

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 ALABAMA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ALABAMA, 2002

Inclusion Criteria (2002)	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	859,136 (A)	186,202 (E)	672,934 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	780,578 (B)	108,751 (F)	671,827 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	778,232 (C)	106,428 (G)	671,804 (K)
4. Benes who were all-year nursing facility residents ^f	18,170 (D)	17,137 (H)	1,033 (L)

Source: Data for this table are from the MAX 2002 file for Alabama, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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.
- Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2002, 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 19 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 19 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.
- The total Medicaid pharmacy reimbursement for Alabama in 2002 was \$474,970,478, of which \$5,276,261 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.
- Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 2.3 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, 2002

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries by Age Group						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	778,232	46,001	169,566	139,611	422,865	189	7,734,479	477,384	1,837,305	1,391,582	4,026,688	1,520		
Age														
5 and younger	183,697	0	6,801	0	176,896	0	1,715,810	0	72,523	0	1,643,287	0		
6-14	185,973	0	17,892	0	168,081	0	1,876,508	0	203,995	0	1,672,513	0		
15-20	90,684	0	12,446	738	77,500	0	854,320	0	137,841	7,773	708,706	0		
21-44	188,972	0	52,388	136,152	388	44	1,930,195	0	564,237	1,363,411	2,182	365		
45-64	61,686	9	58,843	2,690	0	144	640,106	54	618,677	20,232	0	1,143		
65-74	24,354	10,247	14,090	16	0	1	268,384	107,705	160,590	77	0	12		
75-84	23,420	17,958	5,456	6	0	0	252,555	190,861	61,643	51	0	0		
85 and older	19,446	17,787	1,650	9	0	0	196,601	178,764	17,799	38	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	487,577	36,616	94,539	137,685	218,548	189	4,886,440	383,706	1,038,135	1,378,954	2,084,125	1,520		
Male	284,859	9,382	75,024	1,926	198,527	0	2,815,310	93,656	799,134	12,628	1,909,892	0		
Unknown	5,796	3	3	0	5,790	0	32,729	22	36	0	32,671	0		
Race														
White	340,672	25,935	70,302	63,608	180,722	105	3,308,844	261,271	753,553	622,517	1,670,623	880		
African American	393,385	15,760	80,848	73,199	223,497	81	3,993,692	169,571	894,409	742,487	2,186,602	623		
Other/unknown	44,175	4,306	18,416	2,804	18,646	3	431,943	46,542	189,343	26,578	169,463	17		
Use of Nursing Facilities^c														
Entire year	18,170	14,434	3,735	0	1	0	181,651	141,245	40,395	0	11	0		
Part year	7,532	5,584	1,945	1	2	0	73,758	53,651	20,082	10	15	0		
None	752,530	25,983	163,886	139,610	422,862	189	7,479,070	282,488	1,776,828	1,391,572	4,026,662	1,520		
Maintenance Assistance Status														
Cash	285,685	23,943	158,809	26,222	76,711	0	2,979,674	267,130	1,730,466	223,165	758,913	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	345,042	1,199	1,494	15,885	326,275	189	3,224,626	11,501	12,901	120,779	3,077,925	1,520		
Other/unknown	147,505	20,859	9,263	97,504	19,879	0	1,530,179	198,753	93,938	1,047,638	189,850	0		
Dual Medicare Status^d														
Full dual, all year	100,908	42,086	58,010	799	6	7	1,088,702	438,918	642,451	7,183	66	84		
Full dual, part year	5,520	2,862	2,634	24	0	0	55,668	29,394	26,025	249	0	0		
Non-dual, all year	671,804	1,053	108,922	138,788	422,859	182	6,590,109	9,072	1,168,829	1,384,150	4,026,622	1,436		
Managed Care Status														
FFS all year	777,440	45,652	169,124	139,610	422,865	189	7,729,431	475,406	1,834,244	1,391,573	4,026,688	1,520		
FFS part year, with Rx claims	710	312	397	1	0	0	4,555	1,759	2,787	9	0	0		
FFS part year, no Rx claims	82	37	45	0	0	0	493	219	274	0	0	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Alabama, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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, 2002

