4	6	17
Male	0.3	14	40	0.0	8	189	0.0	1	92	0.3	5	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	16	31	0.0	7	148	0.0	1	93	0.4	7	16
African American	0.3	12	41	0.0	7	170	0.0	1	84	0.2	4	17
Other/unknown	0.4	12	33	0.0	6	140	0.0	1	97	0.3	6	18
Use of Nursing Facilities[e]												
Entire year	0.5	9	19	0.0	3	78	0.0	0	45	0.4	6	14
Part year	0.4	8	23	0.0	3	92	0.0	1	70	0.3	5	15
None	0.4	15	38	0.0	8	169	0.0	1	98	0.3	6	17
Maintenance Assistance Status												
Cash	0.4	16	38	0.1	9	170	0.0	1	98	0.3	6	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	27	52	0.1	17	167	0.0	2	105	0.4	9	21
Other/unknown	0.4	8	20	0.0	3	85	0.0	0	52	0.4	5	14

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		Number of Benefit Months
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	
Anti-infective Agents	0.3	0.0	0.0	0.2	$16	$10	$0	$6	$59	$421	$109	$25	8,946	$527,175	3,139	3.2	33,444
Biologicals	0.3	0.3	0.0	0.0	654	654	0	0	1981	1,981	0	0	32	63,392	10	0.0	97
Antineoplastic Agents	0.4	0.1	0.0	0.3	88	72	0	16	203	519	75	55	699	141,595	160	0.2	1,606
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	21	1	7	53	117	49	20	13,037	694,023	2,370	2.4	24,569
Cardiovascular Agents	1.0	0.2	0.0	0.8	45	22	4	19	45	139	91	23	36,155	1,614,468	3,617	3.7	36,123
Respiratory Agents	0.3	0.0	0.0	0.2	8	3	0	4	30	121	33	19	48,281	1,462,673	16,527	16.8	187,434
Gastrointestinal Agents	0.4	0.1	0.2	0.2	33	9	20	4	76	144	117	19	10,520	797,058	2,309	2.3	24,132
Genitourinary Agents	0.3	0.1	0.0	0.1	17	12	1	4	66	94	93	35	1,704	111,637	635	0.6	6,623
CNS Drugs	0.7	0.1	0.0	0.6	19	9	0	9	28	182	136	15	163,423	4,587,194	22,579	22.9	246,902
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	50	42	2	6	126	180	207	38	436	55,117	100	0.1	1,106
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	149	148	0	1	339	354	0	42	523	177,113	123	0.1	1,191
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	13	3	1	10	31	218	218	23	23,838	733,505	5,216	5.3	54,934
Neuromuscular Agents	0.6	0.1	0.0	0.6	22	11	1	10	36	188	146	17	53,510	1,909,742	7,837	8.0	85,798
Nutritional Products	0.5	0.0	0.0	0.4	6	1	0	5	12	24	12	11	26,590	321,985	4,951	5.0	54,051
Hematological Agents	0.5	0.1	0.0	0.4	13	9	0	4	26	106	21	9	41,226	1,066,665	7,379	7.5	80,916
Topical Products	0.2	0.1	0.0	0.1	11	7	0	4	51	107	64	24	3,529	178,787	1,476	1.5	15,786
Miscellaneous Products	0.5	0.3	0.0	0.2	303	283	6	14	583	1,046	239	61	550	320,905	99	0.1	1,059
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	53	0	0	0	748	39,992	311	0.3	3,388
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.	433,747	14,803,026	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$1,871,243	1,322	1.3	13,922	0.5	$281	$134
ANTIANXIETY AGENTS	1,759,959	18,623	18.9	206,504	0.6	15	9
ANTICONVULSANT	1,752,088	7,284	7.4	80,926	0.6	37	22
COUGH/COLD/ALLERGY	772,283	22,051	22.4	254,941	0.2	18	3
ANTIDIABETIC	723,023	3,010	3.1	32,330	0.4	60	22
ULCER DRUGS	697,805	2,910	3.0	31,886	0.4	62	22
HEMATOPOIETIC AGENTS	637,309	10,296	10.5	115,547	0.4	13	6
ANTIDEPRESSANTS	625,131	2,924	3.0	30,287	0.4	54	21
ANTIASTHMATIC	530,936	2,192	2.2	23,333	0.3	75	23
ANTIHYPERLIPIDEMIC	430,779	1,511	1.5	15,991	0.4	68	27
Total	9,800,556	72,123	n.a.	805,667	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

