STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
ALABAMA

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ALABAMA, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	925,555	(A)	191,109	(E)	734,446	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	841,064	(B)	108,126	(F)	732,938	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	838,828	(C)	105,918	(G)	732,910	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	17,819	(D)	16,720	(H)	1,099	(L)

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Alabama in 2004 was $587,538,183, of which $6,070,515 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. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

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 2004. 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 are treated seperately 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 are not counted as nursing facility residents in the nursing facility tables.

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. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

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 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 = Centers for Medicare & 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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**838,828**	**41,838**	**174,408**	**171,648**	**450,546**	**388**	**8,449,403**	**432,373**	**1,893,432**	**1,800,017**	**4,320,409**	**3,172**
Age												
5 and younger	189,479	0	6,964	0	182,515	0	1,775,660	0	73,717	0	1,701,943	0
6-14	198,085	0	18,370	0	179,715	0	2,007,076	0	207,640	0	1,799,436	0
15-20	102,014	0	13,286	749	87,978	1	971,121	0	146,091	8,060	816,958	12
21-44	219,925	0	52,229	167,224	337	135	2,331,470	0	566,931	1,761,523	2,064	952
45-64	66,656	10	62,732	3,666	1	247	696,906	55	664,271	30,381	8	2,191
65-74	23,135	9,157	13,964	9	0	5	253,723	95,487	158,166	53	0	17
75-84	21,862	16,515	5,347	0	0	0	235,319	175,113	60,206	0	0	0
85 and older	17,672	16,156	1,516	0	0	0	178,128	161,718	16,410	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	530,775	33,072	96,915	168,696	231,704	388	5,420,044	345,390	1,066,551	1,776,754	2,228,177	3,172
Male	302,003	8,763	77,488	2,952	212,800	0	0 2,994,129	86,947	826,848	23,263	2,057,071	0
Unknown	6,050	3	5	0	6,042	0	35,230	36	33	0	35,161	0
Race												
White	375,904	23,992	72,713	80,918	198,057	224	3,732,627	241,428	782,140	840,744	1,866,583	1,732
African American	409,004	14,299	83,195	85,290	226,066	154	4,202,661	152,047	920,634	914,834	2,213,787	1,359
Other/unknown	53,920	3,547	18,500	5,440	26,423	10	514,115	38,898	190,658	44,439	240,039	81
Use of Nursing Facilities[c]												
Entire year	17,819	13,811	4,008	0	0	0	178,641	135,803	42,838	0	0	0
Part year	7,876	5,525	2,348	3	0	0	78,119	53,635	24,455	29	0	0
None	813,133	22,502	168,052	171,645	450,546	388	8,192,643	242,935	1,826,139	1,799,988	4,320,409	3,172
Maintenance Assistance Status												
Cash	270,674	20,576	164,035	29,792	56,271	0	2,841,546	229,041	1,783,682	279,331	549,492	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	394,585	1,160	1,613	18,585	372,839	388	3,733,354	11,128	14,520	143,019	3,561,515	3,172
Other/unknown	173,569	20,102	8,760	123,271	21,436	0	1,874,503	192,204	95,230	1,377,667	209,402	0
Dual Medicare Status[d]							0					
Full dual, all year	98,976	37,839	60,073	1,029	13	22	1,070,706	393,359	667,696	9,345	116	190
Full dual, part year	6,942	3,272	3,640	30	0	0	67,835	33,148	34,445	242	0	0
Non-dual, all year	732,910	727	110,695	170,589	450,533	366	7,310,862	5,866	1,191,291	1,790,430	4,320,293	2,982
Managed Care (MC) Status												
Fee-for-service (FFS) all year	837,189	41,443	173,612	171,362	450,384	388	8,438,794	430,543	1,888,933	1,797,171	4,318,975	3,172
FFS part year, with Rx claims	1,486	341	724	269	152	0	9,851	1,598	4,130	2,744	1,379	0
FFS part year, no Rx claims	153	54	72	17	10	0	758	232	369	102	55	0

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes 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. 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.

