STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
ALABAMA

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

APPENDIX TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
ALABAMA, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Nondual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	967,777	(A)	201,620	(E)	766,157	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	867,557	(B)	104,609	(F)	762,948	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	864,425	(C)	101,532	(G)	762,893	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	17,049	(D)	15,787	(H)	1,262	(L)

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006 (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 2006, 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 2006 was $375,760,080, of which $763,218 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 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report 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 package.

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 2006. 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 beneficiary 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 2006. 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, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**864,425**	**37,178**	**176,379**	**211,199**	**439,256**	**413**	**8,137,891**	**380,383**	**1,917,421**	**1,625,855**	**4,210,398**	**3,834**
Age												
5 and younger	191,463	0	6,541	9	184,913	0	1,780,331	0	69,695	47	1,710,589	0
6-14	198,531	0	17,956	27	180,548	0	2,006,806	0	206,142	121	1,800,543	0
15-20	105,420	0	14,056	17,861	73,503	0	1,003,286	0	157,342	149,081	696,863	0
21-44	241,080	0	51,611	189,083	290	96	2,011,469	0	560,635	1,447,524	2,390	920
45-64	70,343	1	65,837	4,200	0	305	729,667	12	697,836	28,996	0	2,823
65-74	21,709	7,879	13,802	16	0	12	234,764	81,094	153,496	83	0	91
75-84	19,680	14,524	5,153	2	1	0	209,093	151,946	57,133	2	12	0
85 and older	16,198	14,774	1,423	1	0	0	162,474	147,331	15,142	1	0	0
Unknown	1	0	0	0	1	0	1	0	0	0	1	0
Gender												
Female	550,394	29,220	97,525	208,129	215,107	413	5,064,512	301,974	1,071,513	1,602,950	2,084,241	3,834
Male	306,637	7,957	78,852	3,070	216,758	0	3,030,309	78,397	845,884	22,905	2,083,123	0
Unknown	7,394	1	2	0	7,391	0	43,070	12	24	0	43,034	0
Race												
White	386,376	21,546	74,118	100,444	190,042	226	3,567,009	215,429	799,263	746,067	1,804,188	2,062
African American	413,351	12,596	83,781	101,777	215,025	172	3,971,788	132,161	926,949	822,980	2,088,039	1,659
Other/unknown	64,698	3,036	18,480	8,978	34,189	15	599,094	32,793	191,209	56,808	318,171	113
Use of Nursing Facilities[c]												
Entire year	17,049	12,775	4,273	1	0	0	172,785	127,097	45,687	1	0	0
Part year	7,942	5,431	2,505	5	1	0	78,133	52,280	25,798	43	12	0
None	839,434	18,972	169,601	211,193	439,255	413	7,886,973	201,006	1,845,936	1,625,811	4,210,386	3,834
Maintenance Assistance Status												
Cash	257,001	17,266	164,433	26,988	48,314	0	2,714,603	189,901	1,794,354	252,212	478,136	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	405,613	822	2,255	23,339	378,784	413	3,814,133	7,774	20,315	160,345	3,621,865	3,834
Other/unknown	201,811	19,090	9,691	160,872	12,158	0	1,609,155	182,708	102,752	1,213,298	110,397	0
Dual Medicare Status[d]												
Full dual, all year	96,053	33,905	60,999	1,105	4	40	1,029,988	348,581	672,656	8,325	18	408
Full dual, part year	5,479	2,493	2,950	36	0	0	53,348	25,482	27,554	312	0	0
Non-dual, all year	762,893	780	112,430	210,058	439,252	373	7,054,555	6,320	1,217,211	1,617,218	4,210,380	3,426
Managed Care (MC) Status												
Fee-for-service (FFS) all year	861,487	36,336	174,285	211,197	439,256	413	8,122,293	376,165	1,906,051	1,625,845	4,210,398	3,834
FFS part year, with Rx claims	1,360	288	1,071	1	0	0	7,592	1,522	6,061	9	0	0
FFS part year, no Rx claims	1,578	554	1,023	1	0	0	8,006	2,696	5,309	1	0	0