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

Dual Medicaid Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIANXIETY AGENTS				
	Number of Rx	Rx $	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**316,516**	**$9,800,556**	**1,322**	**1.3**	**13,922**	**0.5**	**$134**	**18,623**	**18.9**	**206,504**	**0.6**	**$9**
Female												
All Females	234,762	6,733,083	823	1.2	8,679	0.4	117	14,026	21.1	156,037	0.6	9
Female, Disabled												
All Ages	163,010	5,289,405	672	1.7	7,308	0.4	123	8,571	22.1	97,710	0.6	9
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	24	284	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	648	89,135	27	20.6	315	0.4	106	13	9.9	149	0.3	4
21-44	35,587	1,411,437	290	3.1	3,171	0.4	118	1,810	19.0	20,740	0.6	8
45-64	73,745	2,236,081	229	1.5	2,382	0.4	131	4,023	25.7	45,683	0.6	9
65-74	39,762	1,351,144	122	1.4	1,417	0.6	126	1,819	20.9	20,900	0.6	9
75-84	10,451	162,147	3	0.1	15	0.3	14	694	19.1	7,931	0.6	9
85 and older	2,793	39,177	1	0.1	8	0.5	42	212	18.9	2,307	0.5	8
Female, Other Eligibles												
All Ages	71,752	1,443,678	151	0.5	1,371	0.4	84	5,455	19.7	58,327	0.6	8
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	2	44	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4,280	339,215	84	14.0	858	0.4	102	117	19.6	1,208	0.5	7
45-64	1,541	101,330	19	15.3	208	0.4	84	41	33.1	402	0.6	7
65-74	10,307	180,830	7	0.1	44	0.5	25	752	16.0	8,370	0.6	9
75-84	26,718	408,688	14	0.1	102	0.3	27	2,036	19.8	22,052	0.6	9
85 and older	28,904	413,571	27	0.2	159	0.4	38	2,509	21.0	26,295	0.5	8
Male												
All Males	81,754	3,067,473	499	1.6	5,243	0.5	164	4,597	14.4	50,467	0.6	9
Male, Disabled												
All Ages	66,920	2,729,330	445	1.8	4,765	0.5	173	3,492	14.3	39,310	0.6	9
5 and younger	10	381	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	866	102,805	32	17.7	368	0.4	128	15	8.3	173	0.2	4
21-44	22,837	1,403,317	302	3.2	3,249	0.5	181	1,100	11.8	12,461	0.6	9
45-64	26,929	748,463	85	0.9	845	0.7	179	1,548	16.1	17,331	0.6	9
65-74	13,542	431,703	26	0.6	303	0.5	117	650	16.2	7,389	0.6	9
75-84	2,353	36,929	0	0.0	0	0.0	0	156	14.3	1,695	0.5	8
85 and older	380	5,713	0	0.0	0	0.0	0	23	13.8	261	0.6	11
Male, Other Eligibles												
All Ages	14,834	338,143	54	0.7	478	0.4	75	1,105	14.5	11,157	0.5	7
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	167	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,147	88,954	28	34.1	306	0.4	66	34	41.5	360	0.6	8
45-64	606	41,642	5	13.5	50	0.6	105	8	21.6	70	0.7	8
65-74	4,018	67,733	9	0.3	58	0.4	81	335	12.7	3,451	0.5	8
75-84	5,378	84,921	8	0.3	41	0.5	80	438	14.6	4,471	0.5	7
85 and older	3,676	54,726	4	0.2	23	1.0	107	290	15.8	2,805	0.4	7
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Beneficiary Characteristics	ANTICONVULSANT					COUGH/COLD/ALLERGY					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	7,284	7.4	80,926	0.6	$22	22,051	22.4	254,941	0.2	$3	3,010	3.1	32,330	0.4	$22
Female															
All Females	5,209	7.8	58,010	0.6	19	16,629	25.0	192,648	0.2	3	2,292	3.5	24,891	0.4	22
Female, Disabled															
All Ages	4,096	10.6	46,113	0.6	20	12,822	33.1	149,459	0.2	3	1,860	4.8	20,488	0.4	23
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	26	19.8	303	0.6	137	50	38.2	590	0.1	3	8	6.1	96	0.3	13
21-44	1,297	13.6	14,602	0.6	25	3,171	33.4	37,009	0.1	2	295	3.1	3,232	0.3	21
45-64	1,894	12.1	21,043	0.6	17	5,766	36.8	67,093	0.2	3	819	5.2	8,746	0.4	23
65-74	683	7.9	7,893	0.6	19	2,758	31.8	32,272	0.2	3	635	7.3	7,242	0.4	26
75-84	169	4.6	1,955	0.6	7	871	23.9	10,161	0.2	3	86	2.4	988	0.3	11
85 and older	27	2.4	317	0.5	7	206	18.3	2,334	0.2	3	17	1.5	184	0.3	11
Female, Other Eligibles															
All Ages	1,113	4.0	11,897	0.6	16	3,807	13.8	43,189	0.2	3	432	1.6	4,403	0.3	16
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	148	24.7	1,484	0.5	59	189	31.6	1,966	0.1	2	47	7.9	480	0.4	30
45-64	49	39.5	478	0.5	49	49	39.5	512	0.1	2	35	28.2	357	0.5	36
65-74	190	4.1	2,074	0.6	9	728	15.5	8,319	0.2	3	96	2.0	938	0.3	14
75-84	407	3.9	4,491	0.6	8	1,490	14.5	17,160	0.2	3	159	1.5	1,679	0.4	14
85 and older	319	2.7	3,370	0.6	7	1,351	11.3	15,232	0.2	3	95	0.8	949	0.2	9
Male															
All Males	2,075	6.5	22,916	0.6	28	5,422	17.0	62,293	0.2	3	718	2.2	7,439	0.4	25
Male, Disabled															
All Ages	1,828	7.5	20,452	0.6	28	4,546	18.6	52,453	0.2	3	603	2.5	6,290	0.4	26
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.1	2	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	33	18.2	393	0.6	67	35	19.3	399	0.1	2	2	1.1	24	0.5	44
21-44	831	8.9	9,388	0.6	41	1,580	17.0	18,212	0.1	3	174	1.9	1,803	0.4	27
45-64	691	7.2	7,554	0.6	16	1,810	18.8	20,903	0.2	3	240	2.5	2,373	0.4	24
65-74	245	6.1	2,818	0.6	17	862	21.5	9,961	0.2	4	176	4.4	1,987	0.4	26
75-84	27	2.5	287	0.7	12	227	20.8	2,618	0.2	4	8	0.7	72	0.5	12
85 and older	1	0.6	12	0.3	2	31	18.6	348	0.2	3	3	1.8	31	0.2	16
Male, Other Eligibles															
All Ages	247	3.3	2,464	0.5	20	876	11.5	9,840	0.2	3	115	1.5	1,149	0.4	23
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	40	48.8	409	0.5	65	40	48.8	439	0.1	2	21	25.6	236	0.6	54
45-64	15	40.5	146	0.5	55	19	51.4	206	0.2	3	15	40.5	145	0.7	45
65-74	71	2.7	714	0.5	10	273	10.4	3,100	0.2	2	40	1.5	387	0.2	9
75-84	74	2.5	759	0.5	7	367	12.2	4,207	0.2	3	26	0.9	256	0.3	10
85 and older	47	2.6	436	0.6	7	177	9.7	1,888	0.2	4	13	0.7	125	0.2	10
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

