

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001
ALASKA**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ALASKA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	118,713 (A)	10,866 (E)	107,847 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	118,565 (B)	10,763 (F)	107,802 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	118,565 (C)	10,763 (G)	107,802 (K)
4. Benes who were all-year nursing facility residents ^f	566 (D)	477 (H)	89 (L)

Source: Data for this table are from the MAX 2001 file for Alaska, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Alaska in 2001 was \$70,934,208, of which \$2,628,173 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 0.1 percent were restricted benefit months without a pharmacy benefit in Alaska, were used in the dual tables.
- Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 ALASKA, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	118,565	6,352	11,727	24,104	76,356	26	1,012,360	65,630	120,780	169,624	656,221	105		
Age														
5 and younger	29,156	0	357	0	28,799	0	241,680	0	3,279	0	238,401	0		
6-14	35,084	0	718	4	34,362	0	317,119	0	7,856	24	309,239	0		
15-20	16,382	0	578	2,743	13,059	2	131,993	0	5,862	18,206	107,920	5		
21-44	23,440	1	4,399	18,891	136	13	177,947	9	45,940	131,288	661	49		
45-64	7,661	20	5,211	2,419	0	11	73,059	179	53,067	19,762	0	51		
65-74	3,595	3,116	434	45	0	0	36,775	31,949	4,490	336	0	0		
75-84	2,418	2,395	22	1	0	0	25,487	25,261	220	6	0	0		
85 and older	828	820	8	0	0	0	8,298	8,232	66	0	0	0		
Unknown	1	0	0	1	0	0	2	0	0	2	0	0		
Gender														
Female	65,825	4,060	5,929	18,538	37,272	26	554,871	42,243	61,793	129,268	321,462	105		
Male	52,737	2,292	5,798	5,566	39,081	0	457,467	23,387	58,987	40,356	334,737	0		
Unknown	3	0	0	0	3	0	22	0	0	0	22	0		
Race														
White	50,763	2,405	6,709	11,008	30,617	24	431,393	24,171	69,399	76,386	261,340	97		
African American	6,150	158	670	1,243	4,079	0	53,372	1,669	6,697	9,154	35,852	0		
Other/unknown	61,652	3,789	4,348	11,853	41,660	2	527,595	39,790	44,684	84,084	359,029	8		
Use of Nursing Facilities^c														
Entire year	566	419	146	0	1	0	5,539	4,053	1,484	0	2	0		
Part year	287	186	100	0	1	0	2,642	1,659	971	0	12	0		
None	117,712	5,747	11,481	24,104	76,354	26	1,004,179	59,918	118,325	169,624	656,207	105		
Maintenance Assistance Status														
Cash	52,686	5,620	10,834	15,950	20,282	0	476,272	58,980	111,731	123,925	181,636	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	56,910	10	6	6,317	50,551	26	456,613	102	54	31,680	424,672	105		
Other/unknown	8,969	722	887	1,837	5,523	0	79,475	6,548	8,995	14,019	49,913	0		
Dual Medicare Status^d														
Full dual, all year	10,737	5,757	4,852	123	5	0	111,618	59,720	50,899	955	44	0		
Full dual, part year	26	18	8	0	0	0	250	175	75	0	0	0		
Non-dual, all year	107,802	577	6,867	23,981	76,351	26	900,492	5,735	69,806	168,669	656,177	105		
Managed Care Status														
FFS all year	118,565	6,352	11,727	24,104	76,356	26	1,012,360	65,630	120,780	169,624	656,221	105		
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0		
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Alaska, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C 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 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 ALASKA, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	55.3 %	9.6	\$576	\$60	\$5,073	11.4 %	118,565
Age							
5 and younger	52.0	2.1	85	40	3,007	2.8	29,156
6-14	41.6	2.3	180	79	2,677	6.7	35,084
15-20	49.8	3.4	228	66	4,967	4.6	16,382
21-44	66.9	13.0	941	73	6,467	14.6	23,440
45-64	80.0	41.8	2,648	63	11,767	22.5	7,661
65-74	81.8	41.7	1,872	45	9,783	19.1	3,595
75-84	87.9	49.9	2,091	42	16,160	12.9	2,418
85 and older	88.3	55.1	2,001	36	27,242	7.3	828
Unknown	0.0	0.0	0	0	562	0.0	1
Basis of Eligibility^c							
Aged	84.7	46.3	1,956	42	14,373	13.6	6,352
Disabled	83.3	43.2	3,268	76	18,538	17.6	11,727
Adults	62.8	7.1	375	53	3,693	10.1	24,104
Children	46.1	2.2	111	51	2,665	4.2	76,356
Unknown	57.7	8.7	1,869	214	10,017	18.7	26
Gender							
Female	58.9	11.5	613	53	5,201	11.8	65,825
Male	50.7	7.2	530	74	4,913	10.8	52,737
Unknown	0.0	0.0	0	0	3,674	0.0	3
Race							
White	62.4	13.5	846	63	5,733	14.8	50,763
African American	58.6	9.3	504	54	4,060	12.4	6,150
Other/unknown	49.0	6.4	361	56	4,630	7.8	61,652
Use of Nursing Facilities^d							
Entire year	96.5	67.1	3,944	59	91,562	4.3	566
Part year	96.5	70.6	3,507	50	53,879	6.5	287
None	55.0	9.2	553	60	4,538	12.2	117,712

