

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 GEORGIA

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
GEORGIA, 2004

Inclusion Criteria (2004)	Number of Dual and Non- dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	1,766,533 (A)	257,061 (E)	1,509,472 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1,665,512 (B)	161,664 (F)	1,503,848 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	1,665,512 (C)	161,664 (G)	1,503,848 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	24,372 (D)	22,181 (H)	2,191 (L)

Source: Data for this table are from the MAX 2004 file for Georgia, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Georgia in 2004 was \$1,181,536,164, of which \$42,722,395 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
GEORGIA, 2004

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>1,665,512</b>	<b>75,414</b>	<b>245,799</b>	<b>303,292</b>	<b>1,038,112</b>	<b>2,895</b>	<b>15,025,300</b>	<b>761,794</b>	<b>2,629,476</b>	<b>2,168,374</b>	<b>9,437,412</b>	<b>28,244</b>
<b>Age</b>												
5 and younger	490,557	0	11,050	83	479,422	2	4,340,899	0	116,362	466	4,224,069	2
6-14	434,079	0	24,264	235	409,580	0	4,155,589	0	271,558	1,404	3,882,627	0
15-20	202,515	0	15,851	38,128	148,449	87	1,773,298	0	174,320	272,997	1,325,270	711
21-44	321,024	0	69,214	249,823	611	1,376	2,540,623	0	743,349	1,778,813	5,020	13,441
45-64	113,983	0	97,646	14,947	27	1,363	1,137,657	0	1,009,846	114,243	189	13,379
65-74	40,047	20,986	18,929	60	5	67	426,628	210,787	214,725	365	40	711
75-84	36,579	29,732	6,837	9	1	0	384,746	307,456	77,224	54	12	0
85 and older	26,726	24,696	2,008	6	16	0	265,853	243,551	22,092	27	183	0
Unknown	2	0	0	1	1	0		0	0	5	2	0
<b>Gender</b>												
Female	984,481	56,545	133,491	278,127	513,426	2,892	8,755,735	581,723	1,451,428	2,009,418	4,684,935	28,231
Male	680,978	18,868	112,308	25,165	524,634	3	6,269,284	180,070	1,178,048	158,956	4,752,197	13
Unknown	53	1	0	0	52	0	281	1	0	0	280	0
<b>Race</b>												
White	691,103	38,924	91,466	136,379	422,780	1,554	5,965,956	378,218	963,699	888,613	3,720,198	15,228
African American	815,557	26,283	110,065	158,254	519,952	1,003	7,614,461	273,676	1,188,237	1,233,167	4,909,817	9,564
Other/unknown	158,852	10,207	44,268	8,659	95,380	338	1,444,883	109,900	477,540	46,594	807,397	3,452
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	24,372	19,915	4,454	2	1	0	252,698	204,901	47,791	5	1	0
Part year	14,274	11,362	2,900	7	2	3	134,878	105,520	29,273	54	11	20
None	1,626,866	44,137	238,445	303,283	1,038,109	2,892	14,637,724	451,373	2,552,412	2,168,315	9,437,400	28,224
<b>Maintenance Assistance Status</b>												
Cash	611,967	30,817	198,067	137,017	246,066	0	5,989,094	345,911	2,203,755	1,067,244	2,372,184	0
Medically needy	8,784	2,535	6,193	4	52	0	47,131	13,940	33,014	5	172	0
Poverty-related	740,476	1,953	3,279	114,719	617,630	2,895	6,332,441	19,206	32,319	656,867	5,595,805	28,244
Other/unknown	304,285	40,109	38,260	51,552	174,364	0	2,656,634	382,737	360,388	444,258	1,469,251	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	151,331	65,951	84,316	844	49	171	1,599,908	671,611	920,090	5,846	507	1,854
Full dual, part year	10,333	5,726	4,586	21	0	0	101,125	56,310	44,624	191	0	0
Non-dual, all year	1,503,848	3,737	156,897	302,427	1,038,063	2,724	13,324,267	33,873	1,664,762	2,162,337	9,436,905	26,390
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,665,512	75,414	245,799	303,292	1,038,112	2,895	15,025,300	761,794	2,629,476	2,168,374	9,437,412	28,244
FFS part year, with Rx claims	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

Source: Data for this table are from the MAX 2004 file for Georgia, released by CMS in 01/2008. This table was produced on 03/25/2008.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
GEORGIA, 2004