TABLE D.7C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	ULCER DRUGS					HEMATOPOIETIC AGENTS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	2,910	3.0	31,886	0.4	$22	10,296	10.5	115,547	0.4	$6	2,924	3.0	30,287	0.4	$21
Female															
All Females	2,073	3.1	22,739	0.4	22	8,032	12.1	90,473	0.4	5	2,171	3.3	22,727	0.4	21
Female, Disabled															
All Ages	1,757	4.5	19,435	0.4	22	4,365	11.3	50,282	0.4	5	1,775	4.6	18,879	0.4	21
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	3	60.0	36	0.7	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	14	10.7	149	0.2	10	21	16.0	248	0.2	16	23	17.6	267	0.3	14
21-44	487	5.1	5,455	0.2	17	973	10.2	11,225	0.3	4	653	6.9	6,982	0.3	18
45-64	764	4.9	8,163	0.4	24	1,561	10.0	17,946	0.4	5	787	5.0	8,117	0.4	22
65-74	438	5.0	5,047	0.4	25	1,118	12.9	12,982	0.4	7	307	3.5	3,477	0.4	25
75-84	39	1.1	441	0.4	10	514	14.1	5,905	0.4	5	3	0.1	16	0.2	1
85 and older	12	1.1	144	0.6	10	178	15.9	1,976	0.4	4	2	0.2	20	0.1	3
Female, Other Eligibles															
All Ages	316	1.1	3,304	0.4	21	3,667	13.3	40,191	0.5	6	396	1.4	3,848	0.4	21
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	25.0	24	0.1	2	0	0.0	0	0.0	0
21-44	127	21.2	1,346	0.4	29	68	11.4	704	0.3	4	217	36.3	2,283	0.4	25
45-64	37	29.8	403	0.4	34	15	12.1	155	0.4	4	78	62.9	830	0.4	19
65-74	53	1.1	532	0.3	14	404	8.6	4,542	0.5	6	33	0.7	302	0.3	11
75-84	48	0.5	503	0.4	9	1,363	13.2	15,149	0.5	6	32	0.3	180	0.4	14
85 and older	51	0.4	520	0.3	10	1,815	15.2	19,617	0.5	6	36	0.3	253	0.2	8
Male															
All Males	837	2.6	9,147	0.4	22	2,264	7.1	25,074	0.5	6	753	2.4	7,560	0.4	20
Male, Disabled															
All Ages	759	3.1	8,414	0.3	22	1,393	5.7	15,897	0.5	5	631	2.6	6,479	0.4	20
5 and younger	0	0.0	0	0.0	0	2	50.0	24	0.4	15	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.3	2	0	0.0	0	0.0	0
15-20	25	13.8	300	0.3	22	5	2.8	59	0.3	4	38	21.0	435	0.4	23
21-44	276	3.0	2,999	0.3	23	258	2.8	2,955	0.4	6	316	3.4	3,252	0.4	21
45-64	226	2.3	2,453	0.4	21	583	6.1	6,619	0.5	6	173	1.8	1,596	0.4	17
65-74	216	5.4	2,472	0.4	22	388	9.7	4,454	0.5	5	103	2.6	1,184	0.4	21
75-84	16	1.5	190	0.3	9	128	11.7	1,460	0.4	5	1	0.1	12	1.1	40
85 and older	0	0.0	0	0.0	0	28	16.8	314	0.5	4	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	78	1.0	733	0.4	26	871	11.5	9,177	0.5	7	122	1.6	1,081	0.3	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.8	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	28	34.1	298	0.3	28	0	0.0	0	0.0	0	51	62.2	533	0.3	15
45-64	14	37.8	148	0.5	46	1	2.7	3	0.7	4	25	67.6	241	0.4	26
65-74	14	0.5	109	0.3	11	214	8.1	2,241	0.5	7	22	0.8	171	0.3	8
75-84	14	0.5	130	0.5	13	351	11.7	3,759	0.5	7	16	0.5	100	0.3	8
85 and older	7	0.4	36	0.6	26	305	16.6	3,174	0.5	6	8	0.4	36	0.6	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

	ANTIASTHMATIC					ANTIHYPERLIPIDEMIC						
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	2,192	2.2	23,333	0.3	$23	1,511	1.5	15,991	0.4	$27	98,411	1,056,477
Female												
All Females	1,554	2.3	16,564	0.3	23	1,061	1.6	11,379	0.4	27	66,426	715,920
Female, Disabled												
All Ages	1,348	3.5	14,584	0.3	23	936	2.4	10,184	0.4	28	38,769	429,689
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
15-20	16	12.2	184	0.2	9	0	0.0	0	0.0	0	131	1,464
21-44	326	3.4	3,621	0.2	17	142	1.5	1,561	0.3	20	9,505	105,175
45-64	629	4.0	6,507	0.3	25	467	3.0	4,916	0.4	28	15,682	172,211
65-74	376	4.3	4,260	0.4	27	322	3.7	3,672	0.4	30	8,684	97,744
75-84	1	0.0	12	0.1	8	5	0.1	35	0.5	29	3,637	40,900
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,123	12,111
Female, Other Eligibles												
All Ages	206	0.7	1,980	0.2	22	125	0.5	1,195	0.3	23	27,657	286,231
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	8	68
21-44	111	18.6	1,096	0.3	28	32	5.4	347	0.4	23	598	4,911
45-64	39	31.5	411	0.2	15	26	21.0	274	0.4	26	124	1,096
65-74	37	0.8	356	0.2	15	44	0.9	420	0.3	23	4,686	49,076
75-84	12	0.1	63	0.3	18	13	0.1	87	0.4	15	10,306	109,845
85 and older	7	0.1	54	0.2	11	10	0.1	67	0.3	11	11,935	121,235
Male												
All Males	638	2.0	6,769	0.3	22	450	1.4	4,612	0.4	27	31,985	340,557
Male, Disabled												
All Ages	576	2.4	6,192	0.3	22	386	1.6	4,067	0.4	27	24,385	265,433
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
15-20	23	12.7	270	0.4	32	2	1.1	19	0.6	63	181	1,983
21-44	186	2.0	2,117	0.3	20	97	1.0	1,053	0.4	27	9,311	101,970
45-64	174	1.8	1,577	0.3	21	163	1.7	1,591	0.4	26	9,623	103,160
65-74	193	4.8	2,228	0.3	24	124	3.1	1,404	0.4	29	4,002	44,542
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,093	11,951
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	167	1,741
Male, Other Eligibles												
All Ages	62	0.8	577	0.3	13	64	0.8	545	0.4	26	7,600	75,124
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	31
21-44	27	32.9	281	0.2	15	13	15.9	145	0.5	35	82	804
45-64	13	35.1	146	0.3	11	18	48.6	201	0.5	31	37	330
65-74	10	0.4	84	0.1	6	16	0.6	110	0.2	11	2,636	26,524
75-84	7	0.2	51	0.6	22	11	0.4	61	0.4	17	3,010	30,173
85 and older	5	0.3	15	0.5	12	6	0.3	28	0.5	14	1,832	17,262
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; $ = Medicaid reimbursement.

