

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 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. ANNUAL 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. AVERAGE 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. ANNUAL 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. AVERAGE 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

## **FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL 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. AVERAGE 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

## **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 TABLES**

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 D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>168,131</b>	<b>77,491</b>	<b>89,664</b>	<b>933</b>	<b>43</b>	<b>0</b>	<b>1,784,079</b>	<b>792,488</b>	<b>983,957</b>	<b>7,229</b>	<b>405</b>	<b>0</b>
<b>Age</b>												
5 and younger	16	0	13	0	3	0	159	0	133	0	26	0
6-14	42	0	36	0	6	0	412	0	362	0	50	0
15-20	392	0	372	5	15	0	4,352	0	4,168	42	142	0
21-44	26,329	12	25,648	658	11	0	287,289	131	281,961	5,077	120	0
45-64	39,101	58	38,824	216	3	0	418,219	590	415,874	1,720	35	0
65-74	38,450	21,644	16,756	47	3	0	412,982	221,512	191,114	338	18	0
75-84	36,979	30,680	6,293	6	0	0	391,651	320,207	71,397	47	0	0
85 and older	26,822	25,097	1,722	1	2	0	269,015	250,048	18,948	5	14	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	112,787	58,554	53,513	695	25	0	1,210,265	608,771	595,785	5,459	250	0
Male	55,344	18,937	36,151	238	18	0	573,814	183,717	388,172	1,770	155	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	79,513	40,700	38,381	409	23	0	822,463	401,922	417,288	3,034	219	0
African American	68,710	27,528	40,671	493	18	0	742,361	289,701	448,558	3,930	172	0
Other/unknown	19,908	9,263	10,612	31	2	0	219,255	100,865	118,111	265	14	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	22,748	20,647	2,100	1	0	0	236,776	214,258	22,516	2	0	0
Part year	14,169	12,263	1,904	2	0	0	134,048	114,505	19,532	11	0	0
None	131,214	44,581	85,660	930	43	0	1,413,255	463,725	941,909	7,216	405	0
<b>Maintenance Assistance Status</b>												
Cash	93,953	30,063	63,260	626	4	0	1,065,649	338,935	721,691	5,008	15	0
Medically needy	8,940	4,322	4,618	0	0	0	65,047	32,163	32,884	0	0	0
Poverty-related	6,698	2,995	3,479	203	21	0	66,947	29,925	35,419	1,410	193	0
Other/unknown	58,540	40,111	18,307	104	18	0	586,436	391,465	193,963	811	197	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	154,181	69,917	83,331	891	42	0	1,638,339	713,689	917,469	6,788	393	0
Full dual, part year	13,950	7,574	6,333	42	1	0	145,740	78,799	66,488	441	12	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	168,131	77,491	89,664	933	43	0	1,784,079	792,488	983,957	7,229	405	0
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 D2

Dual Eligible 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 D.2 includes the beneficiaries represented by Cell G 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
All	87.3 %	45.8	\$2,473	\$54	\$11,696	21.1 %	168,131
<b>Age</b>							
5 and younger	81.3	38.4	3,994	104	55,911	7.1	16
6-14	90.5	44.9	4,716	105	19,594	24.1	42
15-20	77.6	20.8	1,879	90	9,182	20.5	392
21-44	81.5	30.1	2,493	83	9,403	26.5	26,329
45-64	83.1	46.1	2,816	61	10,827	26.0	39,101
65-74	87.2	48.1	2,357	49	9,266	25.4	38,450
75-84	91.4	52.2	2,440	47	12,862	19.0	36,979
85 and older	93.5	49.0	2,167	44	17,089	12.7	26,822
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	89.6	48.4	2,271	47	14,377	15.8	77,491
Disabled	85.3	43.8	2,654	61	9,429	28.1	89,664
Adults	83.1	25.6	1,693	66	6,196	27.3	933
Children	76.7	33.3	3,502	105	26,743	13.1	43
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	90.6	50.9	2,601	51	11,975	21.7	112,787
Male	80.5	35.4	2,211	63	11,128	19.9	55,344
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	88.0	52.2	2,861	55	14,057	20.4	79,513
African American	86.6	39.3	2,089	53	10,534	19.8	68,710
Other/unknown	86.8	43.0	2,248	52	6,281	35.8	19,908
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.3	67.3	3,384	50	31,735	10.7	22,748
Part year	95.6	53.6	2,625	49	20,071	13.1	14,169
None	84.5	41.2	2,298	56	7,318	31.4	131,214
<b>Maintenance Assistance Status</b>							
Cash	89.9	45.6	2,483	54	6,796	36.5	93,953
Medically needy	78.4	34.1	2,011	59	9,058	22.2	8,940
Poverty related	64.0	14.6	819	56	4,410	18.6	6,698
Other/unknown	87.1	51.4	2,715	53	20,797	13.1	58,540

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 D.3 includes beneficiaries represented by Cell G 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months	
			Percentage of All Medicaid FFS <sup>c</sup>	21.1 %	12.7 %	15.6 %	More than 0, but 1 or Less	10.5 %				29.7 %
<b>All</b>	<b>4.3</b>	<b>\$233</b>	<b>21.1 %</b>	<b>12.7 %</b>	<b>15.6 %</b>	<b>10.5 %</b>	<b>29.7 %</b>	<b>25.1 %</b>	<b>6.5 %</b>	<b>\$1,102</b>	<b>168,131</b>	<b>1,784,079</b>
<b>Age</b>												
5 and younger	3.9	402	7.1	18.8	12.5	6.3	37.5	25.0	0.0	5,626	16	159
6-14	4.6	481	24.1	9.5	16.7	2.4	42.9	21.4	7.1	1,997	42	412
15-20	1.9	169	20.5	22.4	39.0	11.5	18.9	7.9	0.3	827	392	4,352
21-44	2.8	229	26.5	18.5	27.9	12.9	24.9	13.1	2.7	862	26,329	287,289
45-64	4.3	263	26.0	16.9	15.3	10.0	26.7	23.4	7.8	1,012	39,101	418,219
65-74	4.5	219	25.4	12.8	14.4	10.2	30.0	25.7	7.0	863	38,450	412,982
75-84	4.9	230	19.0	8.6	11.5	9.7	32.2	30.2	7.7	1,214	36,979	391,651
85 and older	4.9	216	12.7	6.5	10.6	10.2	35.1	31.5	6.0	1,704	26,822	269,015
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	4.7	222	15.8	10.4	12.4	10.1	31.6	28.4	7.1	1,406	77,491	792,488
Disabled	4.0	242	28.1	14.7	18.2	10.7	28.0	22.3	6.0	859	89,664	983,957
Adults	3.3	219	27.3	16.9	23.0	13.6	28.5	14.8	3.1	800	933	7,229
Children	3.5	372	13.1	23.3	20.9	4.7	30.2	16.3	4.7	2,839	43	405
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.7	242	21.7	9.4	13.3	10.3	31.3	28.2	7.6	1,116	112,787	1,210,265
Male	3.4	213	19.9	19.5	20.2	10.8	26.4	18.8	4.3	1,073	55,344	573,814
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.0	277	20.4	12.0	12.1	8.8	28.1	29.4	9.6	1,359	79,513	822,463
African American	3.6	193	19.8	13.4	19.1	12.0	31.1	21.0	3.4	975	68,710	742,361
Other/unknown	3.9	204	35.8	13.2	17.4	11.8	31.1	21.8	4.7	570	19,908	219,255
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	6.5	325	10.7	1.7	5.2	7.1	31.3	40.8	13.9	3,049	22,748	236,776
Part year	5.7	277	13.1	4.4	8.3	8.8	33.6	35.3	9.6	2,122	14,169	134,048
None	3.8	213	31.4	15.5	18.1	11.2	29.0	21.2	4.9	679	131,214	1,413,255
<b>Maintenance Assistance Status</b>												
Cash	4.0	219	36.5	10.1	18.1	11.7	31.9	23.2	5.0	599	93,953	1,065,649
Medically needy	4.7	276	22.2	21.6	12.0	8.9	25.5	24.4	7.5	1,245	8,940	65,047
Poverty related	1.5	82	18.6	36.0	32.1	11.3	14.2	5.7	0.7	441	6,698	66,947
Other/unknown	5.1	271	13.1	12.9	10.2	8.5	28.5	30.5	9.4	2,076	58,540	586,436

