

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 GEORGIA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
GEORGIA, 2003

Inclusion Criteria (2003)	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	1,655,020 (A)	249,715 (E)	1,405,305 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1,565,153 (B)	168,131 (F)	1,397,022 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,565,153 (C)	168,131 (G)	1,397,022 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	24,769 (D)	22,748 (H)	2,021 (L)

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003 (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 2003, 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Georgia in 2003 was \$1,074,567,811, of which \$69,071,890 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 19 states in 2003 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/rmmcer02.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 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 2003. 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 separately 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 2003. 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}
 GEORGIA, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	0	All	Aged	Disabled	Adults	Children	Other/ Unknown	0
All	1,565,153	83,454	240,689	282,710	958,300	0	14,362,611	847,535	2,600,118	2,064,478	8,850,480	0	0	
Age														
5 and younger	457,764	0	10,832	64	446,868	0	4,108,025	0	112,804	475	3,994,746	0	0	
6-14	404,287	0	23,288	249	380,750	0	3,931,424	0	261,173	1,761	3,668,490	0	0	
15-20	182,034	69	14,683	37,159	130,123	0	1,618,694	602	163,946	271,795	1,182,351	0	0	
21-44	303,149	1,047	69,248	232,351	503	0	2,455,778	9,594	750,720	1,691,084	4,380	0	0	
45-64	109,598	1,035	95,781	12,763	19	0	1,115,012	9,614	1,006,825	98,397	176	0	0	
65-74	41,928	23,316	18,540	68	4	0	447,940	236,452	211,014	454	20	0	0	
75-84	38,714	32,144	6,561	8	1	0	408,797	334,379	74,343	63	12	0	0	
85 and older	27,678	25,843	1,756	47	32	0	276,932	256,894	19,293	440	305	0	0	
Unknown	1	0	0	1	0	9	0	0	0	9	0	0	0	
Gender														
Female	929,669	63,190	130,910	260,885	474,684	0	8,406,994	651,594	1,435,322	1,925,855	4,394,223	0	0	
Male	635,462	20,264	109,778	21,825	483,595	0	5,955,494	195,941	1,164,784	138,623	4,456,146	0	0	
Unknown	22	0	1	0	21	0	123	0	12	0	111	0	0	
Race														
White	646,521	43,268	91,067	126,231	385,955	0	5,674,165	424,725	968,241	836,584	3,444,615	0	0	
African American	772,132	29,197	106,964	147,945	488,026	0	7,335,805	304,855	1,167,886	1,177,266	4,685,798	0	0	
Other/unknown	146,500	10,989	42,658	8,534	84,319	0	1,352,641	117,955	463,991	50,628	720,067	0	0	
Use of Nursing Facilities^c														
Entire year	24,769	21,324	3,444	1	0	0	257,900	221,137	36,761	2	0	0	0	
Part year	15,609	12,610	2,992	6	1	0	148,406	117,554	30,793	47	12	0	0	