TABLE D.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC[a, b]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	Rx $ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**$9**	**0.5**	**15,410**	**156,866**
Age				
0-64	20	0.8	1,478	15,952
65-74	17	0.6	2,338	24,461
75-84	7	0.4	4,910	49,636
85 and older	5	0.4	6,684	66,817
Unknown	0	0.0	0	0
Gender				
Female	8	0.5	11,571	118,867
Male	11	0.5	3,839	37,999
Unknown	0	0.0	0	0
Race				
White	9	0.5	11,370	114,806
African American	8	0.3	3,935	41,001
Other/unknown	36	0.9	105	1,059
Basis of Eligibility[c]				
Aged	6	0.4	12,191	121,833
Disabled	19	0.7	3,219	35,033
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 6,870 beneficiaries who were in nursing facilities for part of their enrollment and their 67,923 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 ebecause 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.

Dual Medicaid Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d, e]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	
Anti-infective Agents	0.3	0.0	0.0	0.3	$7	$1	$0	$6	$25	$75	$50	$23	299	$7,483	132	0.9	1,061
Biologicals	0.2	0.2	0.0	0.0	6	6	0	0	25	25	0	0	3	75	3	0.0	13
Antineoplastic Agents	0.4	0.0	0.0	0.3	33	2	0	31	94	269	0	91	53	4,976	22	0.1	150
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	32	22	5	6	53	99	263	16	766	40,755	166	1.1	1,264
Cardiovascular Agents	0.9	0.1	0.0	0.8	25	7	3	15	28	69	77	20	2,148	59,657	316	2.1	2,345
Respiratory Agents	0.2	0.0	0.0	0.2	5	1	0	5	23	96	25	21	3,733	86,683	1,447	9.4	15,965
Gastrointestinal Agents	0.5	0.0	0.1	0.3	27	6	16	5	59	209	111	17	679	40,397	179	1.2	1,481
Genitourinary Agents	0.4	0.2	0.0	0.2	29	21	0	8	67	90	78	41	279	18,821	84	0.5	652
CNS Drugs	0.7	0.0	0.0	0.7	13	3	0	10	19	109	86	15	32,385	602,742	4,502	29.2	47,335
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	68	63	0	5	182	361	0	25	30	5,447	10	0.1	80
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	62	62	0	0	137	137	0	51	213	29,078	53	0.3	470
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	26	0	1	25	49	42	119	48	945	46,424	217	1.4	1,798
Neuromuscular Agents	0.8	0.0	0.0	0.7	18	6	0	11	23	150	79	15	6,516	152,353	837	5.4	8,663
Nutritional Products	0.6	0.0	0.0	0.5	6	1	0	5	10	18	12	9	9,270	94,620	1,475	9.6	15,632
Hematological Agents	0.7	0.1	0.0	0.6	9	4	0	5	13	50	16	8	16,462	211,395	2,283	14.8	24,201
Topical Products	0.3	0.1	0.0	0.2	14	9	0	5	45	76	37	26	265	11,980	105	0.7	876
Miscellaneous Products	0.2	0.1	0.0	0.2	5	4	0	2	22	44	0	11	18	397	9	0.1	76
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	15	0	0	0	176	2,693	56	0.4	578
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.	74,240	1,415,976	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. A total of 6,870 beneficiaries who were in nursing facilities for part of their enrollment and their 67,923 benefit months were excluded from the analysis.
b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
In Alabama, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP-10 DRUG GROUP[a, b, c, d]

DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Users		Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIANXIETY AGENTS	$405,781	3,833	24.9	40,978	0.6	$16	$10
HEMATOPOIETIC AGENTS	196,699	2,406	15.6	26,111	0.6	12	8
ANTICONVULSANT	137,630	795	5.2	8,527	0.7	22	16
ANTIPSYCHOTICS	81,782	96	0.6	807	0.5	200	101
MULTIVITAMINS	73,534	1,075	7.0	11,822	0.7	9	6
HYPNOTICS	71,019	722	4.7	7,941	0.7	12	9
COUGH/COLD/ALLERGY	69,407	1,531	9.9	17,248	0.2	21	4
ANTIDIABETIC	50,553	259	1.7	2,479	0.4	48	20
ANTIDEPRESSANTS	42,059	190	1.2	1,681	0.5	53	25
ANALGESICS - Narcotic	42,176	160	1.0	1,335	0.5	64	32
Total	1,170,640	11,067	n.a.	118,929	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. A total of 6,870 beneficiaries who were in nursing facilities for part of their enrollment and their 67,923 benefit months were excluded from the analysis.
b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement; n.a. = not applicable.