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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, 2006

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	**57.3 %**	**7.4**	**$434**	**$58**	**$3,456**	**12.6 %**	**864,425**
Age							
5 and younger	75.1	5.6	255	46	1,946	13.1	191,463
6-14	66.5	5.7	403	71	2,030	19.9	198,531
15-20	61.5	5.5	370	67	2,686	13.8	105,420
21-44	33.6	5.8	361	62	2,174	16.6	241,080
45-64	71.2	28.9	1,623	56	7,958	20.4	70,343
65-74	41.8	5.4	194	36	9,141	2.1	21,709
75-84	39.9	2.8	52	19	14,745	0.4	19,680
85 and older	40.9	2.7	41	15	21,991	0.2	16,198
Unknown	0.0	0.0	0	0	75	0.0	1
Basis of Eligibility[e]							
Aged	38.5	2.6	45	17	17,741	0.3	37,178
Disabled	68.3	19.6	1,373	70	7,276	18.9	176,379
Adults	27.3	3.1	119	38	1,115	10.7	211,199
Children	68.9	5.0	240	48	1,830	13.1	439,256
Unknown	84.5	25.7	1,706	67	12,444	13.7	413
Gender							
Female	52.4	7.4	383	52	3,369	11.4	550,394
Male	66.3	7.6	533	70	3,650	14.6	306,637
Unknown	49.1	2.4	118	49	1,864	6.3	7,394
Race							
White	61.1	9.0	517	57	4,233	12.2	386,376
African American	53.8	5.9	346	59	2,828	12.2	413,351
Other/unknown	57.1	8.0	496	62	2,829	17.5	64,698
Use of Nursing Facilities[f]							
Entire year	52.6	9.6	444	46	39,624	1.1	17,049
Part year	54.3	9.7	485	50	24,244	2.0	7,942
None	57.4	7.4	433	59	2,525	17.2	839,434
Maintenance Assistance Status							
Cash	68.1	15.8	1,040	66	4,853	21.4	257,001
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	68.2	4.9	224	46	1,733	12.9	405,613
Other/unknown	21.6	1.9	83	43	5,141	1.6	201,811

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	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]	Beneficiaries	Benefit Months
All	**0.8**	**$46**	**12.6 %**	**42.7 %**	**44.5 %**	**5.7 %**	**4.7 %**	**2.0 %**	**0.4 %**	**$367**	**864,425**	**8,137,891**
Age												
5 and younger	0.6	28	13.1	24.9	65.8	7.0	2.2	0.1	0.0	209	191,463	1,780,331
6-14	0.6	40	19.9	33.5	56.8	5.7	3.5	0.4	0.0	201	198,531	2,006,806
15-20	0.6	39	13.8	38.5	51.5	5.8	3.5	0.6	0.1	282	105,420	1,003,286
21-44	0.7	43	16.6	66.4	22.2	4.3	5.0	1.9	0.3	261	241,080	2,011,469
45-64	2.8	157	20.4	28.8	25.2	8.8	18.8	14.8	3.7	767	70,343	729,667
65-74	0.5	18	2.1	58.2	33.4	3.5	3.0	1.5	0.4	845	21,709	234,764
75-84	0.3	5	0.4	60.1	36.4	2.5	0.7	0.2	0.1	1,388	19,680	209,093
85 and older	0.3	4	0.2	59.1	37.4	2.8	0.5	0.1	0.0	2,192	16,198	162,474
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	75	1	1
Basis of Eligibility[e]												
Aged	0.3	4	0.3	61.5	34.9	2.6	0.7	0.2	0.0	1,734	37,178	380,383
Disabled	1.8	126	18.9	31.7	34.8	9.0	14.2	8.3	1.8	669	176,379	1,917,421
Adults	0.4	15	10.7	72.7	20.8	3.1	2.6	0.7	0.1	145	211,199	1,625,855
Children	0.5	25	13.1	31.1	60.7	5.8	2.3	0.1	0.0	191	439,256	4,210,398
Unknown	2.8	184	13.7	15.5	27.4	18.2	25.4	13.1	0.5	1,341	413	3,834
Gender												
Female	0.8	42	11.4	47.6	40.1	5.0	4.5	2.2	0.5	366	550,394	5,064,512
Male	0.8	54	14.6	33.7	52.5	6.8	5.2	1.6	0.2	369	306,637	3,030,309
Unknown	0.4	20	6.3	50.9	42.4	5.3	1.5	0.0	0.0	320	7,394	43,070
Race												
White	1.0	56	12.2	38.9	45.1	6.9	5.9	2.6	0.6	459	386,376	3,567,009
African American	0.6	36	12.2	46.2	44.0	4.6	3.6	1.3	0.2	294	413,351	3,971,788
Other/unknown	0.9	54	17.5	42.9	44.4	4.9	4.6	2.5	0.6	306	64,698	599,094
Use of Nursing Facilities[f]												
Entire year	0.9	44	1.1	47.4	39.7	5.4	2.9	3.0	1.7	3,910	17,049	172,785
Part year	1.0	49	2.0	45.7	41.9	3.0	3.5	4.1	1.8	2,464	7,942	78,133
None	0.8	46	17.2	42.6	44.7	5.7	4.8	1.9	0.4	269	839,434	7,886,973
Maintenance Assistance Status												
Cash	1.5	99	21.4	31.9	40.4	8.5	11.8	6.1	1.3	459	257,001	2,714,603
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	24	12.9	31.8	60.1	5.8	2.2	0.2	0.0	184	405,613	3,814,133
Other/unknown	0.2	10	1.6	78.4	18.5	1.8	1.0	0.3	0.1	645	201,811	1,609,155