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	63.3	17.2	1,055	62	6,329	16.7	52,686
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	46.7	2.1	107	51	2,614	4.1	56,910
Other/unknown	61.9	12.9	738	57	13,300	5.6	8,969

Source: Data for this table are from the MAX 2001 file for Alaska, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

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

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 ALASKA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	1.1	\$68	11.4 %	44.7 %	41.0 %	4.5 %	5.5 %	2.8 %	1.4 %	\$594	118,565	1,012,360
Age												
5 and younger	0.3	10	2.8	48.0	49.8	1.7	0.4	0.0	0.0	363	29,156	241,680
6-14	0.3	20	6.7	58.4	38.2	1.9	1.2	0.2	0.0	296	35,084	317,119
15-20	0.4	28	4.6	50.2	43.2	4.0	2.3	0.3	0.1	617	16,382	131,993
21-44	1.7	124	14.6	33.1	43.0	8.4	9.4	4.3	1.7	852	23,440	177,947
45-64	4.4	278	22.5	20.0	24.3	10.4	21.2	15.5	8.5	1,234	7,661	73,059
65-74	4.1	183	19.1	18.2	24.8	11.4	23.5	14.4	7.6	956	3,595	36,775
75-84	4.7	198	12.9	12.1	22.5	12.6	27.4	16.2	9.3	1,533	2,418	25,487
85 and older	5.5	200	7.3	11.7	20.3	9.9	28.4	17.0	12.7	2,718	828	8,298
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	281	1	2
Basis of Eligibility^c												
Aged	4.5	189	13.6	15.3	23.3	11.8	25.6	15.3	8.8	1,391	6,352	65,630
Disabled	4.2	317	17.6	16.7	26.1	11.0	22.8	14.9	8.6	1,800	11,727	120,780
Adults	1.0	53	10.1	37.2	45.9	7.6	6.4	2.4	0.5	525	24,104	169,624
Children	0.3	13	4.2	53.9	43.1	2.0	0.9	0.1	0.0	310	76,356	656,221
Unknown	2.2	463	18.7	42.3	19.2	3.8	26.9	7.7	0.0	2,480	26	105
Gender												
Female	1.4	73	11.8	41.1	42.2	5.0	6.2	3.6	1.8	617	65,825	554,871
Male	0.8	61	10.8	49.3	39.4	3.9	4.6	1.9	0.9	566	52,737	457,467
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	501	3	22
Race												
White	1.6	100	14.8	37.6	43.4	5.6	6.9	4.2	2.3	675	50,763	431,393
African American	1.1	58	12.4	41.4	45.2	4.7	4.8	2.6	1.3	468	6,150	53,372
Other/unknown	0.8	42	7.8	51.0	38.5	3.7	4.4	1.7	0.7	541	61,652	527,595
Use of Nursing Facilities^d												
Entire year	6.9	403	4.3	3.5	5.1	7.2	30.4	35.2	18.6	9,356	566	5,539
Part year	7.7	381	6.5	3.5	7.7	9.8	32.4	27.5	19.2	5,853	287	2,642
None	1.1	65	12.2	45.0	41.2	4.5	5.3	2.6	1.3	532	117,712	1,004,179

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 2, but 5 or Less		More than 5, but 10 or Less	Benes			
						Less	More than 2, but 5 or Less					
Maintenance Assistance Status												
Cash	1.9	117	16.7	36.7	38.3	6.6	10.1	5.6	2.8	700	52,686	476,272
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	13	4.1	53.3	43.4	2.3	0.9	0.1	0.0	326	56,910	456,613
Other/unknown	1.5	83	5.6	38.1	41.2	6.7	7.5	4.2	2.2	1,501	8,969	79,475