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	65.2 %	13.1	\$604	\$46	\$3,526	17.1 %	778,232
Age							
5 and younger	74.9	5.9	225	38	1,625	13.8	183,697
6-14	63.8	5.2	279	54	1,754	15.9	185,973
15-20	59.5	5.1	262	51	2,307	11.4	90,684
21-44	43.6	9.0	487	54	2,440	20.0	188,972
45-64	86.4	44.0	2,074	47	7,741	26.8	61,686
65-74	88.6	48.0	1,984	41	9,882	20.1	24,354
75-84	92.3	51.0	2,046	40	14,527	14.1	23,420
85 and older	94.0	48.3	1,874	39	20,073	9.3	19,446
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	90.5	46.7	1,883	40	16,043	11.7	46,001
Disabled	83.5	33.1	1,725	52	7,095	24.3	169,566
Adults	30.3	3.0	95	32	1,024	9.3	139,611
Children	66.6	4.8	182	38	1,556	11.7	422,865
Unknown	89.9	20.2	1,014	50	9,264	10.9	189
Gender							
Female	62.5	14.6	625	43	3,642	17.2	487,577
Male	70.1	10.9	577	53	3,365	17.2	284,859
Unknown	49.0	2.4	87	36	1,670	5.2	5,796
Race							
White	69.4	16.6	766	46	4,434	17.3	340,672
African American	60.9	9.4	426	45	2,741	15.5	393,385
Other/unknown	71.2	19.5	933	48	3,509	26.6	44,175
Use of Nursing Facilities^d							
Entire year	97.4	65.0	2,875	44	35,406	8.1	18,170
Part year	95.2	50.2	2,278	45	24,057	9.5	7,532
None	64.1	11.5	532	46	2,550	20.9	752,530

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	77.4	23.5	1,140	48	4,410	25.9	285,685
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	68.2	5.0	185	37	1,410	13.1	345,042
Other/unknown	34.5	12.1	543	45	6,762	8.0	147,505

Source: Data for this table are from the MAX 2002 file for Alabama, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 2002

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				1.2 %
All	1.3	\$61	17.1 %	34.8 %	43.2 %	7.0 %	8.7 %	5.1 %	1.2 %	\$355	778,232	7,734,479
Age												
5 and younger	0.6	24	13.8	25.1	64.5	7.7	2.6	0.1	0.0	174	183,697	1,715,810
6-14	0.5	28	15.9	36.2	55.4	5.2	2.9	0.3	0.0	174	185,973	1,876,508
15-20	0.5	28	11.4	40.5	50.1	5.8	3.1	0.5	0.0	245	90,684	854,320
21-44	0.9	48	20.0	56.4	26.4	5.9	7.5	3.1	0.6	239	188,972	1,930,195
45-64	4.2	200	26.8	13.6	17.4	11.4	29.0	22.4	6.2	746	61,686	640,106
65-74	4.4	180	20.1	11.4	15.0	10.9	31.0	25.2	6.4	897	24,354	268,384
75-84	4.7	190	14.1	7.7	12.0	10.8	33.8	28.6	7.1	1,347	23,420	252,555
85 and older	4.8	185	9.3	6.0	11.1	11.1	35.6	30.4	5.8	1,985	19,446	196,601
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	4.5	182	11.7	9.5	12.9	11.0	33.2	27.2	6.2	1,546	46,001	477,384
Disabled	3.1	159	24.3	16.5	28.9	11.9	23.5	15.3	3.8	655	169,566	1,837,305
Adults	0.3	10	9.3	69.7	23.9	3.3	2.4	0.6	0.1	103	139,611	1,391,582
Children	0.5	19	11.7	33.4	58.6	5.8	2.1	0.1	0.0	163	422,865	4,026,688
Unknown	2.5	126	10.9	10.1	29.1	21.7	33.3	5.8	0.0	1,152	189	1,520
Gender												
Female	1.5	62	17.2	37.5	38.9	6.6	9.3	6.2	1.5	363	487,577	4,886,440
Male	1.1	58	17.2	29.9	50.6	7.7	7.8	3.3	0.7	340	284,859	2,815,310
Unknown	0.4	16	5.2	51.0	40.8	5.9	2.2	0.1	0.0	296	5,796	32,729
Race												
White	1.7	79	17.3	30.6	42.1	8.1	10.2	7.0	2.0	457	340,672	3,308,844
African American	0.9	42	15.5	39.1	44.7	5.9	6.8	3.1	0.4	270	393,385	3,993,692
Other/unknown	2.0	95	26.6	28.8	38.6	8.5	13.6	8.5	2.0	359	44,175	431,943
Use of Nursing Facilities^d												
Entire year	6.5	288	8.1	2.6	5.0	6.9	31.1	40.6	13.9	3,542	18,170	181,651
Part year	5.1	233	9.5	4.8	11.1	10.2	35.0	31.3	7.6	2,457	7,532	73,758
None	1.2	54	20.9	35.9	44.4	7.0	7.9	4.0	0.8	257	752,530	7,479,070