None	1,524,775	49,520	234,253	282,703	958,299	0	13,956,305	508,844	2,532,564	2,064,429	8,850,468	0	0	
Maintenance Assistance Status														
Cash	583,363	31,571	188,657	128,417	234,718	0	5,782,540	355,719	2,110,219	1,025,366	2,291,236	0	0	
Medically needy	13,429	5,129	8,241	1	58	0	89,893	37,687	52,070	1	135	0	0	
Poverty-related	682,888	5,122	3,515	109,365	564,886	0	5,958,354	49,403	35,768	660,176	5,213,007	0	0	
Other/unknown	285,473	41,632	40,276	44,927	158,638	0	2,531,824	404,726	402,061	378,935	1,346,102	0	0	
Dual Medicare Status^d														
Full dual, all year	154,181	69,917	83,331	891	42	0	1,638,339	713,689	917,469	6,788	393	0	0	
Full dual, part year	13,950	7,574	6,333	42	1	0	145,740	78,799	66,488	441	12	0	0	
Non-dual, all year	1,397,022	5,963	151,025	281,777	958,257	0	12,578,532	55,047	1,616,161	2,057,249	8,850,075	0	0	
Managed Care (MC) Status														
Fee-for-service (FFS) all year	1,565,153	83,454	240,689	282,710	958,300	0	14,362,611	847,535	2,600,118	2,064,478	8,850,480	0	0	
FFS part year, with Rx claims	0	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	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. 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}
GEORGIA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid		Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
					FFS \$ ^c	FFS \$ ^d		
All	69.1 %	12.1	\$642	\$53	\$3,614	\$17.8 %	1,565,153	
Age								
5 and younger	70.4	5.6	221	40	1,921	11.5	457,764	
6-14	60.0	5.0	282	57	1,364	20.7	404,287	
15-20	62.1	5.6	305	54	2,289	13.3	182,034	
21-44	72.0	12.1	739	61	4,382	16.9	303,149	
45-64	80.4	40.1	2,386	60	10,211	23.4	109,598	
65-74	86.7	47.2	2,315	49	9,437	24.5	41,928	
75-84	90.9	51.5	2,407	47	12,776	18.8	38,714	
85 and older	93.0	48.5	2,145	44	17,006	12.6	27,678	
Unknown	100.0	1.0	42	42	108	38.9	1	
Basis of Eligibility^e								
Aged	89.0	46.9	2,219	47	14,251	15.6	83,454	
Disabled	80.7	33.8	2,219	66	9,532	23.3	240,689	
Adults	70.8	7.9	303	38	2,866	10.6	282,710	
Children	63.9	4.9	209	43	1,422	14.7	958,300	
Unknown	0.0	0.0	0	0	0	0.0	0	
Gender								
Female	71.5	13.9	686	49	3,863	17.8	929,669	
Male	65.6	9.5	578	61	3,250	17.8	635,462	
Unknown	22.7	2.5	79	32	928	8.6	22	
Race								
White	73.3	14.8	785	53	4,250	18.5	646,521	
African American	66.1	9.5	488	52	2,975	16.4	772,132	
Other/unknown	66.1	14.0	824	59	4,174	19.7	146,500	
Use of Nursing Facilities^f								
Entire year	98.2	67.4	3,435	51	32,705	10.5	24,769	
Part year	95.7	54.4	2,728	50	22,249	12.3	15,609	
None	68.4	10.8	576	53	2,950	19.5	1,524,775	
Maintenance Assistance Status								
Cash	73.4	17.9	1,027	57	4,182	24.6	583,363	
Medically needy	72.6	29.0	1,770	61	10,082	17.6	13,429	
Poverty related	63.7	4.9	197	40	1,602	12.3	682,888	
Other/unknown	73.0	16.8	869	52	6,961	12.5	285,473	

