

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

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 OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

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

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

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 OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

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
GEORGIA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	1,425,041 (A)	198,244 (E)	1,226,797 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,382,805 (B)	157,716 (F)	1,225,089 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,370,251 (C)	157,335 (G)	1,212,916 (K)
4. Benes who were all-year nursing facility residents ^f	26,767 (D)	24,556 (H)	2,211 (L)

Source: Data for this table are from the MAX 2001 file for Georgia, released by CMS in 08/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Georgia in 2001 was \$726,795,659, of which \$40,507,259 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 1.7 percent were restricted benefit months without a pharmacy benefit in Georgia, 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 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}
 GEORGIA, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos				
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	1,370,251	82,604	213,668	263,520	810,064	395	11,535,783	832,020	2,284,053	1,909,611	6,508,518	1,581
Age												
5 and younger	395,691	2	8,842	77	386,770	0	3,099,764	18	90,701	620	3,008,425	0
6-14	339,275	1	20,677	290	318,307	0	2,921,261	9	229,819	1,931	2,689,502	0
15-20	153,273	0	13,602	38,906	100,745	20	1,236,740	0	149,121	294,976	792,540	103
21-44	281,480	4	64,605	212,587	4,118	166	2,244,012	17	689,981	1,535,991	17,321	702
45-64	91,483	984	78,811	11,473	7	208	900,656	8,997	815,642	75,201	44	772
65-74	41,551	23,330	18,098	121	1	1	440,704	233,464	206,679	545	12	4
75-84	38,763	31,824	6,915	22	2	0	407,148	328,131	78,921	83	13	0
85 and older	28,716	26,458	2,118	42	98	0	285,442	261,383	23,189	259	611	0
Unknown	19	1	0	2	16	0	56	1	0	5	50	0
Gender												
Female	831,911	62,761	119,132	249,068	400,555	395	7,007,098	644,418	1,295,155	1,830,326	3,235,618	1,581
Male	538,338	19,843	94,536	14,452	409,507	0	4,528,677	187,602	988,898	79,285	3,272,892	0
Unknown	2	0	0	0	2	0	8	0	0	0	8	0
Race												
White	537,759	42,240	78,191	110,947	306,137	244	4,347,213	408,630	824,518	756,186	2,356,880	999
African American	713,818	28,819	97,137	146,148	441,579	135	6,259,951	299,485	1,055,406	1,110,810	3,793,709	541
Other/unknown	118,674	11,545	38,340	6,425	62,348	16	928,619	123,905	404,129	42,615	357,929	41
Use of Nursing Facilities^c												
Entire year	26,767	22,536	4,228	3	0	0	273,186	227,281	45,892	13	0	0
Part year	12,973	10,742	2,224	5	2	0	121,273	98,240	22,981	35	17	0
None	1,330,511	49,326	207,216	263,512	810,062	395	11,141,324	506,499	2,215,180	1,909,563	6,508,501	1,581
Maintenance Assistance Status												
Cash	551,797	34,812	183,169	114,295	219,521	0	5,127,845	390,072	2,025,671	808,841	1,903,261	0
Medically needy	10,121	4,374	5,732	0	15	0	57,624	27,005	30,591	0	28	0
Poverty-related	524,474	2,493	2,040	74,092	445,454	395	3,946,436	26,236	20,192	516,188	3,382,239	1,581
Other/unknown	283,859	40,925	22,727	75,133	145,074	0	2,403,878	388,707	207,599	584,582	1,222,990	0
Dual Medicare Status^d												
Full dual, all year	151,666	74,542	75,857	1,235	28	4	1,583,521	752,322	823,506	7,395	277	21
Full dual, part year	5,669	3,270	2,375	24	0	0	58,035	33,981	23,808	246	0	0
Non-dual, all year	1,212,916	4,792	135,436	262,261	810,036	391	9,894,227	45,717	1,436,739	1,901,970	6,508,241	1,560
Managed Care Status												
FFS all year	1,370,251	82,604	213,668	263,520	810,064	395	11,535,783	832,020	2,284,053	1,909,611	6,508,518	1,581
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Georgia, released by CMS in 08/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 GEORGIA, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	65.0 %	10.8	\$501	\$46	\$2,927	17.1 %	1,370,251
Age							
5 and younger	64.7	4.5	131	29	1,661	7.9	395,691
6-14	51.9	3.7	178	49	967	18.4	339,275
15-20	57.2	4.4	194	44	1,763	11.0	153,273
21-44	68.3	10.0	543	54	3,273	16.6	281,480
45-64	85.8	38.6	2,014	52	8,156	24.7	91,483
65-74	89.4	43.2	1,916	44	6,996	27.4	41,551
75-84	92.5	46.4	1,992	43	10,203	19.5	38,763
85 and older	93.5	42.5	1,750	41	13,960	12.5	28,716
Unknown	5.3	0.6	27	43	54	50.8	19
Basis of Eligibility^c							
Aged	91.2	42.6	1,845	43	11,236	16.4	82,604
Disabled	83.9	31.6	1,797	57	7,608	23.6	213,668
Adults	66.8	6.0	196	33	2,061	9.5	263,520
Children	56.7	3.7	121	33	1,125	10.8	810,064
Unknown	72.4	6.9	343	50	6,335	5.4	395
Gender							
Female	67.7	12.5	543	44	3,094	17.6	831,911
Male	60.9	8.3	435	52	2,668	16.3	538,338
Unknown	0.0	0.0	0	0	0	0.0	2
Race							
White	70.5	13.7	643	47	3,658	17.6	537,759
African American	61.7	8.2	362	44	2,281	15.9	713,818
Other/unknown	60.1	13.7	691	50	3,497	19.8	118,674
Use of Nursing Facilities^d							
Entire year	98.4	57.5	2,721	47	27,223	10.0	26,767
Part year	97.2	47.6	2,223	47	17,692	12.6	12,973
None	64.0	9.5	439	46	2,294	19.2	1,330,511