Table D4

Dual Eligible 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 D.4 includes the beneficiaries represented by Cell G 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 D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.3</b>	<b>\$233</b>	<b>\$54</b>	<b>1.9</b>	<b>\$183</b>	<b>\$96</b>	<b>0.2</b>	<b>\$6</b>	<b>\$30</b>	<b>2.2</b>	<b>\$44</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	3.9	402	104	1.9	351	184	0.2	12	65	1.8	39	22
6-14	4.6	481	105	2.0	417	209	0.3	21	68	2.3	43	19
15-20	1.9	169	90	0.9	145	168	0.1	5	65	0.9	19	21
21-44	2.8	229	83	1.3	189	149	0.1	6	54	1.4	33	24
45-64	4.3	263	61	1.9	209	107	0.2	6	36	2.2	48	22
65-74	4.5	219	49	2.0	172	84	0.2	5	28	2.3	43	19
75-84	4.9	230	47	2.2	177	82	0.2	6	25	2.5	47	19
85 and older	4.9	216	44	2.0	162	82	0.3	7	24	2.6	47	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.7	222	47	2.1	171	83	0.2	6	25	2.4	45	18
Disabled	4.0	242	61	1.8	193	108	0.2	6	36	2.0	43	21
Adults	3.3	219	66	1.5	179	118	0.1	4	47	1.7	35	21
Children	3.5	372	105	1.6	316	194	0.1	8	61	1.8	37	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.7	242	51	2.1	189	90	0.2	6	29	2.4	47	19
Male	3.4	213	63	1.5	171	114	0.1	5	34	1.8	37	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.0	277	55	2.2	216	97	0.3	8	31	2.6	53	21
African American	3.6	193	53	1.6	153	96	0.1	4	30	1.9	36	19
Other/unknown	3.9	204	52	1.8	162	89	0.1	4	30	1.9	37	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.5	325	50	2.7	251	92	0.4	10	27	3.4	64	19
Part year	5.7	277	49	2.4	213	89	0.3	9	27	2.9	55	19
None	3.8	213	56	1.7	169	98	0.1	5	32	1.9	39	20
<b>Maintenance Assistance Status</b>												
Cash	4.0	219	54	1.8	174	95	0.1	5	31	2.0	40	20
Medically needy	4.7	276	59	2.1	216	104	0.2	8	36	2.4	52	22
Poverty related	1.5	82	56	0.6	65	103	0.1	2	33	0.8	15	20
Other/unknown	5.1	271	53	2.2	210	96	0.3	8	29	2.6	53	20

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 D.5 includes the beneficiaries represented by Cell G 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$27	\$23	\$0	\$4	\$77	\$125	\$70	\$24	367,512	\$28,326,140	94,025	55.9 %	1,045,982
Biologics	0.7	0.0	0.2	0.5	####	0	793	####	6110	25	4,743	6,643	251	1,533,607	32	0.0	359
Antineoplastic Agents	0.5	0.2	0.0	0.3	96	67	2	28	209	407	121	98	31,281	6,535,605	6,629	3.9	68,289
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.3	42	35	2	5	44	67	17	15	752,896	32,794,323	71,045	42.3	784,946
Cardiovascular Agents	1.8	0.7	0.1	1.0	64	46	1	17	35	63	18	17	2,163,530	76,789,212	109,610	65.2	1,200,043
Respiratory Agents	0.6	0.3	0.0	0.3	31	24	0	6	51	78	52	21	422,511	21,714,336	63,920	38.0	710,389
Gastrointestinal Agents	0.7	0.2	0.0	0.5	36	23	0	12	50	126	79	23	546,563	27,172,936	68,810	40.9	759,867
Genitourinary Agents	0.5	0.4	0.0	0.1	29	28	0	2	65	74	37	21	125,794	8,148,472	24,698	14.7	277,254
CNS Drugs	1.1	0.6	0.0	0.5	91	80	2	9	83	130	70	21	1,021,507	85,097,657	85,361	50.8	932,917
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	54	47	2	6	105	152	78	31	9,175	966,879	1,614	1.0	17,892
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	94	93	0	1	135	143	14	24	89,956	12,181,360	12,244	7.3	129,530
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	41	32	1	9	49	107	58	16	886,969	43,660,674	95,928	57.1	1,062,886
Neuromuscular Agents	0.8	0.3	0.1	0.4	55	40	3	12	65	116	40	28	468,172	30,612,664	50,179	29.8	558,073
Nutritional Products	0.6	0.0	0.0	0.5	9	0	0	8	16	35	15	15	225,912	3,570,340	35,719	21.2	389,841
Hematological Agents	0.8	0.3	0.2	0.3	64	55	3	5	83	170	20	18	243,000	20,157,396	29,308	17.4	316,023
Topical Products	0.4	0.2	0.0	0.2	19	14	1	4	43	61	48	21	322,556	13,834,026	64,717	38.5	725,883
Miscellaneous Products	0.3	0.1	0.0	0.2	65	51	4	10	190	459	222	48	9,729	1,848,441	2,647	1.6	28,351
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	58	0	0	0	13,606	787,464	5,306	3.2	60,941
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	7,700,920	415,731,532	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medisp.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.medisp.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$51,042,080	42,368	25.2 %	465,167	0.6	\$175
ANTIDEPRESSANTS	28,470,258	72,786	43.3	801,567	0.6	59
ANTIDIABETIC	23,905,098	58,659	34.9	650,205	0.7	53
ANTICONVULSANT	23,769,502	39,203	23.3	435,411	0.7	79
ANTIHYPERTENSIVE	22,713,302	87,290	51.9	970,510	0.6	37
ANTHYPERLIPIDEMIC	22,683,243	37,220	22.1	421,200	0.6	86
ANALGESICS - Narcotic	21,075,096	117,726	70.0	1,314,596	0.4	41
ULCER DRUGS	20,623,975	71,432	42.5	797,625	0.5	50
ANALGESICS - ANTI-INFLAMMATORY	19,535,197	63,135	37.6	721,812	0.4	67
ANTIASTHMATIC	15,858,295	56,788	33.8	628,469	0.4	59
<b>Total</b>	<b>249,676,046</b>	<b>646,607</b>		<b>7,206,562</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.7 includes the beneficiaries represented by Cell G 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-ad778d7b6615> (October 26, 2007).

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

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>3,898,546</b>	<b>\$249,676,046</b>	<b>42,368</b>	<b>25.2 %</b>	<b>465,167</b>	<b>0.6</b>	<b>\$110</b>	<b>72,786</b>	<b>43.3 %</b>	<b>801,567</b>	<b>0.6</b>	<b>\$36</b>					
<b>Female</b>	2,851,182	176,406,533	27,462	24.3	301,364	0.6	101	54,552	48.4	604,292	0.6	36					
<b>Disabled</b>	1,453,048	97,944,432	12,977	24.3	148,410	0.6	114	28,721	53.7	327,813	0.6	33					
5 and younger	9	275	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	186	5,978	0	0.0	0	0.0	0	2	13.3	19	0.7	12					
15-20	1,464	124,159	39	24.2	457	0.5	125	37	23.0	418	0.5	35					
21-44	236,388	19,749,519	4,434	36.7	50,843	0.6	118	7,144	59.2	81,674	0.5	33					
45-64	669,272	46,662,123	5,841	25.7	66,744	0.6	120	14,490	63.8	164,005	0.6	35					
65-74	374,775	22,079,835	1,699	14.3	19,638	0.6	101	4,973	41.9	57,931	0.6	30					
75-84	138,095	7,653,192	732	14.3	8,209	0.6	89	1,680	32.8	19,403	0.6	29					
85 and older	32,859	1,669,351	232	15.1	2,519	0.6	69	395	25.8	4,363	0.6	28					
<b>Other Eligibles</b>	1,398,134	78,462,101	14,485	24.4	152,954	0.6	89	25,831	43.6	276,479	0.7	39					
5 and younger	2	41	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	54	1,053	0	0.0	0	0.0	0	1	33.3	12	0.1	0					
15-20	146	15,532	3	23.1	36	0.7	242	5	38.5	58	0.4	37					
21-44	6,939	499,136	125	23.6	1,183	0.4	84	331	62.6	3,081	0.4	30					
45-64	4,197	253,866	46	23.6	461	0.4	80	141	72.3	1,384	0.4	29					
65-74	337,416	19,714,781	2,432	17.4	26,412	0.7	105	5,709	40.9	62,551	0.6	36					
75-84	605,995	34,154,619	5,895	25.4	62,784	0.6	91	10,399	44.7	112,536	0.7	39					
85 and older	443,385	23,823,073	5,984	28.1	62,078	0.6	80	9,245	43.4	96,857	0.7	41					
<b>Male</b>	1,047,364	73,269,513	14,906	26.9	163,803	0.7	126	18,234	32.9	197,275	0.6	35					
<b>Disabled</b>	671,897	51,975,947	10,176	28.1	116,133	0.7	141	11,857	32.8	132,169	0.6	33					
5 and younger	105	5,563	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	208	10,416	1	4.8	4	0.8	59	1	4.8	4	0.3	32					
15-20	1,801	174,461	44	20.9	507	0.5	153	42	19.9	491	0.4	31					
21-44	203,591	19,575,543	5,116	37.7	59,029	0.7	146	4,752	35.0	53,773	0.5	33					
45-64	323,166	24,171,724	4,285	26.6	48,410	0.7	143	5,626	34.9	61,548	0.6	35					
65-74	113,735	6,507,924	537	11.0	6,067	0.6	98	1,148	23.5	13,106	0.6	29					
75-84	26,056	1,375,076	167	14.3	1,858	0.6	76	244	20.9	2,762	0.6	32					
85 and older	3,235	155,240	26	13.8	258	0.6	53	44	23.3	485	0.5	23					
<b>Other Eligibles</b>	375,467	21,293,566	4,730	24.6	47,670	0.6	89	6,377	33.2	65,106	0.7	39					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	7	209	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	35	1,702	0	0.0	0	0.0	0	1	14.3	12	1.0	70					
21-44	2,223	184,446	34	22.4	317	0.4	98	88	57.9	768	0.5	32					
45-64	1,603	100,102	4	4.9	32	0.7	79	43	52.4	392	0.5	38					
65-74	150,121	8,903,405	1,512	19.6	16,043	0.6	102	2,319	30.0	24,622	0.7	40					
75-84	153,246	8,444,911	1,962	26.3	19,607	0.6	86	2,545	34.2	25,861	0.7	38					
85 and older	68,232	3,658,791	1,218	32.2	11,671	0.6	75	1,381	36.5	13,451	0.7	41					
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table D7A