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[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIANXIETY 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 $
All	67,307	$1,170,640	3,833	24.9	40,978	0.6	$10	2,406	15.6	26,111	0.6	$8
Female												
All Females	51,019	866,003	2,986	25.8	32,070	0.6	10	1,798	15.5	19,575	0.6	7
Female, Disabled												
All Ages	11,663	308,370	519	27.7	5,772	0.7	12	243	13.0	2,674	0.6	9
64 or younger	5,193	132,202	227	31.9	2,566	0.7	13	95	13.3	1,021	0.6	10
65-74	3,993	141,379	147	25.5	1,641	0.7	12	75	13.0	846	0.6	10
75-84	1,641	22,209	95	26.4	1,059	0.7	11	38	10.6	442	0.6	8
85 and older	836	12,580	50	22.1	506	0.7	11	35	15.5	365	0.7	8
Female, Other Eligibles												
All Ages	39,356	557,633	2,467	25.4	26,298	0.6	10	1,555	16.0	16,901	0.6	7
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,234	63,188	244	29.7	2,688	0.7	11	127	15.5	1,445	0.6	8
75-84	14,702	213,884	870	26.3	9,331	0.7	11	518	15.6	5,664	0.6	7
85 and older	20,420	280,561	1,353	24.3	14,279	0.6	9	910	16.4	9,792	0.6	7
Male												
All Males	16,288	304,637	847	22.1	8,908	0.6	9	608	15.8	6,536	0.6	8
Male, Disabled												
All Ages	8,155	179,080	360	26.8	4,012	0.7	11	186	13.8	2,109	0.6	8
64 or younger	4,814	97,693	225	29.4	2,495	0.7	11	94	12.3	1,059	0.7	10
65-74	2,457	69,205	93	24.8	1,079	0.7	11	57	15.2	668	0.6	5
75-84	727	9,929	32	20.3	325	0.5	9	31	19.6	341	0.5	7
85 and older	157	2,253	10	22.2	113	0.7	14	4	8.9	41	1.1	7
Male, Other Eligibles												
All Ages	8,133	125,557	487	19.5	4,896	0.5	8	422	16.9	4,427	0.6	8
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,121	36,832	126	22.3	1,247	0.6	9	97	17.2	999	0.7	9
75-84	3,378	49,775	217	20.1	2,204	0.5	8	165	15.3	1,728	0.6	8
85 and older	2,634	38,950	144	16.9	1,445	0.5	7	160	18.8	1,700	0.6	8
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. A total of 6,870 beneficiaries who were in nursing facilities for part of their enrollment and their 67,923 benefit months were excluded from the analysis.
b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIPSYCHOTICS					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 $
All	795	5.2	8,527	0.7	$16	96	0.6	807	0.5	$101	1,075	7.0	11,822	0.7	$6
Female															
All Females	597	5.2	6,468	0.7	15	67	0.6	580	0.5	104	805	7.0	8,886	0.7	6
Female, Disabled															
All Ages	175	9.3	1,985	0.8	27	37	2.0	389	0.6	138	159	8.5	1,790	0.7	6
64 or younger	78	11.0	896	0.8	34	10	1.4	93	0.5	90	56	7.9	644	0.6	6
65-74	68	11.8	783	0.8	26	25	4.3	284	0.6	159	58	10.1	635	0.7	6
75-84	23	6.4	236	0.7	8	1	0.3	4	0.3	7	35	9.7	400	0.6	6
85 and older	6	2.7	70	0.7	9	1	0.4	8	0.5	42	10	4.4	111	0.9	10
Female, Other Eligibles															
All Ages	422	4.4	4,483	0.7	9	30	0.3	191	0.4	33	646	6.7	7,096	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	60	7.3	630	0.8	14	3	0.4	17	0.6	24	50	6.1	550	0.7	7
75-84	194	5.9	2,088	0.7	9	10	0.3	78	0.3	28	212	6.4	2,380	0.6	6
85 and older	168	3.0	1,765	0.7	8	17	0.3	96	0.4	39	384	6.9	4,166	0.7	6
Male															
All Males	198	5.2	2,059	0.7	21	29	0.8	227	0.5	95	270	7.0	2,936	0.7	6
Male, Disabled															
All Ages	118	8.8	1,287	0.7	27	11	0.8	130	0.5	107	103	7.7	1,164	0.7	7
64 or younger	76	9.9	812	0.7	24	3	0.4	36	0.4	113	57	7.4	622	0.7	7
65-74	36	9.6	410	0.6	32	8	2.1	94	0.6	104	32	8.5	376	0.8	9
75-84	6	3.8	65	1.4	25	0	0.0	0	0.0	0	11	7.0	130	0.7	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	6.7	36	0.8	5
Male, Other Eligibles															
All Ages	80	3.2	772	0.7	11	18	0.7	97	0.5	80	167	6.7	1,772	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	27	4.8	254	0.6	14	8	1.4	50	0.4	80	41	7.3	420	0.6	6
75-84	31	2.9	303	0.6	10	7	0.6	29	0.4	77	71	6.6	777	0.6	6
85 and older	22	2.6	215	0.8	9	3	0.4	18	1.1	85	55	6.5	575	0.7	6
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. A total of 6,870 beneficiaries who were in nursing facilities for part of their enrollment and their 67,923 benefit months were excluded from the analysis.
b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	HYPNOTICS					COUGH/COLD/ALLERGY					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**722**	**4.7**	**7,941**	**0.7**	**$9**	**1,531**	**9.9**	**17,248**	**0.2**	**$4**	**259**	**1.7**	**2,479**	**0.4**	**$20**
Female															
All Females	482	4.2	5,322	0.7	9	1,208	10.4	13,609	0.2	4	189	1.6	1,797	0.4	20
Female, Disabled															
All Ages	166	8.9	1,915	0.8	9	205	10.9	2,336	0.2	5	81	4.3	832	0.6	29
64 or younger	94	13.2	1,086	0.9	11	82	11.5	940	0.2	7	36	5.1	357	0.4	21
65-74	46	8.0	532	0.8	9	66	11.4	768	0.2	6	36	6.2	388	0.8	41
75-84	20	5.6	235	0.9	6	32	8.9	360	0.2	3	4	1.1	39	0.2	10
85 and older	6	2.7	62	0.7	5	25	11.1	268	0.2	3	5	2.2	48	0.2	9
Female, Other Eligibles															
All Ages	316	3.3	3,407	0.6	9	1,003	10.3	11,273	0.2	4	108	1.1	965	0.3	13
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	37	4.5	414	0.6	6	92	11.2	1,067	0.2	3	21	2.6	163	0.4	14
75-84	129	3.9	1,353	0.7	7	354	10.7	3,983	0.2	4	50	1.5	470	0.4	15
85 and older	150	2.7	1,640	0.6	11	557	10.0	6,223	0.2	4	37	0.7	332	0.2	9
Male															
All Males	240	6.3	2,619	0.8	9	323	8.4	3,639	0.2	4	70	1.8	682	0.4	21
Male, Disabled															
All Ages	142	10.6	1,582	0.9	9	115	8.6	1,327	0.2	3	35	2.6	372	0.5	31
64 or younger	86	11.2	967	0.9	10	50	6.5	581	0.2	3	19	2.5	204	0.4	34
65-74	40	10.7	433	0.8	8	44	11.7	513	0.2	3	15	4.0	156	0.6	30
75-84	16	10.1	182	0.8	6	18	11.4	197	0.2	3	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	3	6.7	36	0.1	4	1	2.2	12	0.1	3
Male, Other Eligibles															
All Ages	98	3.9	1,037	0.6	9	208	8.3	2,312	0.2	4	35	1.4	310	0.2	9
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	32	5.7	332	0.6	10	36	6.4	415	0.1	2	15	2.7	137	0.2	10
75-84	39	3.6	416	0.6	6	99	9.2	1,140	0.2	4	12	1.1	101	0.2	7
85 and older	27	3.2	289	0.6	14	73	8.6	757	0.2	4	8	0.9	72	0.2	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,870 beneficiaries who were in nursing facilities for part of their enrollment and their 67,923 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**190**	**1.2**	**1,681**	**0.5**	**$25**	**160**	**1.0**	**1,335**	**0.5**	**$32**	**15,410**	**156,866**
Female												
All Females	113	1.0	969	0.5	25	88	0.8	646	0.6	38	11,571	118,867
Female, Disabled												
All Ages	53	2.8	586	0.5	33	39	2.1	388	0.7	57	1,875	20,484
64 or younger	26	3.7	282	0.5	36	20	2.8	206	0.7	56	712	7,773
65-74	24	4.2	280	0.6	33	17	2.9	170	0.7	60	577	6,349
75-84	1	0.3	4	0.3	0	1	0.3	4	0.5	4	360	3,970
85 and older	2	0.9	20	0.1	3	1	0.4	8	0.1	42	226	2,392
Female, Other Eligibles												
All Ages	60	0.6	383	0.3	11	49	0.5	258	0.4	9	9,696	98,383
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	0.9	49	0.6	17	12	1.5	85	0.3	8	822	8,542
75-84	28	0.8	161	0.4	13	18	0.5	83	0.5	12	3,312	33,794
85 and older	25	0.4	173	0.2	8	19	0.3	90	0.4	7	5,562	56,047
Male												
All Males	77	2.0	712	0.5	26	72	1.9	689	0.4	26	3,839	37,999
Male, Disabled												
All Ages	51	3.8	551	0.5	29	47	3.5	528	0.4	31	1,344	14,549
64 or younger	30	3.9	311	0.5	26	23	3.0	241	0.5	25	766	8,179
65-74	20	5.3	228	0.5	33	22	5.9	263	0.4	40	375	4,190
75-84	1	0.6	12	1.1	40	2	1.3	24	0.1	3	158	1,715
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	45	465
Male, Other Eligibles												
All Ages	26	1.0	161	0.4	13	25	1.0	161	0.3	10	2,495	23,450
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	9	1.6	73	0.2	10	12	2.1	85	0.3	9	564	5,380
75-84	11	1.0	58	0.4	10	10	0.9	66	0.3	10	1,080	10,157
85 and older	6	0.7	30	0.6	27	3	0.4	10	0.6	11	851	7,913
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. A total of 6,870 beneficiaries who were in nursing facilities for part of their enrollment and their 67,923 benefit months were excluded from the analysis.
b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC[a,b]
ALABAMA, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx $ per Beneficiary	Total Part D Excluded Rx $	$ per Part D Excluded Rx	Part D Excluded Rx $ as a Percentage of All Dual Rx $	Total Number of Beneficiaries
All	**40,841**	**41.5**	**3.1**	**305,447**	**$39**	**$3,842,977**	**$13**	**26.0**	**98,411**
Age									
5 and younger	3	50.0	2.7	16	96	573	36	3015.8	6
6-14	7	77.8	7.6	68	328	2,952	43	516.1	9
15-20	113	35.0	1.5	470	56	17,979	38	5.4	323
21-44	7,251	37.2	2.6	50,428	34	657,424	13	12.8	19,496
45-64	12,050	47.3	3.9	100,513	50	1,273,900	13	24.9	25,466
65-74	8,424	42.1	3.3	66,605	41	812,099	12	28.0	20,008
75-84	7,260	40.2	2.8	50,823	35	623,361	12	83.5	18,046
85 and older	5,733	38.1	2.4	36,524	30	454,689	12	75.9	15,057
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	12,536	36.5	2.4	81,531	30	1,023,061	13	72.6	34,391
Disabled	27,942	44.2	3.5	221,577	44	2,788,591	13	22.5	63,154
Adults	342	42.3	2.7	2,209	37	29,790	13	3.3	809
Children	2	20.0	0.7	7	6	61	9	0.3	10
Unknown	19	40.4	2.6	123	31	1,474	12	2.3	47
Gender									
Female	29,764	44.8	3.4	224,098	43	2,841,515	13	28.2	66,426
Male	11,077	34.6	2.5	81,349	31	1,001,462	12	21.2	31,985
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	23,629	46.3	3.8	193,365	50	2,568,500	13	30.2	51,044
African American	14,136	35.8	2.3	89,231	25	988,897	11	18.7	39,452
Other/unknown	3,076	38.9	2.9	22,851	36	285,580	12	27.6	7,915
Use of Nursing Facilities[d]									
Entire year	6,347	41.2	3.1	48,256	45	693,063	14	48.9	15,410
Part year	2,994	43.6	2.5	16,832	33	229,348	14	41.8	6,870
None	31,500	41.4	3.2	240,359	38	2,920,566	12	22.7	76,131
Maintenance Assistance Status									
Cash	28,578	42.0	3.2	219,238	39	2,653,798	12	22.6	68,051
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	1,236	35.8	1.8	6,132	23	77,743	13	8.9	3,455
Other/unknown	11,027	41.0	3.0	80,077	41	1,111,436	14	50.5	26,905