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
<b>All</b>	<b>66.5 %</b>	<b>11.9</b>	<b>\$684</b>	<b>\$57</b>	<b>\$3,722</b>	<b>18.4 %</b>	<b>1,665,512</b>
<b>Age</b>							
5 and younger	67.1	5.1	226	44	1,909	11.8	490,557
6-14	56.5	4.7	302	64	1,400	21.5	434,079
15-20	59.1	5.5	341	62	2,318	14.7	202,515
21-44	71.1	12.3	793	65	4,472	17.7	321,024
45-64	79.6	41.7	2,639	63	11,398	23.2	113,983
65-74	87.8	51.4	2,681	52	10,580	25.3	40,047
75-84	91.3	55.7	2,754	50	14,175	19.4	36,579
85 and older	93.3	52.3	2,433	47	18,994	12.8	26,726
Unknown	0.0	0.0	0	0	906	0.0	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	89.8	51.7	2,555	49	15,705	16.3	75,414
Disabled	79.8	35.4	2,489	70	10,546	23.6	245,799
Adults	70.0	8.2	335	41	2,925	11.4	303,292
Children	60.5	4.5	220	48	1,445	15.2	1,038,112
Unknown	83.2	22.8	1,641	72	11,879	13.8	2,895
<b>Gender</b>							
Female	69.2	13.7	730	53	4,014	18.2	984,481
Male	62.5	9.3	617	66	3,300	18.7	680,978
Unknown	28.3	2.0	109	55	720	15.1	53
<b>Race</b>							
White	70.6	14.5	821	57	4,302	19.1	691,103
African American	63.4	9.4	530	56	3,159	16.8	815,557
Other/unknown	64.2	13.6	877	65	4,086	21.5	158,852
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.5	73.7	3,933	53	36,454	10.8	24,372
Part year	97.1	60.9	3,191	52	25,342	12.6	14,274
None	65.7	10.6	613	58	3,042	20.2	1,626,866
<b>Maintenance Assistance Status</b>							
Cash	71.1	18.3	1,133	62	4,683	24.2	611,967
Medically needy	70.4	23.4	1,685	72	10,067	16.7	8,784
Poverty related	60.6	4.7	214	46	1,625	13.2	740,476
Other/unknown	71.2	16.4	895	54	6,707	13.3	304,285

Source: Data for this table are from the MAX 2004 file for Georgia, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 GEORGIA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>1.3</b>	<b>\$76</b>	<b>18.4 %</b>	<b>33.5 %</b>	<b>45.3 %</b>	<b>7.6 %</b>	<b>8.0 %</b>	<b>4.3 %</b>	<b>1.2 %</b>	<b>\$413</b>	<b>1,665,512</b>	<b>15,025,300</b>
<b>Age</b>												
5 and younger	0.6	26	11.8	32.9	57.3	6.9	2.8	0.2	0.0	216	490,557	4,340,899
6-14	0.5	32	21.5	43.5	47.9	4.9	3.2	0.4	0.0	146	434,079	4,155,589
15-20	0.6	39	14.7	40.9	47.5	6.8	4.1	0.7	0.1	265	202,515	1,773,298
21-44	1.6	100	17.7	28.9	43.2	11.6	11.5	4.1	0.7	565	321,024	2,540,623
45-64	4.2	264	23.2	20.4	16.4	9.8	25.2	21.2	7.1	1,142	113,983	1,137,657
65-74	4.8	252	25.3	12.2	13.3	9.6	29.1	27.1	8.8	993	40,047	426,628
75-84	5.3	262	19.4	8.7	10.4	8.9	30.5	31.5	10.0	1,348	36,579	384,746
85 and older	5.3	245	12.8	6.7	9.4	9.2	33.5	32.9	8.3	1,909	26,726	265,853
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	259	2	7
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.1	253	16.3	10.2	11.2	9.3	30.4	29.6	9.4	1,555	75,414	761,794
Disabled	3.3	233	23.6	20.2	24.4	10.7	23.0	16.8	5.0	986	245,799	2,629,476
Adults	1.1	47	11.4	30.0	47.7	11.6	8.4	2.1	0.3	409	303,292	2,168,374
Children	0.5	24	15.2	39.5	52.0	5.6	2.6	0.2	0.0	159	1,038,112	9,437,412
Unknown	2.3	168	13.8	16.8	34.3	14.1	23.0	10.4	1.4	1,218	2,895	28,244
<b>Gender</b>												
Female	1.5	82	18.2	30.8	45.2	8.2	8.9	5.3	1.6	451	984,481	8,755,735
Male	1.0	67	18.7	37.5	45.4	6.9	6.7	2.9	0.7	358	680,978	6,269,284
Unknown	0.4	21	15.1	71.7	22.6	1.9	3.8	0.0	0.0	136	53	281
<b>Race</b>												
White	1.7	95	19.1	29.4	44.8	8.8	9.4	5.6	1.9	498	691,103	5,965,956
African American	1.0	57	16.8	36.6	46.6	6.6	6.5	3.1	0.6	338	815,557	7,614,461
Other/unknown	1.5	96	21.5	35.8	40.7	7.6	9.5	5.1	1.3	449	158,852	1,444,883
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.1	379	10.8	1.5	4.3	5.7	27.7	42.2	18.7	3,516	24,372	252,698
Part year	6.4	338	12.6	2.9	6.4	7.7	30.6	38.4	14.1	2,682	14,274	134,878
None	1.2	68	20.2	34.3	46.2	7.7	7.5	3.5	0.8	338	1,626,866	14,637,724
<b>Maintenance Assistance Status</b>												
Cash	1.9	116	24.2	28.9	40.4	8.6	12.6	7.5	1.9	479	611,967	5,989,094
Medically needy	4.4	314	16.7	29.6	10.7	8.6	24.5	20.0	6.7	1,876	8,784	47,131
Poverty related	0.5	25	13.2	39.4	50.6	6.5	3.1	0.4	0.0	190	740,476	6,332,441
Other/unknown	1.9	103	13.3	28.8	43.1	8.5	9.9	7.2	2.6	768	304,285	2,656,634