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	68.5	16.1	803	50	3,339	24.0	551,797
Medically needy	85.5	26.7	1,453	54	6,757	21.5	10,121
Poverty related	57.9	3.8	122	32	1,254	9.7	524,474
Other/unknown	70.7	13.1	581	44	5,080	11.4	283,859

Source: Data for this table are from the MAX 2001 file for Georgia, released by CMS in 08/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 GEORGIA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		
All	1.3	\$60	17.1 %	35.0 %	44.5 %	7.3 %	8.4 %	4.0 %	0.8 %	\$348	11,535,783
Age											
5 and younger	0.6	17	7.9	35.3	55.6	6.6	2.4	0.1	0.0	212	395,691
6-14	0.4	21	18.4	48.1	45.4	4.0	2.2	0.2	0.0	112	339,275
15-20	0.5	24	11.0	42.8	48.6	5.5	2.8	0.3	0.0	218	153,273
21-44	1.3	68	16.6	31.7	45.6	9.7	9.8	2.8	0.4	411	281,480
45-64	3.9	205	24.7	14.2	18.7	12.0	30.5	19.9	4.7	829	91,483
65-74	4.1	181	27.4	10.6	16.3	11.9	33.5	22.8	4.9	660	41,551
75-84	4.4	190	19.5	7.5	13.2	11.5	35.7	27.0	5.0	971	38,763
85 and older	4.3	176	12.5	6.5	13.3	12.6	37.6	26.2	3.7	1,404	28,716
Unknown	0.2	9	50.8	94.7	0.0	0.0	5.3	0.0	0.0	18	19
Basis of Eligibility^c											
Aged	4.2	183	16.4	8.8	14.5	12.1	35.0	24.9	4.7	1,116	82,604
Disabled	3.0	168	23.6	16.1	28.1	12.4	25.9	14.6	3.0	712	213,668
Adults	0.8	27	9.5	33.2	51.3	8.6	5.8	1.1	0.1	284	263,520
Children	0.5	15	10.8	43.3	49.7	5.0	1.9	0.1	0.0	140	810,064
Unknown	1.7	86	5.4	27.6	33.4	15.7	18.2	4.6	0.5	1,583	395
Gender											
Female	1.5	65	17.6	32.3	44.7	7.6	9.4	5.0	1.0	367	831,911
Male	1.0	52	16.3	39.1	44.2	6.8	6.9	2.6	0.4	317	538,338
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2
Race											
White	1.7	80	17.6	29.5	44.5	8.7	10.3	5.7	1.3	453	537,759
African American	0.9	41	15.9	38.3	46.3	6.1	6.5	2.5	0.3	260	713,818
Other/unknown	1.8	88	19.8	39.9	33.9	8.0	11.6	5.6	1.0	447	118,674
Use of Nursing Facilities^d											
Entire year	5.6	267	10.0	1.6	7.6	9.4	35.6	36.5	9.3	2,667	26,767
Part year	5.1	238	12.6	2.8	10.2	11.6	37.7	31.2	6.5	1,893	12,973
None	1.1	53	19.2	36.0	45.6	7.2	7.6	3.1	0.5	274	1,330,511