Dual Eligible 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 D.7A includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-CONVULSANT					ANTI-HYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
<b>All</b>	<b>58,659</b>	<b>34.9 %</b>	<b>650,205</b>	<b>0.7</b>	<b>\$37</b>	<b>39,203</b>	<b>23.3 %</b>	<b>435,411</b>	<b>0.7</b>	<b>\$55</b>	<b>87,290</b>	<b>51.9 %</b>	<b>970,510</b>	<b>0.6</b>	<b>\$23</b>
<b>Female</b>	44,174	39.2	494,105	0.7	37	25,751	22.8	286,614	0.7	51	63,865	56.6	715,240	0.6	24
<b>Disabled</b>	22,579	42.2	258,804	0.7	40	15,516	29.0	176,816	0.7	58	29,637	55.4	340,091	0.6	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	5	0.6	5
6-14	1	6.7	6	1.0	70	3	20.0	36	0.9	39	16	106.7	154	0.5	10
15-20	5	3.1	56	0.6	22	38	23.6	443	0.7	65	34	21.1	388	0.4	10
21-44	2,245	18.6	25,677	0.6	39	4,646	38.5	53,047	0.7	70	2,876	23.8	32,783	0.5	19
45-64	10,392	45.7	117,759	0.7	41	7,573	33.3	85,764	0.7	58	12,752	56.1	144,246	0.6	23
65-74	7,124	60.0	83,149	0.7	41	2,292	19.3	26,509	0.6	44	9,227	77.7	108,128	0.7	26
75-84	2,383	46.5	27,388	0.7	36	802	15.6	9,199	0.6	36	3,746	73.1	43,199	0.7	25
85 and older	429	28.0	4,769	0.7	31	162	10.6	1,818	0.6	29	985	64.3	11,188	0.7	24
<b>Other Eligibles</b>	21,595	36.4	235,301	0.7	33	10,235	17.3	109,798	0.7	40	34,228	57.7	375,149	0.7	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	133.3	39	0.9	14
15-20	0	0.0	0	0.0	0	3	23.1	34	0.7	82	8	61.5	81	0.4	11
21-44	72	13.6	704	0.5	32	142	26.8	1,406	0.5	60	90	17.0	884	0.5	17
45-64	78	40.0	799	0.6	32	58	29.7	559	0.5	48	114	58.5	1,197	0.5	18
65-74	6,390	45.7	70,342	0.7	35	2,749	19.7	30,221	0.7	46	8,638	61.8	95,832	0.6	24
75-84	9,682	41.7	106,570	0.7	34	4,277	18.4	46,080	0.7	39	14,723	63.4	164,054	0.7	25
85 and older	5,373	25.2	56,886	0.7	29	3,006	14.1	31,498	0.7	35	10,651	50.0	113,062	0.7	24
<b>Male</b>	14,485	26.2	156,100	0.7	37	13,452	24.3	148,797	0.7	61	23,425	42.3	255,270	0.6	21
<b>Disabled</b>	8,284	22.9	91,415	0.7	40	9,895	27.4	111,756	0.8	67	13,745	38.0	152,655	0.6	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30.0	36	0.6	32
6-14	1	4.8	12	0.5	26	2	9.5	24	1.1	133	16	76.2	176	0.6	14
15-20	7	3.3	84	0.4	10	52	24.6	610	0.7	83	40	19.0	451	0.5	14
21-44	1,602	11.8	18,022	0.6	40	4,272	31.5	48,626	0.8	76	3,009	22.2	33,703	0.5	20
45-64	4,582	28.5	49,399	0.7	39	4,613	28.7	51,598	0.8	66	6,877	42.7	74,531	0.6	21
65-74	1,732	35.5	19,874	0.7	42	789	16.2	9,020	0.7	39	2,989	61.2	34,511	0.6	23
75-84	315	27.0	3,515	0.7	37	155	13.3	1,741	0.6	32	709	60.7	8,101	0.6	22
85 and older	45	23.8	509	0.7	29	12	6.3	137	0.6	33	102	54.0	1,146	0.7	22
<b>Other Eligibles</b>	6,201	32.3	64,685	0.7	33	3,557	18.5	37,041	0.7	43	9,680	50.4	102,615	0.6	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	6	0.8	31
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	42.9	30	0.2	2
21-44	30	19.7	281	0.6	44	46	30.3	425	0.5	63	32	21.1	254	0.4	19
45-64	38	46.3	359	0.8	51	25	30.5	233	0.4	29	43	52.4	406	0.5	20
65-74	2,814	36.5	29,639	0.7	35	1,553	20.1	16,728	0.8	49	3,979	51.5	42,609	0.6	22
75-84	2,472	33.2	26,075	0.7	32	1,366	18.3	14,060	0.7	39	3,967	53.3	42,532	0.7	21
85 and older	847	22.4	8,331	0.7	30	567	15.0	5,595	0.7	36	1,655	43.8	16,778	0.7	21
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible 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 D.7B includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE										ANALGESICS - Narcotic										ULCER DRUGS									
	Users			Number of			Mean			Users			Number of			Mean			Users			Number of			Mean					
	of Dual Benes	as % of Dual Benes	Number of Users	of Dual Benes	as % of Dual Benes	Number of Users	of Rx per Benefit Month	Rx \$ per Benefit Month	Mean Benefit Month	of Dual Benes	as % of Dual Benes	Number of Users	of Rx per Benefit Month	Rx \$ per Benefit Month	Mean Benefit Month	of Dual Benes	as % of Dual Benes	Number of Users	of Rx per Benefit Month	Rx \$ per Benefit Month	Mean Benefit Month	of Dual Benes	as % of Dual Benes	Number of Users	of Rx per Benefit Month	Rx \$ per Benefit Month	Mean Benefit Month			
<b>All</b>	37,220	22.1%	421,200	0.6	\$54	117,726	70.0%	1,314,596	0.4	\$16	71,432	42.5%	797,625	0.5	\$26															
<b>Female</b>	27,341	24.2	311,821	0.6	54	86,475	76.7	972,603	0.4	16	53,008	47.0	595,152	0.5	26															
<b>Disabled</b>	14,882	27.8	172,047	0.6	54	49,956	93.4	574,690	0.4	16	26,357	49.3	304,511	0.5	27															
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	17	0.3	14															
6-14	1	6.7	6	0.3	25	3	20.0	30	0.1	1	9	60.0	95	0.3	11															
15-20	7	4.3	84	0.6	37	71	44.1	826	0.2	3	32	19.9	375	0.3	10															
21-44	1,148	9.5	13,217	0.5	42	11,163	92.4	128,451	0.4	18	4,265	35.3	49,194	0.4	23															
45-64	6,992	30.8	79,895	0.6	51	22,649	99.7	258,317	0.4	19	11,891	52.3	136,678	0.5	28															
65-74	4,821	40.6	56,584	0.7	58	10,678	89.9	124,832	0.4	12	6,663	56.1	77,964	0.5	27															
75-84	1,645	32.1	19,165	0.7	60	4,248	82.9	49,257	0.4	9	2,738	53.4	31,687	0.5	26															
85 and older	268	17.5	3,096	0.6	53	1,144	74.6	12,977	0.4	11	757	49.4	8,501	0.6	25															
<b>Other Eligibles</b>	12,459	21.0	139,774	0.6	55	36,519	61.6	397,913	0.4	14	26,651	45.0	290,641	0.6	26															
5 and younger	0	0.0	0	0.0	0	0	0.0	12	0.1	1	1	50.0	12	0.1	3															
6-14	1	33.3	10	0.1	7	2	66.7	22	0.5	3	1	33.3	10	0.3	17															
15-20	0	0.0	0	0.0	0	13	100.0	137	0.1	3	4	30.8	39	0.2	12															
21-44	28	5.3	288	0.4	34	524	99.1	5,107	0.4	17	125	23.6	1,230	0.3	19															
45-64	40	20.5	429	0.5	46	227	116.4	2,323	0.4	17	71	36.4	714	0.4	22															
65-74	4,350	31.1	48,664	0.6	52	8,816	63.1	97,994	0.4	13	5,946	42.6	66,102	0.5	25															
75-84	5,867	25.2	66,557	0.7	58	14,773	63.6	163,794	0.4	14	10,889	46.9	120,400	0.6	26															
85 and older	2,173	10.2	23,826	0.7	54	12,163	57.1	128,524	0.4	15	9,614	45.1	102,134	0.6	25															
<b>Male</b>	9,879	17.9	109,379	0.6	53	31,251	56.5	341,993	0.4	18	18,424	33.3	202,473	0.5	25															
<b>Disabled</b>	6,427	17.8	72,317	0.6	52	21,918	60.6	244,329	0.4	20	11,012	30.5	124,313	0.5	25															
5 and younger	0	0.0	0	0.0	0	3	30.0	36	0.1	0	7	70.0	78	0.6	23															
6-14	1	4.8	12	1.0	71	5	23.8	52	0.2	4	6	28.6	52	0.3	35															
15-20	5	2.4	60	0.7	55	82	38.9	967	0.3	4	35	16.6	410	0.4	19															
21-44	1,278	9.4	14,615	0.5	42	7,520	55.4	84,562	0.4	20	3,086	22.7	35,287	0.4	24															
45-64	3,402	21.1	37,458	0.6	51	10,168	63.2	111,616	0.4	22	5,312	33.0	59,144	0.5	26															
65-74	1,444	29.6	16,757	0.7	60	3,216	65.9	36,724	0.4	15	1,975	40.5	22,681	0.5	26															
75-84	268	22.9	3,080	0.7	58	814	69.7	9,218	0.4	14	507	43.4	5,761	0.5	25															
85 and older	29	15.3	335	0.7	57	110	58.2	1,154	0.4	10	84	44.4	900	0.5	23															
<b>Other Eligibles</b>	3,452	18.0	37,062	0.7	55	9,333	48.6	97,664	0.4	13	7,412	38.6	78,160	0.6	25															
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0															
6-14	0	0.0	0	0.0	0	1	33.3	6	0.2	1	0	0.0	0	0.0	0															
15-20	0	0.0	0	0.0	0	1	14.3	12	0.3	1	2	28.6	16	0.6	41															
21-44	19	12.5	186	0.4	31	170	111.8	1,453	0.4	33	45	29.6	433	0.4	28															
45-64	22	26.8	189	0.6	52	66	80.5	598	0.6	31	36	43.9	353	0.5	26															
65-74	1,681	21.8	18,127	0.6	53	3,680	47.7	39,448	0.4	14	2,683	34.8	29,049	0.5	25															
75-84	1,396	18.7	15,174	0.7	56	3,706	49.8	39,237	0.4	11	2,993	40.2	31,666	0.6	25															
85 and older	334	8.8	3,386	0.7	60	1,709	45.2	16,910	0.4	11	1,653	43.7	16,643	0.6	25															
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0															

