

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ALABAMA, 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	788,403 (A)	165,313 (E)	623,090 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	731,216 (B)	109,336 (F)	621,880 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	728,855 (C)	107,002 (G)	621,853 (K)
4. Benes who were all-year nursing facility residents ^f	18,079 (D)	17,099 (H)	980 (L)

Source: Data for this table are from the MAX 2001 file for Alabama, 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 Alabama in 2001 was \$402,696,547, of which \$4,892,582 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 2.7 percent were restricted benefit months without a pharmacy benefit in Alabama, 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 non-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}
ALABAMA, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	728,855	48,342	164,590	125,228	390,695	0		7,094,679	505,069	1,787,189	1,159,303	3,643,118	0	
Age														
5 and younger	175,129	0	6,394	0	168,735	0		1,595,243	0	67,520	0	1,527,723	0	
6-14	170,112	0	17,258	0	152,854	0		1,697,769	0	195,962	0	1,501,807	0	
15-20	81,917	0	12,517	645	68,755	0		755,006	0	136,986	6,319	611,701	0	
21-44	173,671	0	51,344	121,976	351	0		1,690,930	0	555,469	1,133,574	1,887	0	
45-64	58,390	16	55,814	2,560	0	0		609,464	92	590,253	19,119	0	0	
65-74	25,308	11,210	14,084	14	0	0		278,860	118,266	160,496	98	0	0	
75-84	23,922	18,415	5,499	8	0	0		259,428	197,254	62,107	67	0	0	
85 and older	20,406	18,701	1,680	25	0	0		207,979	189,457	18,396	126	0	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Gender														
Female	456,235	38,489	91,941	123,492	202,313	0		4,449,352	406,450	1,011,137	1,147,978	1,883,787	0	
Male	266,306	9,852	72,645	1,735	182,074	0		2,609,381	98,607	776,012	11,319	1,723,443	0	
Unknown	6,314	1	4	1	6,308	0		35,946	12	40	6	35,888	0	
Race														
White	314,890	27,003	68,189	56,491	163,207	0		2,997,862	274,763	734,382	510,538	1,478,179	0	
African American	373,813	16,600	78,477	66,519	212,217	0		3,710,128	179,033	870,191	629,756	2,031,148	0	
Other/unknown	40,152	4,739	17,924	2,218	15,271	0		386,689	51,273	182,616	19,009	133,791	0	
Use of Nursing Facilities^c														
Entire year	18,079	14,474	3,605	0	0	0		181,225	142,348	38,877	0	0	0	
Part year	7,190	5,469	1,718	0	3	0		69,919	52,113	17,788	0	18	0	
None	703,586	28,399	159,267	125,228	390,692	0		6,843,535	310,608	1,730,524	1,159,303	3,643,100	0	
Maintenance Assistance Status														
Cash	277,788	25,769	150,818	24,663	76,538	0		2,897,532	287,560	1,646,471	212,848	750,653	0	
Medically needy	0	0	0	0	0	0		0	0	0	0	0	0	
Poverty-related	318,056	1,563	1,569	19,447	295,457	0		2,889,058	16,630	15,180	135,678	2,721,570	0	
Other/unknown	133,011	20,990	12,203	81,118	18,700	0		1,308,089	200,879	125,538	810,777	170,895	0	
Dual Medicare Status^d														
Full dual, all year	101,638	44,123	56,683	823	9	0		1,099,169	462,017	630,192	6,878	82	0	
Full dual, part year	5,364	3,138	2,211	15	0	0		56,382	33,357	22,892	133	0	0	
Non-dual, all year	621,853	1,081	105,696	124,390	390,686	0		5,939,128	9,695	1,134,105	1,152,292	3,643,036	0	
Managed Care Status														
FFS all year	728,068	47,947	164,201	125,225	390,695	0		7,090,333	503,041	1,784,879	1,159,295	3,643,118	0	
FFS part year, with Rx claims	672	334	337	1	0	0		3,739	1,706	2,029	4	0	0	
FFS part year, no Rx claims	115	61	52	2	0	0		607	322	281	4	0	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Alabama, 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}
 ALABAMA, 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	64.8 %	12.9	\$546	\$42	\$3,420	16.0 %	728,855
Age							
5 and younger	73.3	5.5	187	34	1,562	12.0	175,129
6-14	61.7	4.8	227	48	1,637	13.9	170,112
15-20	58.4	4.8	229	48	2,127	10.7	81,917
21-44	45.0	8.9	454	51	2,438	18.6	173,671
45-64	85.9	42.2	1,862	44	7,136	26.1	58,390
65-74	87.6	44.8	1,732	39	8,799	19.7	25,308
75-84	91.5	48.0	1,798	38	13,395	13.4	23,922
85 and older	93.2	45.7	1,633	36	18,787	8.7	20,406
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	89.4	43.6	1,627	37	14,709	11.1	48,342
Disabled	82.5	31.4	1,514	48	6,525	23.2	164,590
Adults	31.3	3.0	88	30	1,072	8.2	125,228
Children	65.1	4.5	151	34	1,468	10.3	390,695
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	62.7	14.5	575	40	3,582	16.1	456,235
Male	68.9	10.5	506	48	3,188	15.9	266,306
Unknown	49.7	2.4	87	36	1,510	5.7	6,314
Race							
White	69.4	16.5	704	43	4,366	16.1	314,890
African American	60.2	9.1	375	41	2,621	14.3	373,813
Other/unknown	71.4	20.2	899	45	3,444	26.1	40,152
Use of Nursing Facilities^d							
Entire year	97.3	60.7	2,464	41	34,013	7.2	18,079
Part year	94.2	46.9	1,957	42	21,961	8.9	7,190
None	63.7	11.3	482	43	2,445	19.7	703,586