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazapine $ per Benefit Month	Number of Benefit Months
All	**0.3**	**$4**	**$13**	**$0**	**$2**	**1,056,477**
Age						
5 and younger	0.3	9	36	0	0	62
6-14	0.6	27	43	0	0	108
15-20	0.1	5	38	0	0	3,546
21-44	0.2	3	13	0	2	212,860
45-64	0.4	5	13	0	3	276,797
65-74	0.3	4	12	0	2	217,886
75-84	0.3	3	12	0	2	192,869
85 and older	0.2	3	12	0	2	152,349
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.2	3	13	0	2	354,053
Disabled	0.3	4	13	0	2	695,122
Adults	0.3	4	13	0	2	6,782
Children	0.1	1	9	0	0	91
Unknown	0.3	3	12	0	2	429
Gender						
Female	0.3	4	13	0	2	715,920
Male	0.2	3	12	0	2	340,557
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	5	13	0	3	542,583
African American	0.2	2	11	0	1	428,058
Other/unknown	0.3	3	12	0	2	85,836
Use of Nursing Facilities[d]						
Entire year	0.3	4	14	0	3	156,866
Part year	0.2	3	14	0	2	67,923
None	0.3	4	12	0	2	831,688
Maintenance Assistance Status						
Cash	0.3	4	12	0	2	752,311
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	13	0	1	32,216
Other/unknown	0.3	4	14	0	3	271,950