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

	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	**0.8**	**$46**	**$58**	**0.2**	**$31**	**$148**	**0.0**	**$2**	**$80**	**0.6**	**$13**	**$23**
Age												
5 and younger	0.6	28	46	0.1	17	136	0.0	1	37	0.4	9	21
6-14	0.6	40	71	0.2	31	136	0.0	1	60	0.3	8	25
15-20	0.6	39	67	0.2	29	156	0.0	2	89	0.4	8	22
21-44	0.7	43	62	0.2	30	177	0.0	2	106	0.5	11	22
45-64	2.8	157	56	0.7	96	145	0.1	10	120	2.0	51	25
65-74	0.5	18	36	0.1	9	114	0.0	1	99	0.4	8	19
75-84	0.3	5	19	0.0	1	65	0.0	0	48	0.2	4	15
85 and older	0.3	4	15	0.0	1	47	0.0	0	28	0.2	3	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.3	4	17	0.0	1	56	0.0	0	39	0.2	3	14
Disabled	1.8	126	70	0.5	89	181	0.1	6	116	1.3	31	25
Adults	0.4	15	38	0.1	9	99	0.0	1	92	0.3	6	19
Children	0.5	25	48	0.1	16	111	0.0	1	42	0.4	8	22
Unknown	2.8	184	67	0.8	123	161	0.1	14	147	1.9	47	25
Gender												
Female	0.8	42	52	0.2	26	134	0.0	2	84	0.6	13	22
Male	0.8	54	70	0.2	39	168	0.0	2	75	0.5	12	24
Unknown	0.4	20	49	0.1	14	212	0.0	0	31	0.3	6	19
Race												
White	1.0	56	57	0.3	37	142	0.0	3	81	0.7	16	23
African American	0.6	36	59	0.2	25	154	0.0	2	79	0.4	10	22
Other/unknown	0.9	54	62	0.2	36	166	0.0	3	81	0.6	15	24
Use of Nursing Facilities[e]												
Entire year	0.9	44	46	0.2	25	140	0.0	2	75	0.7	17	23
Part year	1.0	49	50	0.2	29	147	0.0	2	92	0.8	18	24
None	0.8	46	59	0.2	31	149	0.0	2	80	0.5	13	23
Maintenance Assistance Status												
Cash	1.5	99	66	0.4	68	172	0.0	5	108	1.1	25	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	24	46	0.1	15	107	0.0	1	44	0.4	8	22
Other/unknown	0.2	10	43	0.1	7	111	0.0	1	70	0.2	3	19