Table D7C

Dual Eligible 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 D.7C includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTI-ASTHMATIC							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
<b>All</b>	<b>63,135</b>	<b>37.6 %</b>	<b>721,812</b>	<b>0.4</b>	<b>\$27</b>	<b>56,788</b>	<b>33.8 %</b>	<b>628,469</b>	<b>0.4</b>	<b>\$25</b>	<b>168,131</b>	<b>1,784,079</b>
<b>Female</b>	47,609	42.2	546,445	0.4	29	40,481	35.9	451,365	0.4	25	112,787	1,210,265
<b>Disabled</b>	27,001	50.5	314,335	0.4	26	21,881	40.9	251,626	0.4	26	53,513	595,785
5 and younger	1	33.3	5	0.2	2	0	0.0	0	0.0	0	3	19
6-14	1	6.7	7	0.1	2	5	33.3	55	0.3	23	15	143
15-20	33	20.5	385	0.2	4	36	22.4	423	0.2	18	161	1,800
21-44	5,401	44.7	62,810	0.3	15	3,675	30.4	42,275	0.3	19	12,076	134,120
45-64	11,628	51.2	134,327	0.4	27	10,648	46.9	121,624	0.4	27	22,726	247,859
65-74	6,695	56.4	78,976	0.4	30	5,409	45.6	63,025	0.5	29	11,874	136,607
75-84	2,601	50.8	30,450	0.4	32	1,712	33.4	19,765	0.4	26	5,125	58,318
85 and older	641	41.8	7,375	0.5	34	396	25.8	4,459	0.4	29	1,533	16,919
<b>Other Eligibles</b>	20,608	34.8	232,110	0.5	33	18,600	31.4	199,739	0.4	23	59,274	614,480
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
6-14	0	0.0	0	0.0	0	3	100.0	32	0.1	7	3	27
15-20	5	38.5	52	0.2	1	2	15.4	21	0.1	9	13	130
21-44	228	43.1	2,234	0.3	13	159	30.1	1,505	0.4	26	529	4,158
45-64	122	62.6	1,243	0.3	15	61	31.3	623	0.3	18	195	1,743
65-74	5,356	38.3	60,867	0.4	28	4,620	33.1	50,661	0.4	27	13,974	146,194
75-84	8,818	37.9	100,803	0.5	33	7,554	32.5	81,728	0.4	24	23,239	247,159
85 and older	6,079	28.5	66,911	0.5	37	6,201	29.1	65,169	0.4	18	21,319	215,055
<b>Male</b>	15,526	28.1	175,367	0.4	22	16,307	29.5	177,104	0.5	27	55,344	573,814
<b>Disabled</b>	10,765	29.8	122,864	0.3	19	9,140	25.3	102,677	0.5	27	36,151	388,172
5 and younger	0	0.0	0	0.0	0	10	100.0	120	0.3	22	10	114
6-14	1	4.8	12	0.1	4	6	28.6	72	0.3	16	21	219
15-20	27	12.8	322	0.2	3	31	14.7	355	0.4	22	211	2,368
21-44	3,538	26.1	40,527	0.2	13	2,080	15.3	23,864	0.4	20	13,572	147,841
45-64	4,691	29.1	52,817	0.3	21	4,105	25.5	45,409	0.5	27	16,098	168,015
65-74	1,957	40.1	22,822	0.4	24	2,293	47.0	25,960	0.5	34	4,882	54,507
75-84	494	42.3	5,717	0.4	25	565	48.4	6,366	0.5	30	1,168	13,079
85 and older	57	30.2	647	0.5	31	50	26.5	531	0.4	26	189	2,029
<b>Other Eligibles</b>	4,761	24.8	52,503	0.4	29	7,167	37.3	74,427	0.5	26	19,193	185,642
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	1	33.3	6	0.2	3	3	23
15-20	1	14.3	12	0.1	0	3	42.9	17	0.3	7	7	54
21-44	76	50.0	691	0.3	16	32	21.1	306	0.4	28	152	1,170
45-64	34	41.5	318	0.3	20	20	24.4	201	0.3	29	82	602
65-74	1,905	24.7	21,180	0.4	25	2,649	34.3	28,376	0.5	28	7,720	75,674
75-84	1,860	25.0	20,898	0.5	31	2,961	39.8	30,824	0.5	25	7,447	73,095
85 and older	885	23.4	9,404	0.5	32	1,501	39.7	14,697	0.5	23	3,781	35,012
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible 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 D.7D includes the beneficiaries represented by Cell G 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 drug 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-ad778d7b6615> (October 26, 2007).