Source: Data for this table are from the MAX 2004 file for Georgia, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 GEORGIA, 2004

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>1.3</b>	<b>\$76</b>	<b>\$57</b>	<b>0.5</b>	<b>\$58</b>	<b>\$108</b>	<b>0.1</b>	<b>\$5</b>	<b>\$52</b>	<b>0.7</b>	<b>\$14</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.6	26	44	0.2	18	92	0.1	2	34	0.3	5	15
6-14	0.5	32	64	0.3	26	98	0.0	2	48	0.2	4	21
15-20	0.6	39	62	0.3	31	112	0.0	2	52	0.3	6	20
21-44	1.6	100	65	0.6	76	135	0.1	6	65	0.9	18	20
45-64	4.2	264	63	1.7	198	119	0.2	17	74	2.3	49	22
65-74	4.8	252	52	2.0	188	95	0.3	15	52	2.5	48	19
75-84	5.3	262	50	2.2	196	91	0.3	14	42	2.8	51	19
85 and older	5.3	245	47	2.0	179	90	0.4	14	36	2.9	51	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	5.1	253	49	2.1	189	92	0.3	14	42	2.7	50	19
Disabled	3.3	233	70	1.4	180	132	0.2	14	74	1.7	39	22
Adults	1.1	47	41	0.4	33	86	0.1	3	41	0.7	11	16
Children	0.5	24	48	0.2	18	87	0.0	2	36	0.2	4	17
Unknown	2.3	168	72	0.9	133	149	0.1	8	67	1.3	27	20
<b>Gender</b>												
Female	1.5	82	53	0.6	61	101	0.1	5	50	0.8	16	19
Male	1.0	67	66	0.4	52	122	0.1	4	56	0.5	11	21
Unknown	0.4	21	55	0.2	17	92	0.1	2	32	0.1	2	14
<b>Race</b>												
White	1.7	95	57	0.7	71	106	0.1	6	53	0.9	18	20
African American	1.0	57	56	0.4	43	108	0.1	3	49	0.5	10	19
Other/unknown	1.5	96	65	0.6	76	119	0.1	6	58	0.8	15	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.1	379	53	2.7	281	103	0.6	24	43	3.8	74	19
Part year	6.4	338	52	2.5	250	102	0.5	21	44	3.5	66	19
None	1.2	68	58	0.5	52	109	0.1	4	53	0.6	12	19
<b>Maintenance Assistance Status</b>												
Cash	1.9	116	62	0.8	89	117	0.1	7	62	1.0	20	20
Medically needy	4.4	314	72	1.7	235	136	0.2	18	77	2.4	60	26
Poverty related	0.5	25	46	0.2	19	84	0.1	2	36	0.3	5	17
Other/unknown	1.9	103	54	0.7	77	103	0.1	7	46	1.0	19	19