TABLE 3

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

ALABAMA, 2004

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	**63.7 %**	**12.9**	**$693**	**$54**	**$3,485**	**19.9 %**	**838,828**
Age							
5 and younger	74.1	5.5	242	44	1,657	14.6	189,479
6-14	63.9	5.3	349	66	1,867	18.7	198,085
15-20	60.6	5.4	324	60	2,501	12.9	102,014
21-44	41.1	8.5	523	61	2,278	23.0	219,925
45-64	86.8	44.7	2,460	55	7,995	30.8	66,656
65-74	88.8	51.0	2,440	48	9,778	25.0	23,135
75-84	92.5	54.8	2,581	47	15,489	16.7	21,862
85 and older	93.9	52.8	2,355	45	21,823	10.8	17,672
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	90.5	50.9	2,385	47	17,519	13.6	41,838
Disabled	84.2	34.1	2,088	61	7,251	28.8	174,408
Adults	29.5	3.4	130	38	1,045	12.4	171,648
Children	66.4	4.7	210	45	1,647	12.8	450,546
Unknown	86.9	22.8	1,341	59	10,451	12.8	388
Gender							
Female	60.3	14.1	707	50	3,526	20.0	530,775
Male	70.1	10.9	681	62	3,450	19.7	302,003
Unknown	50.0	2.5	120	48	1,650	7.2	6,050
Race							
White	68.0	16.2	874	54	4,338	20.1	375,904
African American	59.5	9.5	505	53	2,772	18.2	409,004
Other/unknown	65.9	15.9	865	55	2,946	29.3	53,920
Use of Nursing Facilities[f]							
Entire year	97.3	72.6	3,776	52	39,034	9.7	17,819
Part year	95.1	55.4	2,914	53	25,144	11.6	7,876
None	62.7	11.2	604	54	2,496	24.2	813,133
Maintenance Assistance Status							
Cash	80.0	25.7	1,466	57	4,687	31.3	270,674
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	67.0	4.8	208	44	1,487	14.0	394,585
Other/unknown	31.0	11.3	591	52	6,151	9.6	173,569

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

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

ALABAMA, 2004

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	**1.3**	**$69**	**19.9 %**	**36.3 %**	**42.6 %**	**6.5 %**	**8.2 %**	**5.1 %**	**1.3 %**	**$346**	**838,828**	**8,449,403**
Age												
5 and younger	0.6	26	14.6	25.9	65.1	6.6	2.2	0.1	0.0	177	189,479	1,775,660
6-14	0.5	35	18.7	36.1	55.2	5.3	3.1	0.3	0.0	184	198,085	2,007,076
15-20	0.6	34	12.9	39.4	50.9	5.8	3.4	0.5	0.1	263	102,014	971,121
21-44	0.8	49	23.0	58.9	24.8	5.6	7.3	3.0	0.5	215	219,925	2,331,470
45-64	4.3	235	30.8	13.2	17.1	11.3	28.9	23.1	6.4	765	66,656	696,906
65-74	4.7	223	25.0	11.2	13.4	9.9	29.9	27.6	8.0	892	23,135	253,723
75-84	5.1	240	16.7	7.5	10.5	9.6	32.0	31.4	9.0	1,439	21,862	235,319
85 and older	5.2	234	10.8	6.1	9.5	8.9	33.9	33.3	8.3	2,165	17,672	178,128
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	4.9	231	13.6	9.5	11.2	9.5	31.5	29.8	8.5	1,695	41,838	432,373
Disabled	3.1	192	28.8	15.8	28.6	11.7	23.7	16.1	4.1	668	174,408	1,893,432
Adults	0.3	12	12.4	70.5	22.2	3.4	3.0	0.8	0.1	100	171,648	1,800,017
Children	0.5	22	12.8	33.6	58.8	5.4	2.1	0.1	0.0	172	450,546	4,320,409
Unknown	2.8	164	12.8	13.1	31.2	17.3	25.8	12.1	0.5	1,278	388	3,172
Gender												
Female	1.4	69	20.0	39.7	37.9	6.0	8.7	6.0	1.6	345	530,775	5,420,044
Male	1.1	69	19.7	29.9	50.9	7.4	7.6	3.5	0.8	348	302,003	2,994,129
Unknown	0.4	21	7.2	50.0	43.0	5.4	1.4	0.1	0.0	283	6,050	35,230
Race												
White	1.6	88	20.1	32.0	42.0	7.5	9.7	6.8	2.1	437	375,904	3,732,627
African American	0.9	49	18.2	40.5	43.6	5.5	6.6	3.3	0.6	270	409,004	4,202,661
Other/unknown	1.7	91	29.3	34.1	40.2	6.7	10.6	6.8	1.6	309	53,920	514,115
Use of Nursing Facilities[f]												
Entire year	7.2	377	9.7	2.7	3.8	4.9	26.9	42.7	18.9	3,894	17,819	178,641
Part year	5.6	294	11.6	4.9	9.0	8.8	32.3	34.7	10.2	2,535	7,876	78,119
None	1.1	60	24.2	37.3	43.8	6.5	7.6	3.9	0.8	248	813,133	8,192,643
Maintenance Assistance Status												
Cash	2.4	140	31.3	20.0	36.2	10.7	19.0	11.5	2.5	447	270,674	2,841,546
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	22	14.0	33.0	59.1	5.5	2.1	0.2	0.0	157	394,585	3,733,354
Other/unknown	1.0	55	9.6	69.0	15.1	2.3	5.3	6.1	2.3	570	173,569	1,874,503