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				6.5	22,748
<b>All</b>	<b>\$325</b>				<b>236,776</b>
<b>Age</b>					
0-64	435	7.1	1,830		20,239
65-74	391	7.2	3,332		35,613
75-84	338	6.8	7,746		80,989
85 and older	269	5.8	9,840		99,935
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	320	6.5	17,001		177,863
Male	340	6.3	5,747		58,913
Unknown	0	0.0	0		0
<b>Race</b>					
White	340	6.8	15,630		160,732
African American	293	5.7	6,876		73,604
Other/unknown	291	5.8	242		2,440
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	314	6.4	20,647		214,258
Disabled	428	7.1	2,100		22,516
Adults	426	13.5	1		2
Children	0	0.0	0		0
Unknown	0	0.0	0		0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 14,169 beneficiaries who were in nursing facilities for part of their enrollment and their 134,048 benefit months were excluded from the analysis. 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. 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.

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

**TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months				
		Generic	Generic		Generic	Generic		Generic	Generic									
Anti-infective Agents	0.4	0.2	0.0	0.2	\$20	\$15	\$0	\$4	\$23	\$64	\$82	\$64	\$23	62,504	\$3,420,099	16,002	70.3 %	172,968
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.1	0.0	0.4	82	36	2	44	152	359	128	104	104	9,257	1,407,945	1,725	7.6	17,258
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.4	44	36	2	6	39	62	16	14	14	130,623	5,075,539	10,749	47.3	114,930
Cardiovascular Agents	2.0	0.6	0.1	1.3	58	34	2	22	29	60	18	17	17	361,611	10,527,419	17,335	76.2	182,821
Respiratory Agents	0.6	0.2	0.0	0.4	25	17	0	7	40	72	38	19	19	70,339	2,804,514	10,489	46.1	112,960
Gastrointestinal Agents	1.0	0.2	0.0	0.8	35	19	0	16	35	112	40	19	19	123,391	4,359,745	11,598	51.0	123,875
Genitourinary Agents	0.6	0.5	0.0	0.1	40	37	0	2	67	76	45	25	25	30,019	2,016,414	4,620	20.3	50,369
CNS Drugs	1.5	1.0	0.0	0.5	124	112	3	10	82	117	64	19	19	266,846	21,907,005	16,577	72.9	176,611
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.4	47	39	2	6	70	144	67	17	17	1,444	101,004	205	0.9	2,144
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	111	111	0	0	135	136	0	28	28	39,972	5,391,511	4,616	20.3	48,706
Analgesics and Anesthetics	1.0	0.4	0.0	0.5	46	38	1	8	47	90	27	14	14	130,913	6,092,147	12,420	54.6	132,441
Neuromuscular Agents	1.1	0.5	0.1	0.6	65	42	5	19	58	93	40	33	33	94,496	5,460,563	7,717	33.9	83,573
Nutritional Products	0.7	0.0	0.0	0.7	11	0	1	10	15	21	13	15	15	56,014	829,755	7,251	31.9	76,805
Hematological Agents	1.1	0.4	0.4	0.3	67	57	6	5	62	148	16	15	15	71,449	4,458,371	6,231	27.4	66,200
Topical Products	0.5	0.2	0.0	0.3	20	13	2	5	37	55	50	20	20	78,487	2,932,129	13,284	58.3	145,363
Miscellaneous Products	0.3	0.0	0.0	0.2	13	6	1	6	53	224	190	29	29	2,227	117,448	821	3.6	8,902
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	55	0	0	0	0	1,304	72,290	484	2.1	5,414
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,530,896</b>	<b>76,973,898</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 14,169 beneficiaries who were in nursing facilities for part of their enrollment and their 134,048 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. 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).

e. 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. 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).

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.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			48.6 %	63.8				
ANTIPSYCHOTICS	\$12,978,504	11,050	48.6 %	119,885	0.7	\$149	\$108	
ANTIDEPRESSANTS	7,765,123	14,510	63.8	156,788	0.8	63	50	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,391,511	4,591	20.2	48,572	0.8	135	111	
ANTICONVULSANT	4,119,936	7,097	31.2	77,607	0.9	60	53	
ULCER DRUGS	3,572,699	11,982	52.7	129,605	0.7	37	28	
ANTIDIABETIC	3,496,691	8,796	38.7	95,188	0.9	42	37	
ANTIHYPERTENSIVE	3,243,326	11,094	48.8	118,321	0.8	35	27	
ANALGESICS - Narcotic	3,000,828	12,565	55.2	134,214	0.6	37	22	
ANALGESICS - ANTI-INFLAMMATORY	2,758,761	5,733	25.2	63,373	0.6	70	44	
MISC. HEMATOLOGICAL	2,556,842	3,284	14.4	35,124	0.8	97	73	
<b>Total</b>	<b>48,884,221</b>	<b>90,702</b>		<b>978,677</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 14,169 beneficiaries who were in nursing facilities for part of their enrollment and their 134,048 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
<b>All</b>	<b>738,267</b>	<b>\$48,884,221</b>	<b>11,050</b>	<b>48.6 %</b>	<b>119,885</b>	<b>0.7</b>	<b>\$108</b>	<b>14,510</b>	<b>63.8 %</b>	<b>0.8</b>	<b>156,788</b>	<b>\$50</b>
<b>Female</b>	552,966	36,207,085	8,030	47.2	87,705	0.7	105	11,075	65.1	0.8	120,190	50
<b>Disabled</b>	40,552	2,981,478	600	58.7	6,645	0.8	137	757	74.1	0.8	8,296	54
64 or younger	35,533	2,632,432	504	59.4	5,722	0.8	138	666	78.5	0.8	7,487	54
65-74	2,894	198,305	54	70.1	572	0.7	120	44	57.1	0.8	436	50
75-84	1,295	96,796	25	46.3	212	0.9	145	30	55.6	0.7	261	59
85 and older	830	53,945	17	39.5	139	0.9	124	17	39.5	0.8	112	47
<b>Other Eligibles</b>	512,414	33,225,607	7,430	46.5	81,060	0.7	103	10,318	64.6	0.8	111,894	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
65-74	80,300	5,445,458	1,150	63.3	12,884	0.8	126	1,453	80.0	0.8	16,187	51
75-84	208,436	13,661,746	2,995	51.9	33,006	0.7	106	3,995	69.2	0.8	43,467	50
85 and older	223,678	14,118,403	3,285	39.1	35,170	0.7	91	4,870	58.0	0.8	52,240	48
<b>Male</b>	185,301	12,677,136	3,020	52.5	32,180	0.7	116	3,435	59.8	0.8	36,598	50
<b>Disabled</b>	43,709	3,361,527	699	64.8	7,767	0.8	151	710	65.9	0.8	7,920	52
64 or younger	40,830	3,180,646	651	66.3	7,278	0.8	153	663	67.5	0.8	7,425	52
65-74	2,421	157,251	39	60.0	409	0.9	128	38	58.5	0.7	402	50
75-84	395	20,652	8	34.8	68	0.9	71	4	17.4	1.0	42	61
85 and older	63	2,978	1	12.5	12	0.9	12	5	62.5	0.4	51	28
<b>Other Eligibles</b>	141,592	9,315,609	2,321	49.7	24,413	0.7	105	2,725	58.4	0.8	28,678	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
65-74	50,049	3,418,536	719	52.4	7,952	0.8	125	870	63.4	0.8	9,629	54
75-84	58,847	3,798,177	991	52.2	10,247	0.7	101	1,152	60.7	0.8	11,967	46
85 and older	32,696	2,098,896	611	43.7	6,214	0.7	87	703	50.3	0.8	7,082	48
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 14,169 beneficiaries who were in nursing facilities for part of their enrollment and their 134,048 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ULCER DRUGS					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>4,591</b>	<b>20.2 %</b>	<b>0.8</b>	<b>\$111</b>	<b>48,572</b>	<b>7,097</b>	<b>31.2 %</b>	<b>0.9</b>	<b>\$53</b>	<b>11,982</b>	<b>52.7 %</b>	<b>0.7</b>	<b>129,605</b>	<b>52.7 %</b>	<b>0.7</b>	<b>\$28</b>
<b>Female</b>	3,551	20.9	0.8	111	37,822	4,792	28.2	0.9	49	8,970	52.8	0.7	97,360	52.8	0.7	27
<b>Disabled</b>	96	9.4	0.8	191	964	655	64.1	1.0	67	566	55.4	0.7	6,102	55.4	0.7	28
64 or younger	66	7.8	0.8	217	712	585	69.0	1.0	69	457	53.9	0.8	5,112	53.9	0.8	29
65-74	11	14.3	0.8	104	98	47	61.0	0.9	48	52	67.5	0.6	522	67.5	0.6	18
75-84	13	24.1	0.9	123	110	22	40.7	0.8	48	34	63.0	0.6	272	63.0	0.6	26
85 and older	6	14.0	1.0	130	44	1	2.3	0.5	17	23	53.5	0.8	196	53.5	0.8	21
<b>Other Eligibles</b>	3,455	21.6	0.8	109	36,858	4,137	25.9	0.8	47	8,404	52.6	0.7	91,258	52.6	0.7	27
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0.0	0
65-74	305	16.8	0.8	106	3,332	900	49.5	0.9	57	1,050	57.8	0.8	11,543	57.8	0.8	29
75-84	1,446	25.1	0.8	110	15,512	1,703	29.5	0.9	47	3,161	54.8	0.7	34,767	54.8	0.7	28
85 and older	1,704	20.3	0.8	108	18,014	1,534	18.3	0.8	40	4,193	50.0	0.7	44,948	50.0	0.7	27
<b>Male</b>	1,040	18.1	0.8	112	10,750	2,305	40.1	0.9	61	3,012	52.4	0.7	32,245	52.4	0.7	28
<b>Disabled</b>	74	6.9	0.8	167	817	776	72.0	1.0	81	576	53.4	0.8	6,382	53.4	0.8	28
64 or younger	67	6.8	0.8	175	736	742	75.6	1.0	82	526	53.6	0.8	5,897	53.6	0.8	27
65-74	6	9.2	0.7	96	69	28	43.1	1.1	61	40	61.5	0.8	426	61.5	0.8	33
75-84	1	4.3	0.7	93	12	6	26.1	0.8	36	8	34.8	0.9	54	34.8	0.9	19
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	2	25.0	0.8	5	25.0	0.8	47
<b>Other Eligibles</b>	966	20.7	0.8	107	9,933	1,529	32.7	0.9	50	2,436	52.2	0.7	25,863	52.2	0.7	28
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0.0	0
65-74	220	16.0	0.8	105	2,365	651	47.4	0.9	58	738	53.8	0.7	8,236	53.8	0.7	29
75-84	442	23.3	0.8	107	4,475	604	31.8	0.9	45	1,021	53.8	0.7	10,658	53.8	0.7	29
85 and older	304	21.8	0.8	109	3,093	274	19.6	0.8	41	677	48.5	0.7	6,969	48.5	0.7	26
<b>Unknown</b>	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0.0	0.0	0