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficaries 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS[a,b,c]
ALABAMA, 2007

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**56,921**	**$68**	**$3,842,977**	**100.0**	**305,447**	**$13**	**100.0**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	13,664	42	567,877	14.8	32,755	17	10.7
Vitamins and minerals	4,449	61	273,544	7.1	24,415	11	8.0
Non-prescription drugs	13,311	46	614,414	16.0	70,915	9	23.2
Barbiturates	1,223	64	78,102	2.0	11,545	7	3.8
Benzodiazepines	22,781	98	2,233,265	58.1	161,793	14	53.0
Other Part D Excl Rx Drugs	1,493	51	75,775	2.0	4,024	19	1.3

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.
b. Includes OTC drugs as well as prescription drugs.
c. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES[a, b]
ALABAMA,2007

Total Number of Dual Eligible Beneficiaries: 98,411
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: $14,803,026
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: $150

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	56,074	57.0	$0	0.0
1-500	38,273	38.9	3,710,747	25.1
501-1,000	1,535	1.6	1,064,224	7.2
1,001-1,500	596	0.6	728,236	4.9
1,501-2,000	388	0.4	674,008	4.6
2,001-2,500	287	0.3	640,714	4.3
2,501-3,000	221	0.2	606,235	4.1
3,001-3,500	200	0.2	647,899	4.4
3,501-4,000	136	0.1	509,366	3.4
4,001-4,500	112	0.1	477,373	3.2
4,501-5,000	82	0.1	389,660	2.6
5,001-5,500	86	0.1	451,715	3.1
5,501-6,000	55	0.1	316,151	2.1
6,001-6,500	52	0.1	323,192	2.2
6,501-7,000	31	0.0	209,743	1.4
7,001-7,500	34	0.0	247,682	1.7
7,501-8,000	32	0.0	246,964	1.7
8,001-8,500	22	0.0	181,903	1.2
8,501-9,000	24	0.0	209,765	1.4
9,001-9,500	22	0.0	204,303	1.4
9,501-10,000	13	0.0	127,253	0.9
10,001+	136	0.1	2,835,893	19.2

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 44,448
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: $9,565,756
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: $215

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	24,269	54.6	$0	0.0
1-500	17,613	39.6	1,851,467	19.4
501-1,000	932	2.1	650,058	6.8
1,001-1,500	383	0.9	470,741	4.9
1,501-2,000	241	0.5	419,181	4.4
2,001-2,500	187	0.4	417,916	4.4
2,501-3,000	151	0.3	414,291	4.3
3,001-3,500	123	0.3	397,066	4.2
3,501-4,000	88	0.2	330,184	3.5
4,001-4,500	65	0.1	277,571	2.9
4,501-5,000	48	0.1	229,524	2.4
5,001-5,500	50	0.1	264,409	2.8
5,501-6,000	35	0.1	201,786	2.1
6,001-6,500	30	0.1	186,457	1.9
6,501-7,000	16	0.0	108,399	1.1
7,001-7,500	24	0.1	174,747	1.8
7,501-8,000	23	0.1	177,220	1.9
8,001-8,500	19	0.0	156,969	1.6
8,501-9,000	19	0.0	165,640	1.7
9,001-9,500	16	0.0	148,828	1.6
9,501-10,000	11	0.0	107,987	1.1
10,001+	105	0.2	2,415,315	25.2

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

Total Number of Dual Eligible Beneficiaries, Age 65+: 53,111
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: $4,243,928
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: $79

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	31,445	59.2	$0	0.0
1-500	20,478	38.6	1,831,572	43.2
501-1,000	536	1.0	367,530	8.7
1,001-1,500	171	0.3	205,947	4.9
1,501-2,000	102	0.2	178,129	4.2
2,001-2,500	72	0.1	161,140	3.8
2,501-3,000	56	0.1	153,376	3.6
3,001-3,500	59	0.1	192,023	4.5
3,501-4,000	32	0.1	119,735	2.8
4,001-4,500	29	0.1	123,525	2.9
4,501-5,000	27	0.1	126,864	3.0
5,001-5,500	25	0.0	129,749	3.1
5,501-6,000	17	0.0	97,374	2.3
6,001-6,500	11	0.0	68,446	1.6
6,501-7,000	8	0.0	54,159	1.3
7,001-7,500	7	0.0	50,968	1.2
7,501-8,000	7	0.0	54,339	1.3
8,001-8,500	2	0.0	16,767	0.4
8,501-9,000	3	0.0	26,640	0.6
9,001-9,500	5	0.0	46,211	1.1
9,501-10,000	1	0.0	9,612	0.2
10,001+	18	0.0	229,822	5.4