Source: Data for this table are from the MAX 2004 file for Georgia, released by CMS in 01/2008. This table was produced on 03/25/2008.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.5 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 GEORGIA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$12	\$1	\$3	\$57	\$110	\$61	\$20	2,082,289	\$119,021,074	728,709	43.8 %	7,503,193
Biologicals	0.6	0.5	0.0	0.0	820	666	12	141	1476	1,285	4,011	4,168	17,532	25,873,265	3,496	0.2	31,567
Antineoplastic Agents	0.5	0.1	0.0	0.4	103	74	2	27	206	605	138	75	59,256	12,219,261	11,490	0.7	119,155
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	25	19	2	4	48	85	28	18	1,641,753	78,994,374	301,381	18.1	3,112,664
Cardiovascular Agents	1.5	0.6	0.1	0.9	58	43	2	13	37	69	31	15	3,396,468	127,343,312	206,785	12.4	2,200,240
Respiratory Agents	0.4	0.2	0.0	0.2	20	15	1	3	46	77	28	18	2,690,230	123,602,870	609,198	36.6	6,310,650
Gastrointestinal Agents	0.5	0.2	0.0	0.3	29	22	1	6	57	128	71	19	1,083,715	61,694,522	203,546	12.2	2,128,404
Genitourinary Agents	0.3	0.2	0.0	0.1	16	12	2	2	54	74	42	23	305,153	16,489,765	106,434	6.4	1,061,889
CNS Drugs	0.9	0.4	0.0	0.4	80	68	3	9	92	152	80	23	2,277,486	209,727,473	250,158	15.0	2,635,005
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	53	49	0	3	82	91	57	35	422,557	34,838,929	61,246	3.7	657,983
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.7	0.0	0.0	126	125	0	1	166	173	56	27	137,979	22,957,344	17,254	1.0	182,753
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	21	14	1	6	40	118	128	15	2,284,418	91,680,716	431,305	25.9	4,420,616
Neuromuscular Agents	0.7	0.2	0.1	0.4	55	32	13	10	76	138	101	27	1,110,711	84,195,416	143,732	8.6	1,538,169
Nutritional Products	0.4	0.1	0.0	0.3	6	1	1	5	15	17	14	15	497,192	7,532,183	125,188	7.5	1,187,280
Hematological Agents	0.7	0.3	0.1	0.3	104	91	5	7	148	322	33	27	357,455	52,873,313	48,477	2.9	510,163
Topical Products	0.3	0.1	0.0	0.1	12	8	1	3	43	72	47	22	1,355,440	58,824,298	466,637	28.0	4,871,403
Miscellaneous Products	0.2	0.1	0.0	0.1	33	23	6	5	163	198	398	63	53,746	8,762,409	24,840	1.5	261,771
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	24	0	0	0	89,775	2,183,245	34,150	2.1	374,560
<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>19,863,155</b>	<b>1,138,813,769</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Georgia, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispans.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, 0.5 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.medispans.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 2004.

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 GEORGIA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$133,879,639	100,338	6.0 %	1,106,727	0.6	\$201	\$121
ANTIASTHMATIC	73,037,730	364,453	21.9	3,896,142	0.3	65	19
ANTICONVULSANT	69,419,732	98,255	5.9	1,076,969	0.7	98	64
ANTIDEPRESSANTS	64,616,743	199,571	12.0	2,121,853	0.5	60	30
ANTIDIABETIC	46,238,922	104,618	6.3	1,136,227	0.7	60	41
ANALGESICS - Narcotic	44,516,225	460,325	27.6	4,787,300	0.3	32	9
ANTIHYPERLIPIDEMIC	43,119,938	71,236	4.3	793,639	0.6	90	54
ULCER DRUGS	42,752,635	192,439	11.6	2,048,494	0.4	54	21
ANTIVIRAL	42,007,322	32,499	2.0	341,828	0.4	346	123
DERMATOLOGICAL	39,331,883	471,255	28.3	5,015,760	0.2	46	8
<b>Total</b>	<b>598,920,769</b>	<b>2,094,989</b>		<b>22,324,939</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Georgia, released by CMS in 01/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.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.