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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 14,169 beneficiaries who were in nursing facilities for part of their enrollment and their 134,048 benefit months were excluded from the analysis.
  - b. 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 drug 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.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>8,796</b>	<b>38.7 %</b>	<b>95,188</b>	<b>0.9</b>	<b>11,094</b>	<b>48.8 %</b>	<b>118,321</b>	<b>0.8</b>	<b>12,565</b>	<b>55.2 %</b>	<b>134,214</b>	<b>0.6</b>	<b>\$22</b>
<b>Female</b>	6,497	38.2	70,552	0.9	8,161	48.0	87,029	0.8	9,800	57.6	105,120	0.6	24
<b>Disabled</b>	480	47.0	5,279	1.0	484	47.4	5,096	0.8	618	60.5	6,578	0.7	28
64 or younger	387	45.6	4,372	1.0	393	46.3	4,322	0.8	525	61.9	5,811	0.6	28
65-74	57	74.0	613	1.0	52	67.5	494	0.7	49	63.6	450	0.6	26
75-84	19	35.2	158	0.6	24	44.4	167	0.7	27	50.0	205	0.8	24
85 and older	17	39.5	136	0.8	15	34.9	113	0.9	17	39.5	112	1.0	33
<b>Other Eligibles</b>	6,017	37.7	65,273	0.9	7,677	48.0	81,933	0.8	9,182	57.5	98,542	0.6	23
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	1,110	61.1	12,409	0.9	1,035	57.0	11,449	0.8	1,238	68.1	13,628	0.8	29
75-84	2,708	46.9	29,539	0.9	3,047	52.8	32,767	0.8	3,440	59.6	37,291	0.6	25
85 and older	2,199	26.2	23,325	0.8	3,595	42.8	37,717	0.8	4,504	53.7	47,623	0.6	20
<b>Male</b>	2,299	40.0	24,636	0.9	2,933	51.0	31,292	0.8	2,765	48.1	29,094	0.5	18
<b>Disabled</b>	497	46.1	5,410	1.0	561	52.0	6,141	0.8	537	49.8	5,898	0.6	24
64 or younger	445	45.3	4,940	0.9	508	51.7	5,615	0.8	487	49.6	5,433	0.6	25
65-74	40	61.5	377	1.1	43	66.2	452	0.8	32	49.2	335	0.4	7
75-84	10	43.5	79	0.9	10	43.5	74	0.5	15	65.2	103	0.4	16
85 and older	2	25.0	14	1.4	0	0.0	0	0.0	3	37.5	27	0.4	18
<b>Other Eligibles</b>	1,802	38.6	19,226	0.9	2,372	50.8	25,151	0.8	2,228	47.7	23,196	0.5	16
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	694	50.5	7,691	0.9	803	58.5	8,875	0.8	671	48.9	7,382	0.5	18
75-84	776	40.9	8,117	0.9	1,023	53.9	10,773	0.8	953	50.2	9,806	0.5	17
85 and older	332	23.8	3,418	0.8	546	39.1	5,503	0.8	604	43.2	6,008	0.4	12
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 14,169 beneficiaries who were in nursing facilities for part of their enrollment and their 134,048 benefit months were excluded from the analysis.
  - b. 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 drug 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.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					MISC. HEMATOLOGICAL					Benefit Months Among All-Year	
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx \$	All-Year Nursing Facility Residents	All-Year Nursing Facility Residents
	Number of Users	%	Number of Users	Mean Number of Rx	\$	Number of Users	%	Number of Users	Mean Number of Rx	\$	Resident	Resident
<b>All</b>	<b>5,733</b>	<b>25.2 %</b>	<b>63,373</b>	<b>0.6</b>	<b>\$44</b>	<b>3,284</b>	<b>14.4 %</b>	<b>35,124</b>	<b>0.8</b>	<b>\$73</b>	<b>22,748</b>	<b>236,776</b>
<b>Female</b>	4,498	26.5	49,797	0.6	45	2,423	14.3	26,050	0.7	73	17,001	177,863
<b>Disabled</b>	268	26.2	2,862	0.6	40	105	10.3	1,095	0.7	71	1,022	10,789
64 or younger	219	25.8	2,443	0.6	40	87	10.3	938	0.8	74	848	9,355
65-74	16	20.8	175	0.5	34	7	9.1	62	0.6	62	77	713
75-84	17	31.5	140	0.7	47	5	9.3	47	0.6	37	54	432
85 and older	16	37.2	104	0.8	56	6	14.0	48	0.6	47	43	289
<b>Other Eligibles</b>	4,230	26.5	46,935	0.6	45	2,318	14.5	24,955	0.7	73	15,979	167,074
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	517	28.5	5,811	0.6	43	288	15.9	3,238	0.8	75	1,817	19,574
75-84	1,648	28.6	18,501	0.6	46	840	14.6	9,125	0.8	75	5,770	61,253
85 and older	2,065	24.6	22,623	0.6	45	1,190	14.2	12,592	0.7	71	8,392	86,247
<b>Male</b>	1,235	21.5	13,576	0.6	40	861	15.0	9,074	0.8	73	5,747	58,913
<b>Disabled</b>	238	22.1	2,688	0.5	36	127	11.8	1,379	0.8	79	1,078	11,727
64 or younger	222	22.6	2,525	0.5	36	120	12.2	1,315	0.8	79	982	10,884
65-74	13	20.0	137	0.5	36	4	6.2	28	0.8	71	65	616
75-84	3	13.0	26	0.7	17	3	13.0	36	0.9	83	23	183
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	44
<b>Other Eligibles</b>	997	21.4	10,888	0.6	41	734	15.7	7,695	0.8	72	4,669	47,186
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	288	21.0	3,262	0.6	39	226	16.5	2,469	0.7	74	1,373	14,710
75-84	398	21.0	4,324	0.6	44	296	15.6	3,122	0.8	75	1,899	19,121
85 and older	311	22.3	3,302	0.6	39	212	15.2	2,104	0.7	65	1,397	13,355
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 14,169 beneficiaries who were in nursing facilities for part of their enrollment and their 134,048 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 GEORGIA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	2.0 %
<b>All</b>	<b>73,784</b>	<b>43.9 %</b>	<b>3.1</b>	<b>524,268</b>	<b>\$50</b>	<b>\$8,437,416</b>	<b>\$16</b>	<b>168,131</b>
<b>Age</b>								
5 and younger	12	75.0	12.1	194	159	2,543	13	16
6-14	30	71.4	6.3	266	229	9,638	36	42
15-20	157	40.1	2.2	856	48	18,707	22	392
21-44	8,526	32.4	1.8	47,275	51	1,350,617	29	26,329
45-64	16,811	43.0	3.0	117,734	67	2,601,939	22	39,101
65-74	16,622	43.2	3.1	119,540	40	1,540,130	13	38,450
75-84	17,962	48.6	3.7	136,418	47	1,723,278	13	36,979
85 and older	13,664	50.9	3.8	101,985	44	1,190,564	12	26,822
Unknown	0	0.0	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>								
Aged	36,097	46.6	3.5	267,662	43	3,337,184	12	77,491
Disabled	37,330	41.6	2.8	255,111	57	5,068,400	20	89,664
Adults	337	36.1	1.5	1,391	31	28,947	21	933
Children	20	46.5	2.4	104	67	2,885	28	43
Unknown	0	0.0	0.0	0	0	0	0	0
<b>Gender</b>								
Female	54,821	48.6	3.5	395,841	56	6,358,386	16	112,787
Male	18,963	34.3	2.3	128,427	38	2,079,030	16	55,344
Unknown	0	0.0	0.0	0	0	0	0	0
<b>Race</b>								
White	37,814	47.6	3.5	281,124	65	5,167,665	18	79,513
African American	28,246	41.1	2.8	192,221	36	2,507,172	13	68,710
Other/unknown	7,724	38.8	2.6	50,923	38	762,579	15	19,908
<b>Use of Nursing Facilities<sup>d</sup></b>								
Entire year	12,854	56.5	5.2	118,357	68	1,539,500	13	22,748
Part year	8,664	61.1	4.2	59,048	55	781,668	13	14,169
None	52,266	39.8	2.6	346,863	47	6,116,248	18	131,214
<b>Maintenance Assistance Status</b>								
Cash	39,915	42.5	2.9	271,967	42	3,967,732	15	93,953
Medically needy	3,706	41.5	2.3	20,542	71	632,693	31	8,940
Poverty related	1,891	28.2	1.0	6,841	17	115,256	17	6,698
Other/unknown	28,272	48.3	3.8	224,918	64	3,721,735	17	58,540