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 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
Maintenance Assistance Status												
Cash	2.3	109	25.9	22.6	37.3	10.1	17.4	10.3	2.2	423	285,685	2,979,674
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	20	13.1	31.8	59.6	6.2	2.3	0.1	0.0	151	345,042	3,224,626
Other/unknown	1.2	52	8.0	65.5	16.1	2.9	6.7	6.7	2.1	652	147,505	1,530,179

Source: Data for this table are from the MAX 2002 file for Alabama, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	1.3	\$61	\$46	0.5	\$44	\$84	0.1	\$5	\$41	0.7	\$12	\$18
Age												
5 and younger	0.6	24	38	0.3	18	67	0.1	2	29	0.3	4	14
6-14	0.5	28	54	0.2	20	82	0.1	3	54	0.2	4	20
15-20	0.5	28	51	0.2	21	95	0.1	3	45	0.3	4	16
21-44	0.9	48	54	0.3	36	109	0.1	3	45	0.5	9	19
45-64	4.2	200	47	1.7	144	87	0.3	12	44	2.3	44	19
65-74	4.4	180	41	1.7	127	75	0.3	11	38	2.4	42	18
75-84	4.7	190	40	1.8	131	74	0.4	13	36	2.6	46	18
85 and older	4.8	185	39	1.6	123	75	0.4	16	35	2.7	47	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.5	182	40	1.7	125	75	0.4	14	36	2.4	43	18
Disabled	3.1	159	52	1.2	118	98	0.2	10	47	1.6	32	19
Adults	0.3	10	32	0.1	6	65	0.0	1	28	0.2	3	14
Children	0.5	19	38	0.2	14	61	0.1	2	38	0.2	3	15
Unknown	2.5	126	50	1.1	103	98	0.1	3	28	1.3	20	15
Gender												
Female	1.5	62	43	0.6	44	78	0.1	5	39	0.8	14	18
Male	1.1	58	53	0.5	44	96	0.1	4	45	0.6	11	19
Unknown	0.4	16	36	0.1	12	83	0.0	1	26	0.3	3	11
Race												
White	1.7	79	46	0.7	56	83	0.1	6	42	0.9	16	18
African American	0.9	42	45	0.4	31	84	0.1	3	40	0.5	9	17
Other/unknown	2.0	95	48	0.8	71	90	0.1	6	41	1.1	19	18
Use of Nursing Facilities^e												
Entire year	6.5	288	44	2.4	199	83	0.6	24	39	3.5	64	19
Part year	5.1	233	45	1.9	162	86	0.5	19	40	2.8	52	19
None	1.2	54	46	0.5	39	84	0.1	4	41	0.6	11	18

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	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.3	109	48	80	91	7	44	23
Medically needy	0.0	0	0	0	0	0	0	0
Poverty related	0.5	20	37	14	61	2	37	4
Other/unknown	1.2	52	45	37	84	4	39	11