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, 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less		More than 10			
							Less	More				
Maintenance												
Assistance Status												
Cash	1.7	86	24.0	31.5	39.2	8.5	13.3	6.4	1.1	359	551,797	5,127,845
Medically needy	4.7	255	21.5	14.5	10.9	10.3	32.5	25.6	6.2	1,187	10,121	57,624
Poverty related	0.5	16	9.7	42.1	49.8	5.6	2.2	0.2	0.0	167	524,474	3,946,436
Other/unknown	1.5	69	11.4	29.3	46.4	7.8	9.4	5.8	1.3	600	283,859	2,403,878

Source: Data for this table are from the MAX 2001 file for Georgia, released by CMS in 08/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

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

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

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 GEORGIA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.3	\$60	0.6	\$45	0.1	\$38	0.6	\$17
Age								
5 and younger	0.6	17	0.2	12	0.1	51	0.3	12
6-14	0.4	21	0.2	16	0.0	73	0.2	21
15-20	0.5	24	0.2	19	0.0	74	0.3	16
21-44	1.3	68	0.6	53	0.1	96	0.6	16
45-64	3.9	205	1.9	158	0.3	85	1.8	19
65-74	4.1	181	1.9	136	0.3	71	1.8	18
75-84	4.4	190	2.0	140	0.4	71	2.0	18
85 and older	4.3	176	1.8	126	0.4	71	2.1	17
Unknown	0.2	9	0.1	8	0.0	68	0.1	9
Basis of Eligibility^d								
Aged	4.2	183	1.9	135	0.4	71	1.9	18
Disabled	3.0	168	1.4	130	0.2	93	1.3	20
Adults	0.8	27	0.3	20	0.0	58	0.4	12
Children	0.5	15	0.2	11	0.0	55	0.2	13
Unknown	1.7	86	0.7	70	0.1	106	1.0	13
Gender								
Female	1.5	65	0.7	49	0.1	72	0.7	16
Male	1.0	52	0.5	40	0.1	88	0.5	19
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.7	80	0.8	60	0.1	78	0.8	17
African American	0.9	41	0.4	32	0.1	75	0.4	16
Other/unknown	1.8	88	0.8	68	0.1	81	0.8	19
Use of Nursing Facilities^e								
Entire year	5.6	267	2.4	195	0.6	81	2.6	19
Part year	5.1	238	2.2	174	0.5	79	2.4	18
None	1.1	53	0.5	40	0.1	77	0.5	17

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs		
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	
Maintenance Assistance Status									
Cash	1.7	86	0.8	67	83	5	44	0.8	14
Medically needy	4.7	255	2.2	193	88	18	47	2.1	44
Poverty related	0.5	16	0.2	12	53	1	23	0.2	3
Other/unknown	1.5	69	0.7	51	75	5	37	0.7	12
									17

Source: Data for this table are from the MAX 2001 file for Georgia, released by CMS in 08/2005. This table was produced on 09/19/2006.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