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 1/01/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 GEORGIA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$5	\$16	\$0	\$1	1,784,079
<b>Age</b>						
5 and younger	1.2	16	13	1	0	159
6-14	0.6	23	36	0	1	412
15-20	0.2	4	22	0	0	4,352
21-44	0.2	5	29	0	1	287,289
45-64	0.3	6	22	0	1	418,219
65-74	0.3	4	13	0	1	412,982
75-84	0.3	4	13	0	1	391,651
85 and older	0.4	4	12	0	1	269,015
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	4	12	0	1	792,488
Disabled	0.3	5	20	0	1	983,957
Adults	0.2	4	21	0	1	7,229
Children	0.3	7	28	0	0	405
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.3	5	16	0	1	1,210,265
Male	0.2	4	16	0	1	573,814
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	6	18	0	2	822,463
African American	0.3	3	13	0	0	742,361
Other/unknown	0.2	3	15	0	1	219,255
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	7	13	0	2	236,776
Part year	0.4	6	13	0	2	134,048
None	0.2	4	18	0	1	1,413,255
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	15	0	1	1,065,649
Medically needy	0.3	10	31	0	1	65,047
Poverty related	0.1	2	17	0	0	66,947
Other/unknown	0.4	6	17	0	2	586,436

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 GEORGIA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
<b>All</b>	<b>99,722</b>	<b>\$85</b>	<b>\$8,437,416</b>	<b>100.0 %</b>	<b>524,268</b>	<b>\$16</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	28	25	706	0.0	60	12	0.0
Cough and cold medications	3,383	62	208,279	2.5	4,360	48	0.8
Vitamins and minerals	35,162	99	3,482,405	41.3	223,859	16	42.7
Non-prescription drugs	21,606	29	630,762	7.5	117,821	5	22.5
Barbiturates	2,433	59	143,303	1.7	24,263	6	4.6
Benzodiazepines	31,223	60	1,872,426	22.2	132,956	14	25.4
Other Part D Excl Rx Drugs	5,887	357	2,099,535	24.9	20,949	100	4.0

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 GEORGIA, 2003

Total Number of Dual Eligible Beneficiaries 168,131  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$415,731,532  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,473

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,389	12.7 %	\$0	0.0 %
1-500	28,994	17.2	6,275,717	1.5
501-1,000	18,646	11.1	13,793,629	3.3
1,001-1,500	15,365	9.1	19,129,450	4.6
1,501-2,000	13,339	7.9	23,287,270	5.6
2,001-2,500	11,313	6.7	25,386,891	6.1
2,501-3,000	9,513	5.7	26,120,596	6.3
3,001-3,500	8,095	4.8	26,232,897	6.3
3,501-4,000	6,846	4.1	25,626,384	6.2
4,001-4,500	5,819	3.5	24,670,960	5.9
4,501-5,000	4,785	2.8	22,710,554	5.5
5,001-5,500	3,978	2.4	20,867,468	5.0
5,501-6,000	3,235	1.9	18,572,378	4.5
6,001-6,500	2,720	1.6	16,991,645	4.1
6,501-7,000	2,230	1.3	15,041,690	3.6
7,001-7,500	1,727	1.0	12,511,205	3.0
7,501-8,000	1,509	0.9	11,690,072	2.8
8,001-8,500	1,347	0.8	11,092,670	2.7
8,501-9,000	1,039	0.6	9,084,691	2.2
9,001-9,500	868	0.5	8,026,930	1.9
9,501-10,000	745	0.4	7,260,296	1.7
10,001+	4,629	2.8	71,358,139	17.2

Source: Data for this table are from the MAX 2003 file for Georgia, released by CMS in 04/2007. This table was produced on 1/01/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 GEORGIA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 64,893  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$174,818,795  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,694

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	11,401	17.6 %	0		0.0 %
1-500	12,757	19.7	2,543,606	1.5	
501-1,000	6,523	10.1	4,794,196	2.7	
1,001-1,500	4,829	7.4	5,995,563	3.4	
1,501-2,000	3,987	6.1	6,954,786	4.0	
2,001-2,500	3,336	5.1	7,472,640	4.3	
2,501-3,000	2,786	4.3	7,655,728	4.4	
3,001-3,500	2,380	3.7	7,720,094	4.4	
3,501-4,000	2,166	3.3	8,107,561	4.6	
4,001-4,500	1,882	2.9	7,976,551	4.6	
4,501-5,000	1,570	2.4	7,449,141	4.3	
5,001-5,500	1,376	2.1	7,214,101	4.1	
5,501-6,000	1,154	1.8	6,633,790	3.8	
6,001-6,500	1,085	1.7	6,778,559	3.9	
6,501-7,000	914	1.4	6,170,400	3.5	
7,001-7,500	727	1.1	5,266,462	3.0	
7,501-8,000	720	1.1	5,579,702	3.2	
8,001-8,500	661	1.0	5,447,052	3.1	
8,501-9,000	558	0.9	4,880,546	2.8	
9,001-9,500	466	0.7	4,311,951	2.5	
9,501-10,000	408	0.6	3,973,537	2.3	
10,001+	3,207	4.9	51,892,829	29.7	

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 GEORGIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 102,251  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$239,002,499  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,337