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

c. 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}
 GEORGIA, 2003

Beneficiary Characteristics	Number of Rx, Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	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		
All	1.3	\$70	17.8 %	30.9 %	47.3 %	8.1 %	8.4 %	4.3 %	1.0 %	\$394	1,565,153	14,362,611
Age												
5 and younger	0.6	25	11.5	29.6	59.7	7.6	2.9	0.2	0.0	214	457,764	4,108,025
6-14	0.5	29	20.7	40.0	51.3	5.2	3.2	0.4	0.0	140	404,287	3,931,424
15-20	0.6	34	13.3	37.9	50.4	7.0	4.0	0.6	0.0	257	182,034	1,618,694
21-44	1.5	91	16.9	28.0	44.4	11.7	11.5	3.8	0.6	541	303,149	2,455,778
45-64	3.9	235	23.4	19.6	17.8	10.6	25.8	20.2	6.0	1,004	109,598	1,115,012
65-74	4.4	217	24.5	13.3	14.7	10.2	29.9	25.1	6.8	883	41,928	447,940
75-84	4.9	228	18.8	9.1	11.8	9.8	32.0	29.7	7.6	1,210	38,714	408,797
85 and older	4.8	214	12.6	7.0	10.7	10.2	35.0	31.2	6.0	1,700	27,678	276,932
Unknown	0.1	5	38.9	0.0	100.0	0.0	0.0	0.0	0.0	12	1	9
Basis of Eligibility^e												
Aged	4.6	219	15.6	11.0	13.3	10.3	31.3	27.4	6.8	1,403	83,454	847,535
Disabled	3.1	205	23.3	19.3	26.0	11.3	23.5	15.8	4.1	882	240,689	2,600,118
Adults	1.1	42	10.6	29.2	49.3	11.4	8.1	1.8	0.2	393	282,710	2,064,478
Children	0.5	23	14.7	36.1	55.0	6.1	2.6	0.2	0.0	154	958,300	8,850,480
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.5	76	17.8	28.5	46.9	8.6	9.3	5.3	1.4	427	929,669	8,406,994
Male	1.0	62	17.8	34.4	47.9	7.4	7.0	2.8	0.6	347	635,462	5,955,494
Unknown	0.4	14	8.6	77.3	18.2	0.0	4.5	0.0	0.0	166	22	123
Race												
White	1.7	90	18.5	26.7	46.4	9.5	10.0	5.7	1.7	484	646,521	5,674,165
African American	1.0	51	16.4	33.9	49.1	6.9	6.7	3.0	0.5	313	772,132	7,335,805
Other/unknown	1.5	89	19.7	33.9	41.7	8.0	10.1	5.3	1.2	452	146,500	1,352,641
Use of Nursing Facilities^f												
Entire year	6.5	330	10.5	1.8	5.2	7.1	31.2	40.8	14.0	3,141	24,769	257,900
Part year	5.7	287	12.3	4.3	8.3	8.8	33.2	35.5	10.0	2,340	15,609	148,406
None	1.2	63	19.5	31.6	48.4	8.1	7.7	3.4	0.7	322	1,524,775	13,956,305
Maintenance Assistance Status												
Cash	1.8	104	24.6	26.6	42.6	9.2	13.0	7.1	1.5	422	583,363	5,782,540
Medically needy	4.3	264	17.6	27.4	12.5	9.1	24.1	20.9	6.0	1,506	13,429	89,893
Poverty related	0.6	23	12.3	36.3	53.6	6.8	3.0	0.3	0.0	184	682,888	5,958,354
Other/unknown	1.9	98	12.5	27.0	43.6	8.9	10.8	7.5	2.2	785	285,473	2,531,824

All Medicaid Beneficiaries

Table 4

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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}
 GEORGIA, 2003

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	Number of Rx	Rx \$	Number of Rx	\$ per Rx	Number of Rx	\$ per Rx	Number of Rx	\$ per Rx
All	1.3	\$70	0.6	\$56	0.1	\$92	0.7	\$19
Age								
5 and younger	0.6	25	0.3	19	0.0	68	0.3	4
6-14	0.5	29	0.3	24	0.0	84	0.2	4
15-20	0.6	34	0.3	28	0.0	91	0.3	6
21-44	1.5	91	0.6	74	0.1	115	0.8	15
45-64	3.9	235	1.8	187	0.1	106	2.0	42
65-74	4.4	217	2.0	169	0.2	84	2.2	42
75-84	4.9	228	2.1	176	0.2	82	2.5	46
85 and older	4.8	214	2.0	161	0.3	82	2.6	47
Unknown	0.1	5	0.1	5	0.0	42	0.0	0
Basis of Eligibility^d								
Aged	4.6	219	2.0	169	0.2	84	2.4	44
Disabled	3.1	205	1.4	167	0.1	116	1.6	34
Adults	1.1	42	0.4	31	0.0	72	0.6	9
Children	0.5	23	0.3	18	0.0	69	0.2	4
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.5	76	0.7	60	0.1	87	0.8	14
Male	1.0	62	0.5	50	0.0	104	0.5	10
Unknown	0.4	14	0.1	11	0.0	80	0.2	2
Race								
White	1.7	90	0.8	70	0.1	92	0.8	16
African American	1.0	51	0.5	41	0.0	91	0.5	9
Other/unknown	1.5	89	0.7	73	0.1	100	0.7	14
Use of Nursing Facilities^e								
Entire year	6.5	330	2.7	255	0.4	94	3.4	65
Part year	5.7	287	2.4	221	0.3	92	3.0	56
None	1.2	63	0.5	50	0.0	92	0.6	11
Maintenance Assistance Status								
Cash	1.8	104	0.8	83	0.1	101	0.9	18
Medically needy	4.3	264	1.9	208	0.2	108	2.2	49
Poverty related	0.6	23	0.3	18	0.0	66	0.3	4
Other/unknown	1.9	98	0.8	77	0.1	92	0.9	18