Source: Data for this table are from the MAX 2002 file for Alabama, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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, 0.1 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_mddb.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, 2002

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. of Bene	As % of All Bene	Mos			
		Generic	Generic		Patented	Off-Patent	Generic	Patented	Off-Patent	Generic							
Anti-infective Agents	0.3	0.1	0.0	0.1	\$12	\$9	\$1	\$2	\$45	\$69	\$70	\$14	1,011,225	\$45,650,525	352,341	45.3 %	3,782,385
Biologics	0.2	0.2	0.0	0.0	150	130	4	16	802	757	3,246	1,094	11,016	8,830,050	5,519	0.7	58,752
Antineoplastic Agents	0.5	0.2	0.1	0.3	83	50	11	23	175	312	193	88	38,749	6,793,877	7,863	1.0	81,670
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	24	19	2	4	43	61	30	18	867,901	36,889,128	138,379	17.8	1,516,461
Cardiovascular Agents	1.5	0.6	0.1	0.8	50	32	3	14	33	58	31	16	1,918,278	63,061,371	116,185	14.9	1,272,727
Respiratory Agents	0.4	0.2	0.1	0.2	16	11	2	3	37	63	30	17	1,408,108	52,533,522	305,587	39.3	3,288,950
Gastrointestinal Agents	0.5	0.1	0.0	0.4	20	11	1	8	40	106	111	20	537,815	21,655,224	100,384	12.9	1,095,508
Genitourinary Agents	0.3	0.2	0.0	0.1	14	13	0	1	49	59	30	16	137,806	6,684,525	45,141	5.8	487,982
CNS Drugs	0.9	0.5	0.0	0.4	66	54	2	10	74	118	79	23	1,252,371	92,208,833	127,534	16.4	1,392,972
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.1	38	28	5	5	69	83	62	39	141,683	9,828,650	23,163	3.0	256,083
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.1	73	71	0	2	114	128	9	22	56,833	6,484,799	8,257	1.1	88,398
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	15	8	1	5	32	124	49	14	1,030,361	32,520,263	203,865	26.2	2,214,803
Neuromuscular Agents	0.7	0.3	0.1	0.4	41	30	3	7	57	106	51	19	611,989	34,686,226	77,490	10.0	856,101
Nutritional Products	0.5	0.0	0.1	0.4	8	1	1	6	17	46	19	16	335,910	5,872,842	66,194	8.5	696,789
Hematological Agents	0.6	0.2	0.1	0.3	50	42	2	6	89	211	21	22	247,228	21,930,877	41,030	5.3	439,501
Topical Products	0.3	0.1	0.0	0.1	9	6	1	2	34	51	44	17	580,828	19,559,126	210,436	27.0	2,277,613
Miscellaneous Products	0.5	0.2	0.0	0.3	75	53	13	9	163	346	276	34	26,164	4,263,520	5,491	0.7	56,702
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	20	0	0	0	12,219	240,859	5,710	0.7	63,502
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.	10,226,484	469,694,217	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Alabama, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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, 0.1 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, 2002

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
ANTIPTCHOTICS	\$52,035,159	49,397	6.3 %	550,568	0.6	\$158
ANTIDEPRESSANTS	32,946,027	105,824	13.6	1,161,534	0.5	56
ANTICONVULSANT	28,937,206	55,191	7.1	614,842	0.6	74
ANTIASTHMATIC	26,956,016	160,666	20.6	1,763,895	0.3	54
ANTIIDIABETIC	23,724,142	58,791	7.6	655,055	0.7	56
ANTIHYPERTENSIVE	19,561,722	85,651	11.0	955,035	0.6	34
ANALGESICS - Narcotic	19,430,500	210,276	27.0	2,303,193	0.3	30
ANTIHYPERLIPIDEMIC	16,557,580	30,705	3.9	348,144	0.6	80
ULCER DRUGS	15,243,154	91,722	11.8	1,011,174	0.4	40
MISC. HEMATOLOGICAL	15,149,041	14,397	1.8	159,288	0.6	171
Total	250,540,547	862,620		9,522,728	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Alabama, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.