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,841	9.6 %	0	0.0 %
1-500	15,929	15.6	3,675,840	1.5
501-1,000	12,000	11.7	8,909,580	3.7
1,001-1,500	10,453	10.2	13,030,931	5.5
1,501-2,000	9,304	9.1	16,248,641	6.8
2,001-2,500	7,934	7.8	17,818,535	7.5
2,501-3,000	6,698	6.6	18,384,684	7.7
3,001-3,500	5,673	5.5	18,376,796	7.7
3,501-4,000	4,657	4.6	17,432,617	7.3
4,001-4,500	3,923	3.8	16,634,826	7.0
4,501-5,000	3,199	3.1	15,185,621	6.4
5,001-5,500	2,591	2.5	13,596,450	5.7
5,501-6,000	2,061	2.0	11,824,470	4.9
6,001-6,500	1,629	1.6	10,176,019	4.3
6,501-7,000	1,304	1.3	8,790,092	3.7
7,001-7,500	993	1.0	7,194,757	3.0
7,501-8,000	782	0.8	6,055,850	2.5
8,001-8,500	678	0.7	5,579,381	2.3
8,501-9,000	478	0.5	4,177,739	1.7
9,001-9,500	400	0.4	3,696,276	1.5
9,501-10,000	334	0.3	3,257,283	1.4
10,001+	1,390	1.4	18,956,111	7.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 GEORGIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 38,450  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$90,623,536  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,357

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,907	12.8 %	0	0.0 %
1-500	6,206	16.1	1,373,797	1.5
501-1,000	4,164	10.8	3,080,836	3.4
1,001-1,500	3,649	9.5	4,549,261	5.0
1,501-2,000	3,287	8.5	5,734,531	6.3
2,001-2,500	2,677	7.0	6,009,072	6.6
2,501-3,000	2,317	6.0	6,359,671	7.0
3,001-3,500	1,976	5.1	6,408,893	7.1
3,501-4,000	1,603	4.2	6,004,374	6.6
4,001-4,500	1,391	3.6	5,903,723	6.5
4,501-5,000	1,159	3.0	5,500,191	6.1
5,001-5,500	917	2.4	4,813,587	5.3
5,501-6,000	759	2.0	4,347,044	4.8
6,001-6,500	625	1.6	3,907,366	4.3
6,501-7,000	504	1.3	3,396,873	3.7
7,001-7,500	405	1.1	2,934,735	3.2
7,501-8,000	310	0.8	2,401,399	2.6
8,001-8,500	292	0.8	2,404,911	2.7
8,501-9,000	215	0.6	1,879,137	2.1
9,001-9,500	172	0.4	1,588,279	1.8
9,501-10,000	161	0.4	1,570,586	1.7
10,001+	754	2.0	10,455,270	11.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 GEORGIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84                                    36,979  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84            \$90,244,642  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84            \$2,440

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,198	8.6 %	0	0.0 %
1-500	5,232	14.1	1,212,066	1.3
501-1,000	4,308	11.6	3,211,814	3.6
1,001-1,500	3,737	10.1	4,664,856	5.2
1,501-2,000	3,384	9.2	5,920,543	6.6
2,001-2,500	3,004	8.1	6,753,321	7.5
2,501-3,000	2,528	6.8	6,945,269	7.7
3,001-3,500	2,148	5.8	6,965,216	7.7
3,501-4,000	1,807	4.9	6,760,020	7.5
4,001-4,500	1,501	4.1	6,360,929	7.0
4,501-5,000	1,216	3.3	5,771,150	6.4
5,001-5,500	1,017	2.8	5,332,716	5.9
5,501-6,000	823	2.2	4,727,723	5.2
6,001-6,500	641	1.7	4,002,594	4.4
6,501-7,000	527	1.4	3,553,040	3.9
7,001-7,500	394	1.1	2,854,535	3.2
7,501-8,000	327	0.9	2,528,795	2.8
8,001-8,500	268	0.7	2,204,932	2.4
8,501-9,000	172	0.5	1,502,048	1.7
9,001-9,500	160	0.4	1,479,730	1.6
9,501-10,000	127	0.3	1,237,412	1.4
10,001+	460	1.2	6,255,933	6.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 GEORGIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 26,822  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$58,134,321  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,167

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 6.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,736		0	0.0 %
1-500	4,491	16.7	1,089,977	1.9
501-1,000	3,528	13.2	2,616,930	4.5
1,001-1,500	3,067	11.4	3,816,814	6.6
1,501-2,000	2,633	9.8	4,593,567	7.9
2,001-2,500	2,253	8.4	5,056,142	8.7
2,501-3,000	1,853	6.9	5,079,744	8.7
3,001-3,500	1,549	5.8	5,002,687	8.6
3,501-4,000	1,247	4.6	4,668,223	8.0
4,001-4,500	1,031	3.8	4,370,174	7.5
4,501-5,000	824	3.1	3,914,280	6.7
5,001-5,500	657	2.4	3,450,147	5.9
5,501-6,000	479	1.8	2,749,703	4.7
6,001-6,500	363	1.4	2,266,059	3.9
6,501-7,000	273	1.0	1,840,179	3.2
7,001-7,500	194	0.7	1,405,487	2.4
7,501-8,000	145	0.5	1,125,656	1.9
8,001-8,500	118	0.4	969,538	1.7
8,501-9,000	91	0.3	796,554	1.4
9,001-9,500	68	0.3	628,267	1.1
9,501-10,000	46	0.2	449,285	0.8
10,001+	176	0.7	2,244,908	3.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
<b>All</b>	<b>168,131</b>	<b>77,491</b>	<b>89,664</b>	<b>933</b>	<b>0</b>	<b>1,784,079</b>	<b>792,488</b>	<b>983,957</b>	<b>7,229</b>	<b>0</b>
<b>Age</b>										
5 and younger	16	0	13	0	0	159	0	133	0	0
6-14	42	0	36	0	0	412	0	362	0	0
15-20	392	0	372	5	0	4,352	0	4,168	42	0
21-44	26,329	12	25,648	658	0	287,289	131	281,961	5,077	0
45-64	39,101	58	38,824	216	0	418,219	590	415,874	1,720	0
65-74	38,450	21,644	16,756	47	0	412,982	221,512	191,114	338	0
75-84	36,979	30,680	6,293	6	0	391,651	320,207	71,397	47	0
85 and older	26,822	25,097	1,722	1	0	269,015	250,048	18,948	5	0
Unknown	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>										
Female	112,787	58,554	53,513	695	0	1,210,265	608,771	595,785	5,459	0
Male	55,344	18,937	36,151	238	0	573,814	183,717	388,172	1,770	0
Unknown	0	0	0	0	0	0	0	0	0	0
<b>Race</b>										
White	79,513	40,700	38,381	409	0	822,463	401,922	417,288	3,034	0
African American	68,710	27,528	40,671	493	0	742,361	289,701	448,558	3,930	0
Other/unknown	19,908	9,263	10,612	31	0	219,255	100,865	118,111	265	0
<b>Use of Nursing Facilities<sup>c</sup></b>										
Entire year	22,748	20,647	2,100	1	0	236,776	214,258	22,516	2	0
Part year	14,169	12,263	1,904	2	0	134,048	114,505	19,532	11	0
None	131,214	44,581	85,660	930	0	1,413,255	463,725	941,909	7,216	0
<b>Maintenance Assistance Status</b>										
Cash	93,953	30,063	63,260	626	0	1,065,649	338,935	721,691	5,008	0
Medically needy	8,940	4,322	4,618	0	0	65,047	32,163	32,884	0	0
Poverty related	6,698	2,995	3,479	203	0	66,947	29,925	35,419	1,410	0
Other/unknown	58,540	40,111	18,307	104	0	586,436	391,465	193,963	811	0
<b>Dual Status<sup>d</sup></b>										
Full dual, all year	154,181	69,917	83,331	891	0	1,638,339	713,689	917,469	6,788	0
Full dual, part year	13,950	7,574	6,333	42	0	145,740	78,799	66,488	441	0
<b>Managed Care (MC) Status</b>										
Fee-for-service (FFS) all year	168,131	77,491	89,664	933	0	1,784,079	792,488	983,957	7,229	0
FFS part year, with Rx claims	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
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0



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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- 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 pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1				Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months
<b>All</b>	<b>168,131</b>	<b>1,784,079</b>	<b>168,131</b>	<b>1,784,079</b>	<b>168,131</b>	<b>1,784,079</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	168,131	1,784,079	168,131	1,784,079			0	0
FFS part year, with Rx claims	0	0	0	0			0	0
FFS part year, with no Rx claims	0	0	0	0			0	0
Managed care (MC) all year, with Rx claims	0	0	0	0			0	0
MC all year, with no Rx claims	0	0	0	0			0	0

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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