Source: Data for this table are from the MAX 2001 file for Alaska, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 ALASKA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.1	\$68	0.5	\$98	0.1	\$6	0.5	\$9
Age								
5 and younger	0.3	10	0.1	8	0.0	0	0.1	2
6-14	0.3	20	0.1	17	0.0	1	0.1	2
15-20	0.4	28	0.2	22	0.0	2	0.2	4
21-44	1.7	124	0.8	99	0.2	10	0.8	15
45-64	4.4	278	2.2	217	0.4	23	1.7	37
65-74	4.1	183	2.0	136	0.5	17	1.6	30
75-84	4.7	198	2.2	144	0.6	20	1.9	34
85 and older	5.5	200	2.5	141	0.9	22	2.2	36
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.5	189	2.1	138	0.6	19	1.8	32
Disabled	4.2	317	2.2	256	0.4	26	1.6	35
Adults	1.0	53	0.4	40	0.1	5	0.5	9
Children	0.3	13	0.1	10	0.0	1	0.1	2
Unknown	2.2	463	0.8	433	0.1	5	1.2	24
Gender								
Female	1.4	73	0.6	55	0.1	6	0.6	11
Male	0.8	61	0.4	49	0.1	4	0.3	7
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.6	100	0.8	79	0.1	8	0.7	13
African American	1.1	58	0.5	46	0.1	4	0.5	8
Other/unknown	0.8	42	0.3	32	0.1	4	0.3	6
Use of Nursing Facilities^e								
Entire year	6.9	403	2.9	271	0.9	45	3.0	83
Part year	7.7	381	3.7	284	1.0	33	3.0	63
None	1.1	65	0.5	51	0.1	5	0.5	9

Table 5

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 ALASKA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos		
																Patented	Off-Patent
Anti-infective Agents	0.3	0.1	0.0	0.1	\$14	\$12	\$0	\$2	\$56	\$89	\$94	\$15	100,223	\$5,621,745	40,046	33.8 %	393,600
Biologics	0.3	0.3	0.0	0.0	307	307	0	0	1208	1,213	0	165	532	642,404	233	0.2	2,090
Antineoplastic Agents	0.6	0.3	0.2	0.2	144	118	17	9	235	431	108	51	4,070	957,281	633	0.5	6,647
Endocrine/Metabolic Drugs	0.8	0.5	0.2	0.2	28	21	4	3	35	47	24	16	106,957	3,742,298	13,530	11.4	132,843
Cardiovascular Agents	1.8	0.8	0.2	0.8	58	38	6	14	33	50	32	17	188,825	6,146,739	10,192	8.6	106,170
Respiratory Agents	0.5	0.3	0.0	0.2	24	19	1	4	52	69	45	25	87,673	4,551,284	18,773	15.8	187,558
Gastrointestinal Agents	0.7	0.5	0.0	0.2	64	54	4	5	88	120	88	24	71,715	6,338,263	9,692	8.2	99,812
Genitourinary Agents	0.4	0.3	0.0	0.1	16	15	0	1	44	52	49	17	15,534	689,788	4,270	3.6	41,968
CNS Drugs	1.3	0.7	0.1	0.5	100	78	12	10	79	111	108	22	200,233	15,719,584	15,629	13.2	156,855
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	37	25	3	8	59	78	49	36	16,511	977,621	2,598	2.2	26,673
Miscellaneous Psychological/Neurological Agents	1.0	0.9	0.0	0.0	104	102	0	1	105	110	15	26	2,595	271,518	253	0.2	2,619
Analgesics and Anesthetics	0.6	0.2	0.1	0.4	44	33	3	7	68	153	64	19	151,102	10,286,522	24,210	20.4	235,710
Neuromuscular Agents	0.9	0.4	0.1	0.4	51	38	4	9	55	94	37	22	86,523	4,770,193	9,185	7.7	94,209
Nutritional Products	0.4	0.0	0.1	0.3	6	0	2	4	15	25	23	12	27,377	415,713	7,407	6.2	67,841
Hematological Agents	1.0	0.3	0.3	0.3	232	220	8	5	239	703	24	14	20,173	4,829,429	2,008	1.7	20,773
Topical Products	0.2	0.1	0.0	0.1	8	5	1	2	34	61	38	18	52,366	1,779,654	22,837	19.3	228,237
Miscellaneous Products	0.7	0.3	0.2	0.2	149	96	38	15	201	321	190	61	2,176	437,205	288	0.2	2,933
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	28	0	0	0	4,680	128,794	2,530	2.1	25,704
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.	1,139,265	68,306,035	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Alaska, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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.

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/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alaska, 4.9 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/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 ALASKA, 2001

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$8,394,508	5,464	58,479	1.0	\$149	\$144
ANALGESICS - Narcotic	6,844,246	26,627	264,789	0.4	70	26
ANTIDEPRESSANTS	5,942,168	13,982	143,302	0.7	59	41
ULCER DRUGS	4,843,729	9,025	94,657	0.6	87	51
ANTICONVULSANT	3,811,270	5,534	58,845	0.9	69	65
MISC. HEMATOLOGICAL	3,518,973	575	6,192	1.0	555	568
ANTIASTHMATIC	2,890,969	16,882	172,616	0.3	54	17
ANALGESICS - ANTI-INFLAMMATORY	2,725,774	14,301	144,477	0.3	61	19
ANTIDIABETIC	1,881,087	4,303	45,427	0.9	48	41
ANTIHYPERTENSIVE	1,814,185	6,120	65,196	0.8	33	28
Total	42,666,909	102,813	1,053,980	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Alaska, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.