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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/master-drug-database.aspx

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

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

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

TABLE 6

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

ALABAMA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per 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	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	$11	$4	$0	$6	$43	$168	$45	$27	849,643	$36,332,827	320,523	37.1 %	3,424,801
Biologicals	0.4	0.4	0.0	0.0	491	483	7	0	1338	1,342	1,636	123	8,307	11,117,353	2,463	0.3	22,633
Antineoplastic Agents	0.5	0.1	0.0	0.3	124	103	1	20	262	757	571	60	13,146	3,450,816	2,612	0.3	27,740
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	20	13	1	6	55	130	59	25	440,563	24,253,896	112,960	13.1	1,228,827
Cardiovascular Agents	1.1	0.2	0.1	0.9	46	18	7	20	41	84	135	24	734,121	29,959,825	60,192	7.0	653,532
Respiratory Agents	0.4	0.1	0.0	0.2	17	12	1	5	45	97	35	20	1,191,176	53,679,858	293,346	33.9	3,150,476
Gastrointestinal Agents	0.4	0.2	0.0	0.2	24	18	2	4	66	116	200	21	305,740	20,307,228	78,690	9.1	846,351
Genitourinary Agents	0.2	0.1	0.0	0.1	10	5	2	3	49	89	92	26	60,080	2,963,484	26,678	3.1	286,904
CNS Drugs	0.7	0.2	0.0	0.5	61	48	2	10	85	197	118	23	828,165	70,743,816	106,136	12.3	1,158,750
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	62	58	0	4	95	106	74	37	227,147	21,510,706	31,041	3.6	344,398
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	203	201	0	2	394	424	0	43	6,584	2,590,912	1,164	0.1	12,790
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	11	4	1	6	30	179	203	18	662,453	19,928,836	170,296	19.7	1,836,775
Neuromuscular Agents	0.6	0.2	0.0	0.4	49	34	2	14	76	177	113	31	437,494	33,146,468	61,426	7.1	673,440
Nutritional Products	0.4	0.1	0.0	0.3	8	3	0	4	21	37	21	16	160,023	3,396,385	42,966	5.0	448,966
Hematological Agents	0.4	0.1	0.0	0.3	76	70	0	6	187	694	30	20	115,797	21,706,005	26,624	3.1	284,517
Topical Products	0.2	0.0	0.0	0.1	8	5	0	3	40	93	49	21	373,245	14,761,136	175,276	20.3	1,879,133
Miscellaneous Products	0.7	0.3	0.1	0.4	274	218	32	23	388	844	357	65	12,628	4,904,390	1,629	0.2	17,914
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	64	0	0	0	3,785	242,921	1,960	0.2	21,924
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.	6,430,097	374,996,862	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx.

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alabama, 0.2 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/master-drug-database.aspx.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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, 2006

		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	$47,586,696	32,802	3.8 %	366,356	0.5	$240	$130
ANTIASTHMATIC	33,312,933	170,965	19.8	1,875,481	0.2	72	18
ANTICONVULSANT	30,033,658	45,326	5.2	502,674	0.6	102	60
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	21,510,706	36,515	4.2	407,729	0.6	95	53
MISC. HEMATOLOGICAL	17,319,063	3,475	0.4	38,262	0.5	927	453
ANTIDEPRESSANTS	17,240,892	65,492	7.6	717,000	0.4	55	24
ULCER DRUGS	15,591,648	72,085	8.3	782,796	0.3	66	20
ANTIDIABETIC	13,094,165	33,184	3.8	366,859	0.5	67	36
ANTIHYPERLIPIDEMIC	11,850,207	19,636	2.3	219,916	0.5	102	54
PASSIVE IMMUNIZING AGENTS	11,112,307	2,302	0.3	20,811	0.4	1,366	534
Total	218,652,275	481,782	n.a.	5,297,884	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Alabama, released by CMS in 9/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

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