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

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit, \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 GEORGIA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos			
Anti-infective Agents	0.3	0.2	0.0	0.1	\$13	\$12	\$0	\$1	\$47	\$73	\$38	\$11	1,672,899	\$78,564,208	605,376	44.2 %	5,959,391
Biologics	0.5	0.4	0.0	0.0	623	464	46	113	1350	1,159	2,636	2,588	6,758	9,124,688	1,693	0.1	14,643
Antineoplastic Agents	0.5	0.2	0.1	0.2	88	59	18	11	188	294	163	70	47,801	8,975,852	10,034	0.7	102,198
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	20	17	1	2	37	51	20	12	1,301,429	47,506,054	240,487	17.6	2,416,512
Cardiovascular Agents	1.5	0.6	0.1	0.8	47	31	3	14	32	52	27	18	2,748,341	89,166,295	179,185	13.1	1,885,263
Respiratory Agents	0.4	0.2	0.1	0.2	14	10	1	3	36	57	18	19	1,880,975	67,297,922	482,228	35.2	4,764,304
Gastrointestinal Agents	0.5	0.3	0.0	0.2	35	29	2	4	67	106	76	17	856,020	56,972,284	158,573	11.6	1,635,385
Genitourinary Agents	0.3	0.2	0.0	0.1	11	10	0	1	41	49	30	13	233,741	9,683,729	91,556	6.7	901,529
CNS Drugs	0.8	0.4	0.1	0.3	59	46	6	7	75	118	110	21	1,660,204	125,309,660	204,972	15.0	2,133,957
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	29	21	1	7	53	68	46	32	201,278	10,679,734	35,543	2.6	372,202
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	69	67	0	2	113	130	26	22	68,153	7,668,453	10,572	0.8	110,722
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	19	14	1	4	39	93	54	13	1,712,671	66,655,763	343,145	25.0	3,459,236
Neuromuscular Agents	0.7	0.3	0.1	0.3	37	27	3	7	55	99	38	22	799,920	43,881,396	111,815	8.2	1,185,356
Nutritional Products	0.4	0.0	0.1	0.2	6	1	2	3	15	16	23	12	415,339	6,388,484	114,534	8.4	1,076,847
Hematological Agents	0.6	0.2	0.2	0.3	62	46	4	12	100	229	27	47	259,118	25,953,548	39,817	2.9	415,654
Topical Products	0.3	0.1	0.0	0.1	8	5	1	2	30	45	37	15	925,776	27,409,919	351,342	25.6	3,535,098
Miscellaneous Products	0.2	0.1	0.0	0.1	32	25	3	4	148	194	254	52	29,854	4,414,862	13,498	1.0	138,675
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	20	0	0	0	31,233	635,549	16,085	1.2	171,671
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.	14,851,510	686,288,400	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Georgia, released by CMS in 08/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.3 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}
 GEORGIA, 2001

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$67,057,225	72,930	5.3 %	796,018	0.6	\$149	\$84	
ULCER DRUGS	49,759,099	158,547	11.6	1,662,780	0.4	76	30	
ANTIDEPRESSANTS	47,386,643	154,620	11.3	1,625,680	0.5	61	29	
ANTIASTHMATIC	36,936,106	261,801	19.1	2,679,388	0.3	48	14	
ANTICONVULSANT	34,901,907	73,036	5.3	792,708	0.6	70	44	
ANALGESICS - Narcotic	31,958,126	339,693	24.8	3,483,042	0.3	33	9	
ANTIDIABETIC	30,255,529	87,010	6.3	935,777	0.6	50	32	
ANALGESICS - ANTI-INFLAMMATORY	30,202,702	227,395	16.6	2,373,031	0.3	50	13	
ANTIHYPERTENSIVE	27,933,649	126,083	9.2	1,360,149	0.6	35	21	
ANTIVIRAL	23,022,984	25,544	1.9	265,417	0.3	281	87	
Total	379,413,970	1,526,659		15,973,990	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Georgia, released by CMS in 08/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2001. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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