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	76.4	22.5	1,008	45	4,084	24.7	277,788
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	66.0	4.6	153	33	1,330	11.5	318,056
Other/unknown	37.8	12.6	520	41	7,032	7.4	133,011

Source: Data for this table are from the MAX 2001 file for Alabama, 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}
 ALABAMA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene. 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	1.3	\$56	16.0 %	35.2 %	42.9 %	6.9 %	8.9 %	5.1 %	1.1 %	\$351	728,855	7,094,679
Age												
5 and younger	0.6	21	12.0	26.7	63.6	7.2	2.4	0.1	0.0	171	175,129	1,595,243
6-14	0.5	23	13.9	38.3	54.1	4.7	2.6	0.3	0.0	164	170,112	1,697,769
15-20	0.5	25	10.7	41.6	49.7	5.4	2.8	0.4	0.0	231	81,917	755,006
21-44	0.9	47	18.6	55.0	27.7	6.1	7.6	3.1	0.5	250	173,671	1,690,930
45-64	4.0	178	26.1	14.1	17.9	11.8	29.5	21.0	5.6	684	58,390	609,464
65-74	4.1	157	19.7	12.4	16.1	11.3	31.0	23.7	5.5	799	25,308	278,860
75-84	4.4	166	13.4	8.5	13.0	11.3	34.4	26.9	5.8	1,235	23,922	259,428
85 and older	4.5	160	8.7	6.8	12.2	12.1	36.2	28.0	4.7	1,843	20,406	207,979
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	4.2	156	11.1	10.6	13.8	11.7	33.8	25.0	5.0	1,408	48,342	505,069
Disabled	2.9	140	23.2	17.5	29.7	11.8	23.2	14.4	3.3	601	164,590	1,787,189
Adults	0.3	10	8.2	68.7	24.8	3.4	2.4	0.6	0.1	116	125,228	1,159,303
Children	0.5	16	10.3	34.9	57.8	5.4	1.9	0.1	0.0	157	390,695	3,643,118
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.5	59	16.1	37.3	38.8	6.6	9.7	6.2	1.4	367	456,235	4,449,352
Male	1.1	52	15.9	31.1	49.9	7.5	7.7	3.2	0.6	325	266,306	2,609,381
Unknown	0.4	15	5.7	50.3	41.2	5.9	2.3	0.1	0.0	265	6,314	35,946
Race												
White	1.7	74	16.1	30.6	41.9	8.1	10.5	7.1	1.8	459	314,890	2,997,862
African American	0.9	38	14.3	39.8	44.3	5.8	6.9	2.9	0.4	264	373,813	3,710,128
Other/unknown	2.1	93	26.1	28.6	36.7	8.9	15.0	8.9	2.0	358	40,152	386,689
Use of Nursing Facilities^d												
Entire year	6.1	246	7.2	2.7	6.3	7.9	33.2	38.6	11.3	3,393	18,079	181,225
Part year	4.8	201	8.9	5.8	11.9	11.7	35.2	29.3	6.1	2,258	7,190	69,919
None	1.2	50	19.7	36.3	44.1	6.8	8.0	3.9	0.8	251	703,586	6,843,535

Table 4

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	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				
								Less	More than 10			
Maintenance												
Assistance Status												
Cash	2.2	97	24.7	23.6	37.5	9.9	17.3	9.8	2.0	392	277,788	2,897,532
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	17	11.5	34.0	58.1	5.7	2.0	0.1	0.0	146	318,056	2,889,058
Other/unknown	1.3	53	7.4	62.2	17.6	3.6	7.7	7.0	1.9	715	133,011	1,308,089