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

Total Number of Dual Eligible Beneficiaries, Age 65-74: 20,008
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: $2,898,067
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: $144

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	11,815	59.1	$0	0.0
1-500	7,285	36.4	712,164	24.6
501-1,000	304	1.5	215,243	7.4
1,001-1,500	139	0.7	169,371	5.8
1,501-2,000	91	0.5	159,931	5.5
2,001-2,500	70	0.3	156,747	5.4
2,501-3,000	55	0.3	150,401	5.2
3,001-3,500	59	0.3	192,023	6.6
3,501-4,000	31	0.2	116,031	4.0
4,001-4,500	29	0.1	123,525	4.3
4,501-5,000	27	0.1	126,864	4.4
5,001-5,500	25	0.1	129,749	4.5
5,501-6,000	17	0.1	97,374	3.4
6,001-6,500	11	0.1	68,446	2.4
6,501-7,000	8	0.0	54,159	1.9
7,001-7,500	7	0.0	50,968	1.8
7,501-8,000	7	0.0	54,339	1.9
8,001-8,500	1	0.0	8,447	0.3
8,501-9,000	3	0.0	26,640	0.9
9,001-9,500	5	0.0	46,211	1.6
9,501-10,000	1	0.0	9,612	0.3
10,001+	18	0.1	229,822	7.9

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

Total Number of Dual Eligible Beneficiaries, Age 75-84: 18,046
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: $746,856
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: $41

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	10,850	60.1	$0	0.0
1-500	7,034	39.0	616,200	82.5
501-1,000	138	0.8	90,291	12.1
1,001-1,500	17	0.1	19,445	2.6
1,501-2,000	4	0.0	6,657	0.9
2,001-2,500	1	0.0	2,239	0.3
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
3,501-4,000	1	0.0	3,704	0.5
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	1	0.0	8,320	1.1
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER[a, b]
ALABAMA,2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 15,057
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: $599,005
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	8,780	58.3	$0	0.0
1-500	6,159	40.9	503,208	84.0
501-1,000	94	0.6	61,996	10.3
1,001-1,500	15	0.1	17,131	2.9
1,501-2,000	7	0.0	11,541	1.9
2,001-2,500	1	0.0	2,154	0.4
2,501-3,000	1	0.0	2,975	0.5
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 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.
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 2007.
b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	**102,606**	**35,694**	**66,042**	**813**	**10**	**47**	**1,122,441**	**374,305**	**740,802**	**6,812**	**91**	**431**
Age												
5 and younger	6	0	6	0	0	0	62	0	62	0	0	0
6-14	9	0	9	0	0	0	108	0	108	0	0	0
15-20	323	0	312	2	9	0	3,556	0	3,457	20	79	0
21-44	20,142	0	19,460	675	1	6	223,357	0	217,622	5,660	12	63
45-64	26,677	2	26,515	130	0	30	296,254	23	294,820	1,096	0	315
65-74	21,149	7,702	13,432	4	0	11	235,883	82,060	153,745	25	0	53
75-84	18,916	13,935	4,980	1	0	0	206,018	149,432	56,582	4	0	0
85 and older	15,384	14,055	1,328	1	0	0	157,203	142,790	14,406	7	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	69,411	27,949	40,715	694	6	47	762,696	296,233	460,303	5,681	48	431
Male	33,195	7,745	25,327	119	4	0	359,745	78,072	280,499	1,131	43	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	52,297	20,475	31,380	411	4	27	562,056	208,564	349,788	3,409	33	262
African American	41,911	12,323	29,174	390	4	20	467,230	133,859	329,849	3,315	38	169
Other/unknown	8,398	2,896	5,488	12	2	0	93,155	31,882	61,165	88	20	0
Use of Nursing Facilities[c]												
Entire year	15,554	12,306	3,248	0	0	0	159,290	123,800	35,490	0	0	0
Part year	6,983	5,257	1,726	0	0	0	69,941	51,766	18,175	0	0	0
None	80,069	18,131	61,068	813	10	47	893,210	198,739	687,137	6,812	91	431
Maintenance Assistance Status												
Cash	71,642	16,536	54,724	380	2	0	808,196	186,273	618,228	3,680	15	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	3,571	925	2,392	204	3	47	34,050	9,197	22,993	1,406	23	431
Other/unknown	27,393	18,233	8,926	229	5	0	280,195	178,835	99,581	1,726	53	0
Dual Status[d]												
Full dual, all year	96,810	33,079	62,899	775	10	47	1,063,212	346,589	709,624	6,477	91	431
Full dual, part year	5,796	2,615	3,143	38	0	0	59,229	27,716	31,178	335	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	95,512	33,530	61,121	805	10	46	1,040,461	349,635	683,566	6,750	91	419
FFS part year, with Rx claims	1,204	282	919	3	0	0	14,052	3,210	10,811	31	0	0
FFS part year, no Rx claims	1,695	579	1,114	1	0	1	19,645	6,658	12,965	10	0	12
MC all year, with Rx claims	1,426	356	1,070	0	0	0	16,601	4,111	12,490	0	0	0
MC all year, no Rx claims	2,769	947	1,818	4	0	0	31,682	10,691	20,970	21	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

DUAL ELIGIBLE BENEFICIARIES, ALABAMA, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**102,606**	**1,122,441**	**98,411**	**1,056,477**	**0**	**65,964**
Fee-for-service (FFS) all year	95,512	1,040,461	95,512	1,040,461	0	0
FFS part year, with Rx claims	1,204	14,052	1,204	7,117	0	6,935
FFS part year, with no Rx claims	1,695	19,645	1,695	8,899	0	10,746
Managed care (MC) all year, with Rx claims	1,426	16,601	0	0	0	16,601
MC all year, with no Rx claims	2,769	31,682	0	0	0	31,682

Source: Data for this table are from the MAX 2007 file for Alabama, released by CMS in 3/2010. This table was produced on 10/06/2010.

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