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

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

TABLE 5

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

ALABAMA, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**1.3**	**$69**	**$54**	**0.4**	**$48**	**$112**	**0.1**	**$5**	**$55**	**0.8**	**$17**	**$22**
Age												
5 and younger	0.6	26	44	0.2	18	91	0.1	3	33	0.3	5	16
6-14	0.5	35	66	0.3	27	106	0.0	2	50	0.2	6	24
15-20	0.6	34	60	0.2	26	120	0.0	2	58	0.3	6	20
21-44	0.8	49	61	0.2	34	144	0.0	4	74	0.5	11	22
45-64	4.3	235	55	1.3	156	120	0.2	15	74	2.8	64	23
65-74	4.7	223	48	1.5	146	99	0.2	12	55	3.0	64	22
75-84	5.1	240	47	1.7	160	96	0.3	12	46	3.1	68	22
85 and older	5.2	234	45	1.6	152	94	0.3	12	40	3.3	70	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.9	231	47	1.6	154	95	0.3	12	44	3.0	65	22
Disabled	3.1	192	61	1.0	134	133	0.2	12	75	2.0	46	24
Adults	0.3	12	38	0.1	7	89	0.0	1	46	0.2	4	18
Children	0.5	22	45	0.2	16	82	0.1	2	36	0.2	4	18
Unknown	2.8	164	59	0.8	115	140	0.1	7	52	1.8	42	23
Gender												
Female	1.4	69	50	0.4	46	106	0.1	5	53	0.9	18	21
Male	1.1	69	62	0.4	50	124	0.1	4	59	0.6	14	23
Unknown	0.4	21	48	0.1	15	139	0.0	1	29	0.3	4	14
Race												
White	1.6	88	54	0.5	60	110	0.1	6	57	1.0	22	23
African American	0.9	49	53	0.3	35	114	0.1	3	52	0.6	12	21
Other/unknown	1.7	91	55	0.5	62	117	0.1	6	59	1.0	22	22
Use of Nursing Facilities[e]												
Entire year	7.2	377	52	2.5	258	104	0.5	21	47	4.3	97	23
Part year	5.6	294	53	1.9	201	108	0.3	17	50	3.4	76	23
None	1.1	60	54	0.4	42	113	0.1	4	57	0.7	15	22
Maintenance Assistance Status												
Cash	2.4	140	57	0.8	96	124	0.1	9	69	1.5	35	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	22	44	0.2	16	81	0.1	2	35	0.3	5	18
Other/unknown	1.0	55	52	0.4	38	105	0.1	3	47	0.6	14	22