Source: Data for this table are from the MAX 2001 file for Alabama, 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}
 ALABAMA, 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	\$ per Rx	No. of Rx	\$ per Rx
All	1.3	\$56	0.6	\$41	0.1	\$37	0.7	\$11
Age								
5 and younger	0.6	21	0.3	16	0.1	21	0.3	4
6-14	0.5	23	0.3	18	0.0	72	0.2	3
15-20	0.5	25	0.2	20	0.0	85	0.3	4
21-44	0.9	47	0.4	35	0.1	97	0.5	8
45-64	4.0	178	1.7	131	0.2	78	2.1	36
65-74	4.1	157	1.7	113	0.3	67	2.1	34
75-84	4.4	166	1.7	116	0.4	67	2.3	38
85 and older	4.5	160	1.6	107	0.4	67	2.4	38
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.2	156	1.6	109	0.4	67	2.2	35
Disabled	2.9	140	1.2	104	0.2	87	1.5	26
Adults	0.3	10	0.1	7	0.0	56	0.2	2
Children	0.5	16	0.2	12	0.0	56	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.5	59	0.6	43	0.1	70	0.8	12
Male	1.1	52	0.5	39	0.1	86	0.5	9
Unknown	0.4	15	0.1	12	0.0	84	0.2	3
Race								
White	1.7	74	0.7	54	0.1	75	0.9	14
African American	0.9	38	0.4	28	0.1	75	0.5	7
Other/unknown	2.1	93	0.9	70	0.1	80	1.1	18
Use of Nursing Facilities^e								
Entire year	6.1	246	2.3	171	0.6	74	3.1	52
Part year	4.8	201	1.9	141	0.5	75	2.5	41
None	1.2	50	0.5	37	0.1	75	0.6	10

Table 5

All Medicaid Beneficiaries

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	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	2.2	97	0.9	45	0.1	6	1.1	17
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.5	17	0.2	33	0.1	1	0.2	3
Other/unknown	1.3	53	0.5	41	0.1	5	0.7	11

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

- a. Table 5 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. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alabama, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).
- 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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 ALABAMA, 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 No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos		
															Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$11	\$0	\$1	\$42	\$66	\$39	\$12	947,175	\$39,533,539	329,147	45.2 %	3,510,343
Biologics	0.2	0.1	0.0	0.0	105	94	3	628	630	3,849	464	10,677	6,704,621	5,999	0.8	63,927
Antineoplastic Agents	0.5	0.2	0.1	0.2	76	40	22	158	256	177	69	35,166	5,538,668	7,004	1.0	72,597
Endocrine/Metabolic Drugs	0.6	0.4	0.0	0.2	23	20	1	40	56	23	12	797,653	31,541,557	125,293	17.2	1,367,830
Cardiovascular Agents	1.5	0.6	0.1	0.8	46	30	2	31	52	26	16	1,836,308	56,153,105	112,038	15.4	1,228,629
Respiratory Agents	0.4	0.2	0.1	0.2	14	10	1	33	55	19	16	1,255,176	41,436,971	277,899	38.1	2,972,540
Gastrointestinal Agents	0.5	0.2	0.0	0.3	25	18	1	49	109	131	18	509,687	25,139,444	93,040	12.8	1,014,688
Genitourinary Agents	0.3	0.2	0.0	0.1	12	10	0	43	53	20	15	124,295	5,313,204	42,677	5.9	457,826
CNS Drugs	0.9	0.4	0.0	0.4	60	46	5	68	109	103	22	1,135,889	77,516,641	118,762	16.3	1,297,396
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	31	25	1	56	67	44	29	116,663	6,535,218	19,324	2.7	213,384
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	62	59	0	103	120	60	26	46,064	4,763,927	7,111	1.0	76,719
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	14	8	1	30	98	52	13	934,528	27,682,339	188,623	25.9	2,042,714
Neuromuscular Agents	0.7	0.3	0.1	0.4	35	27	3	50	98	39	16	549,253	27,568,669	70,725	9.7	781,693
Nutritional Products	0.5	0.0	0.1	0.3	9	1	4	18	30	29	12	315,477	5,809,161	64,040	8.8	665,944
Hematological Agents	0.5	0.2	0.1	0.3	40	31	2	75	184	21	25	223,964	16,717,104	39,070	5.4	415,518
Topical Products	0.3	0.1	0.0	0.1	8	5	1	30	47	36	15	529,982	16,021,361	193,845	26.6	2,083,075
Miscellaneous Products	0.5	0.2	0.0	0.3	78	58	11	161	317	254	35	22,578	3,636,546	4,574	0.6	46,572
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	16	0	0	0	11,893	191,890	4,884	0.7	54,009
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.	9,402,428	397,803,965	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Alabama, 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 Alabama, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/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}
 ALABAMA, 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	\$40,022,484	43,395	6.0 %	484,366	0.6	\$140
ANTIDEPRESSANTS	29,065,966	94,862	13.0	1,041,480	0.5	56
ANTICONVULSANT	22,977,796	49,186	6.7	547,192	0.6	66
ANTIADIABETIC	21,013,596	55,765	7.7	622,285	0.6	52
ANTIASTHMATIC	20,644,963	142,902	19.6	1,559,459	0.3	45
ULCER DRUGS	20,499,721	101,299	13.9	1,127,334	0.3	55
ANTIHYPERTENSIVE	17,395,105	79,284	10.9	883,501	0.6	32
ANALGESICS - Narcotic	16,859,873	190,468	26.1	2,078,399	0.3	29
ANTHYPERLIPIDEMIC	13,049,474	25,919	3.6	294,381	0.6	74
CALCIUM BLOCKERS	12,822,601	37,244	5.1	415,405	0.7	45
Total	214,351,579	820,324		9,053,802	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Alabama, 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.