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.9 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}
 GEORGIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e							
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Benes	As a %	Number of Benefit Months		
															Brand-Name	Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.1	\$15	\$12	\$0	\$2	\$55	\$64	\$20	2,082,687	\$114,135,178	731,958	46.8 %	7,589,339
Biologicals	0.5	0.5	0.0	0.0	779	633	30	116	1439	3,663	3,754	15,645	22,508,229	3,193	0.2	28,902
Antineoplastic Agents	0.5	0.2	0.0	0.3	111	87	2	23	243	458	133	52,818	12,825,385	11,100	0.7	115,209
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	22	19	1	3	43	64	20	1,592,215	69,258,545	296,292	18.9	3,087,726
Cardiovascular Agents	1.5	0.6	0.0	0.8	53	39	1	14	36	63	18	3,196,801	114,250,921	199,473	12.7	2,142,526
Respiratory Agents	0.4	0.2	0.0	0.2	17	14	1	3	42	67	24	2,706,541	114,024,703	628,690	40.2	6,554,539
Gastrointestinal Agents	0.5	0.1	0.0	0.3	26	17	1	8	52	116	129	997,922	51,616,149	189,703	12.1	2,000,227
Genitourinary Agents	0.3	0.2	0.0	0.0	14	13	0	1	51	59	30	288,173	14,766,354	103,530	6.6	1,043,954
CNS Drugs	0.8	0.5	0.0	0.3	71	63	1	7	86	135	71	2,136,878	184,413,575	244,872	15.6	2,599,535
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	44	39	1	4	74	84	56	353,089	26,256,874	54,491	3.5	591,126
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	93	91	0	1	139	150	13	100,807	14,005,769	14,260	0.9	151,311
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	20	15	0	5	40	109	45	2,168,151	85,987,720	420,667	26.9	4,357,165
Neuromuscular Agents	0.7	0.3	0.0	0.3	46	36	2	9	68	121	42	1,037,523	71,046,791	141,641	9.0	1,529,024
Nutritional Products	0.4	0.0	0.0	0.3	6	1	1	5	15	20	14	474,188	7,213,173	121,831	7.8	1,167,866
Hematological Agents	0.7	0.3	0.1	0.3	93	83	3	7	137	286	21	331,198	45,283,054	45,901	2.9	488,071
Topical Products	0.3	0.1	0.0	0.1	10	7	1	2	38	57	50	1,253,468	47,356,551	445,935	28.5	4,692,431
Miscellaneous Products	0.2	0.1	0.0	0.1	29	24	2	3	149	198	254	44,906	6,692,119	21,994	1.4	233,696
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	28	0	0	139,881	3,854,811	94,874	6.1	1,011,773
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.	18,972,891	1,005,495,921	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 Georgia, 0.9 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 2003.

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}
 GEORGIA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$112,450,161	97,532	6.2 %	1,078,538	0.6	\$186
ANTIASTHMATIC	64,391,975	355,617	22.7	3,817,166	0.3	61
ANTIDEPRESSANTS	61,536,920	195,586	12.5	2,087,423	0.5	60
ANTICONVULSANT	57,551,084	94,111	6.0	1,036,271	0.6	88
ANALGESICS - Narcotic	41,837,491	435,580	27.8	4,563,291	0.3	33
ANTIDIABETIC	40,846,232	101,012	6.5	1,103,807	0.7	56
ULCER DRUGS	37,379,239	182,899	11.7	1,959,237	0.4	51
ANTIVIRAL	35,907,777	38,795	2.5	416,808	0.3	322
ANALGESICS - ANTI-INFLAMMATORY	34,602,861	276,113	17.6	2,941,057	0.2	48
ANTIHYPERTENSIVE	34,547,119	60,615	3.9	678,827	0.6	86
Total	521,050,859	1,837,860		19,682,425	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad77847b6615> (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.