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

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

TABLE 6

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

ALABAMA, 2004

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]		
	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 All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	$13	$9	$1	$3	$51	$96	$62	$20	996,299	$50,347,503	357,822	42.7 %	3,865,599
Biologicals	0.3	0.3	0.0	0.0	360	307	3	49	1124	1,064	2,386	1,634	7,676	8,624,212	2,548	0.3	23,986
Antineoplastic Agents	0.5	0.1	0.0	0.4	73	40	1	33	158	561	162	84	38,650	6,097,303	7,946	0.9	83,147
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.3	27	19	2	6	50	93	34	21	884,466	44,281,003	149,091	17.8	1,640,268
Cardiovascular Agents	1.5	0.4	0.0	1.0	53	34	1	18	36	78	36	18	2,000,468	72,309,441	123,272	14.7	1,353,064
Respiratory Agents	0.4	0.2	0.0	0.2	18	13	1	3	42	76	26	17	1,406,922	59,204,513	312,137	37.2	3,371,131
Gastrointestinal Agents	0.5	0.1	0.0	0.4	30	13	1	16	58	137	56	39	677,623	39,092,750	118,647	14.1	1,293,977
Genitourinary Agents	0.3	0.2	0.0	0.1	17	13	1	2	57	78	46	24	149,739	8,502,711	46,382	5.5	506,399
CNS Drugs	0.9	0.4	0.0	0.5	75	60	2	13	86	157	86	27	1,299,553	111,296,433	135,717	16.2	1,487,294
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	47	42	1	4	80	92	62	38	203,568	16,368,715	31,284	3.7	347,930
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	108	107	0	1	152	161	0	24	81,360	12,402,092	10,698	1.3	114,334
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	16	10	1	6	35	153	154	15	1,130,400	39,321,080	219,718	26.2	2,395,379
Neuromuscular Agents	0.7	0.2	0.1	0.4	50	29	12	9	69	146	104	23	681,134	47,042,495	84,431	10.1	933,484
Nutritional Products	0.5	0.0	0.0	0.4	9	2	1	6	18	35	22	16	347,096	6,199,806	67,492	8.0	718,125
Hematological Agents	0.6	0.2	0.1	0.3	62	51	3	9	108	285	35	28	257,633	27,892,931	41,445	4.9	447,300
Topical Products	0.2	0.1	0.0	0.1	11	7	1	3	44	74	48	22	591,117	26,201,356	220,358	26.3	2,392,692
Miscellaneous Products	0.4	0.1	0.1	0.2	78	45	23	9	197	358	326	48	30,346	5,974,548	7,038	0.8	76,847
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	15	0	0	0	20,179	308,776	6,521	0.8	72,567
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.	10,804,229	581,467,668	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

ALABAMA, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$71,046,224	56,419	6.7 %	629,917	0.6	$198	$113
ANTICONVULSANT	40,741,267	63,583	7.6	708,650	0.6	92	57
ANTIDEPRESSANTS	33,803,889	114,318	13.6	1,261,566	0.5	54	27
ANTIASTHMATIC	32,968,187	183,620	21.9	2,024,598	0.3	61	16
ULCER DRUGS	28,734,472	111,685	13.3	1,231,086	0.4	59	23
ANTIDIABETIC	28,124,778	64,094	7.6	715,122	0.6	63	39
ANTIHYPERLIPIDEMIC	24,633,329	41,422	4.9	471,638	0.5	98	52
MISC. HEMATOLOGICAL	20,091,737	13,590	1.6	150,481	0.6	234	134
ANTIHYPERTENSIVE	20,036,295	99,148	11.8	1,111,077	0.6	33	18
ANALGESICS - Narcotic	19,820,062	223,695	26.7	2,456,327	0.3	29	8
Total	320,000,240	971,574		10,760,462	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Alabama, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.