



Medicaid Pharmacy Summary

Prescriber Name: Doe, John
Date: April 1, 2008

AL License Number: XXXX
Reporting Period: Aug. 1, 2007 - Jan. 31, 2008

Table 1

Overall Utilization Rate (Percent)*	Generic	Preferred Brand	Non Preferred Brand
Your Utilization Rate	69	26	4
Peer** Utilization Rate	64	29	7
Statewide Utilization Rate	72	25	3

Table 2

Prior Authorization	Count/MD	% Approval	% Denial
PA Requested by You	115 (16 ^e)	75	25
PA Requested by Your Peers	8 (1 ^e)	72	28
PA Requested Statewide	5 (1 ^e)	70	30

Table 3

Recipients and Claims	Recipients Per MD/Mo.	Claims Per MD/Mo.	Cost Per Claim	Claims Per Recipient/Mo.
Your Recipients	160	814	\$59.36	5
Peer Recipients	19	45	\$128.91	2
Statewide Recipients	20	47	\$63.26	2

Chart 1

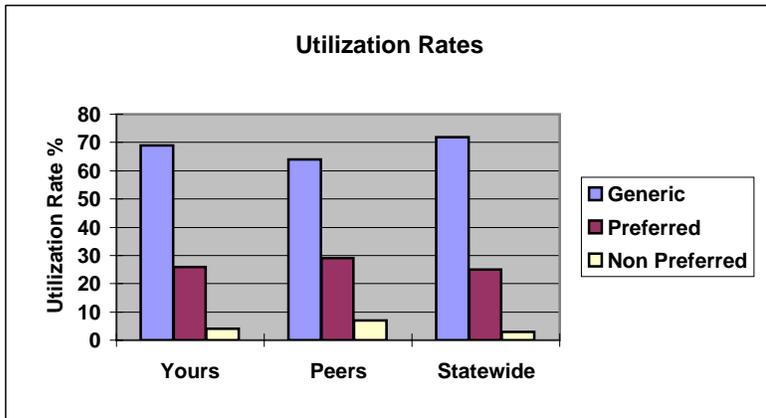


Chart 2

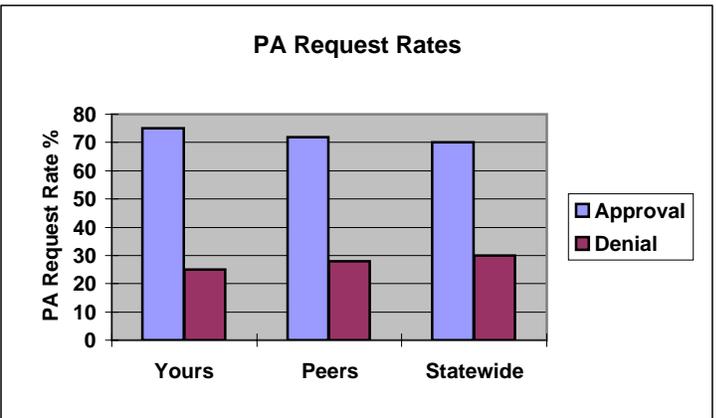


Table 4

Top Drugs You Rx
1. HYDROCODONE-ACETAMINOPHEN
2. PROTONIX
3. LEVOTHYROXINE SODIUM

Table 5

Top Most Costly Drugs You Rx
1. PROTONIX
2. ZYPREXA
3. RISPERDAL

Table 6

Top Denial Classes for You
1. DIABETIC AGENTS
2. PROTON PUMP INHIBITOR
3. SR OPIOID AGONISTS

Table 7

Top Denial Reasons for You
1. Requires 2 prior prescribed and preferred diabetic agents or documentation from the patient's medical record to support stable therapy > 60 days; must indicate the date of prior therapies/therapies; must be in the last 6 months
2. Requires recipient's diagnosis or substantial medical justification
3. Medicaid does not cover medication for dx listed

All data is based on Medicaid pharmacy claims within stated reporting period.

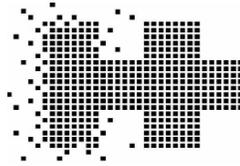
**Peers are other prescribers of the same specialty practice.

*Utilization Rate = (Generic, PDL, or Non PDL)/total Claims times 100.

e = Electronic Approvals.



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Dear Medicaid Prescriber:

Thank you for taking time to review the Medicaid Pharmacy Summary. This summary is generated from pharmacy claims and prior authorization requests. It allows for a comparison of the prescriber, to his/her peers and to prescribers statewide. Your peer group consists of prescribers in the same specialty. This comparison is for all Medicaid recipients (excluding Medicare) receiving pharmacy benefits. If you are a Patient 1st provider, you may also receive a "Provider Profile" which uses data from **only** Patient 1st recipients.

Table 1 and Chart 1 illustrate the comparison of you to your peers and statewide prescribers in the utilization of generic, preferred brands and non-preferred brands. The utilization is a percentage of the number of prescriptions (generic, preferred or non-preferred) divided by the total number of prescriptions times 100.

Table 2 and Chart 2 illustrate the comparison of you to your peers and statewide prescribers in the use of prior authorizations. The approval and denial rates are based on percentages of the total prior authorizations requested. Electronic PA counts are from the total count.

Table 3 illustrates the comparison of you to your peers and statewide prescribers for individual recipients and prescription claims. The claims include all original prescriptions and refills during the reporting period submitted under your license number at the pharmacy level. The calculation of the "Recipients Per MD/Mo." is the summation of the unique recipients per prescriber for each month divided by the number of months. The calculation of the "Claims Per MD/Mo." is the summation of each prescriber's claims divided by the number of months. The calculation of the "Cost Per Claim" is the total cost divided by the total claims within the reporting period. The calculation of "Claims Per Recipient/Mo." is the summation of the average claims per unique recipient for each month, divided by the number of months.

The remaining Tables 4 – 7 (Top Drugs You Rx, Top Most Costly Drugs You Rx, Top Denial Classes for You, and Top Denial Reasons for You) are specific to you. These tables identify possible ways to improve utilization rates and the approval percentage of prior authorizations. Increasing your generic and preferred brand utilization rates will minimize the number of prior authorizations you need and decrease costs. Reviewing the denial classes and the denial reasons will assist in increasing your approval rate.

This summary includes excellent information which hopefully has given you insight into your prescribing patterns. This should decrease the work load on you and your staff, and promote appropriate treatment in a timely manner. Thank you for your time in reviewing this summary. We have additional tools available that will allow you to partner with us in providing quality, cost efficient care to your patients. If you have any questions or comments feel free to contact Health Information Designs, Inc., by phone, fax or email listed below.

Sincerely,

A handwritten signature in cursive script that reads "Lisa A. Stallings".

Lisa A. Stallings, RN, BSN
Program Manager

Academic Detailing Program
Health Information Designs, Inc.
391 Industry Drive
Auburn, AL 36832

Phone: 334-466-3020
Fax: 1-800-881-5573
E-Mail: Lisa@hidinc.com