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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
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 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
GEORGIA, 2005

Inclusion Criteria (2005)	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>	1838910 (A)	258889 (E)	1580021 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1739537 (B)	165179 (F)	1574358 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	1739537 (C)	165179 (G)	1574358 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	24432 (D)	22124 (H)	2308 (L)

Source: Data for this table are from the MAX 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005 (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 2005, 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 2005 was \$1,168,983,066, of which \$19,915,637 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 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, 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 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.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 2005. 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 N+B18D.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 2005. 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, 2005

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>1,739,537</b>	<b>75,800</b>	<b>251,880</b>	<b>315,293</b>	<b>1,093,061</b>	<b>3,503</b>	<b>15,561,421</b>	<b>767,184</b>	<b>2,659,479</b>	<b>2,245,144</b>	<b>9,854,575</b>	<b>35,039</b>
<b>Age</b>												
5 and younger	510,778	0	10,965	57	499,755	1	4,497,488	0	114,260	336	4,382,880	12
6-14	455,108	0	25,052	206	429,850	0	4,301,148	0	276,728	1,278	4,023,142	0
15-20	217,976	0	17,099	38,156	162,630	91	1,903,689	0	187,687	274,272	1,440,976	754
21-44	332,141	0	69,635	259,994	790	1,722	2,601,696	0	735,734	1,841,997	7,220	16,745
45-64	119,226	0	100,838	16,773	19	1,596	1,169,796	0	1,026,422	126,667	188	16,519
65-74	40,841	21,422	19,240	84	2	93	434,593	215,890	217,187	483	24	1,009
75-84	36,559	29,500	7,043	16	0	0	385,172	305,555	79,542	75	0	0
85 and older	26,907	24,878	2,008	7	14	0	267,836	245,739	21,919	36	142	0
Unknown	1	0	0	0	1	0	3	0	0	0	3	0
<b>Gender</b>												
Female	1,025,750	56,686	136,565	288,003	540,996	3,500	9,045,273	582,410	1,464,231	2,072,047	4,891,565	35,020
Male	713,731	19,113	115,315	27,285	552,015	3	6,515,719	184,772	1,195,248	173,070	4,962,610	19
Unknown	56	1	0	5	50	0	429	2	0	27	400	0
<b>Race</b>												
White	717,266	38,846	91,751	139,381	445,448	1,840	6,209,097	380,603	956,285	921,298	3,932,327	18,584
African American	856,733	26,585	112,613	167,131	549,176	1,228	7,866,571	275,381	1,196,708	1,273,966	5,108,364	12,152
Other/unknown	165,538	10,369	47,516	8,781	98,437	435	1,485,753	111,200	506,486	49,880	813,884	4,303
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	24,432	19,588	4,843	1	0	0	252,847	201,347	51,498	2	0	0
Part year	14,678	11,391	3,272	13	1	1	139,767	106,349	33,285	112	9	12
None	1,700,427	44,821	243,765	315,279	1,093,060	3,502	15,168,807	459,488	2,574,696	2,245,030	9,854,566	35,027
<b>Maintenance Assistance Status</b>												
Cash	603,576	29,827	203,380	133,615	236,754	0	5,859,425	332,509	2,213,581	1,040,541	2,272,794	0
Medically needy	9,656	2,676	6,924	7	49	0	63,364	19,233	43,966	17	148	0
Poverty-related	782,276	1,491	2,524	119,322	655,436	3,503	6,697,574	14,724	24,375	698,170	5,925,266	35,039
Other/unknown	344,029	41,806	39,052	62,349	200,822	0	2,941,058	400,718	377,557	506,416	1,656,367	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	152,027	64,772	85,890	1,081	47	237	1,606,580	657,415	938,184	7,931	477	2,573
Full dual, part year	13,152	7,050	6,048	52	2	0	136,376	73,370	62,436	546	24	0
Non-dual, all year	1,574,358	3,978	159,942	314,160	1,093,012	3,266	13,818,465	36,399	1,658,859	2,236,667	9,854,074	32,466
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	1,739,537	75,800	251,880	315,293	1,093,061	3,503	15,561,421	767,184	2,659,479	2,245,144	9,854,575	35,039
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

Source: Data for this table are from the MAX 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
GEORGIA, 2005

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>11.3</b>	<b>\$661</b>	<b>\$58</b>	<b>\$3,534</b>	<b>18.7</b>	<b>1,739,537</b>
<b>Age</b>							
5 and younger	67.5	4.8	212	44	1,998	10.6	510,778
6-14	57.2	4.4	284	65	1,300	21.8	455,108
15-20	58.6	5.1	333	66	2,166	15.4	217,976
21-44	70.5	11.5	748	65	4,281	17.5	332,141
45-64	79.4	40.7	2,619	64	10,331	25.3	119,226
65-74	87.5	50.9	2,714	53	9,789	27.7	40,841
75-84	90.9	54.8	2,779	51	13,712	20.3	36,559
85 and older	92.9	51.7	2,448	47	18,909	12.9	26,907
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	89.3	50.9	2,570	51	15,299	16.8	75,800
Disabled	79.6	34.7	2,484	72	10,041	24.7	251,880
Adults	69.6	7.7	317	41	2,843	11.1	315,293
Children	60.9	4.2	205	48	1,395	14.7	1,093,061
Unknown	81.3	21.9	1,452	66	10,570	13.7	3,503
<b>Gender</b>							
Female	69.1	13.1	703	54	3,775	18.6	1,025,750
Male	62.7	8.8	599	68	3,187	18.8	713,731
Unknown	42.9	3.0	111	37	676	16.3	56
<b>Race</b>							
White	71.2	13.9	792	57	4,122	19.2	717,266
African American	62.8	8.8	508	57	2,909	17.5	856,733
Other/unknown	64.7	13.1	880	67	4,225	20.8	165,538
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.4	74.2	4,053	55	37,039	10.9	24,432
Part year	96.8	59.2	3,192	54	25,634	12.5	14,678
None	65.7	10.0	590	59	2,862	20.6	1,700,427
<b>Maintenance Assistance Status</b>							
Cash	70.7	17.9	1,139	64	4,566	24.9	603,576
Medically needy	73.7	28.0	2,140	77	9,546	22.4	9,656
Poverty related	61.8	4.4	198	45	1,597	12.4	782,276
Other/unknown	69.4	15.1	832	55	5,960	14.0	344,029

Source: Data for this table are from the MAX 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 GEORGIA, 2005

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>\$74</b>	<b>18.7</b>	<b>33.5</b>	<b>46.8</b>	<b>7.1</b>	<b>7.3</b>	<b>4.1</b>	<b>1.1</b>	<b>\$395</b>	<b>1,739,537</b>	<b>15,561,421</b>
<b>Age</b>												
5 and younger	0.5	24	10.6	32.5	59.2	6.1	2.1	0.1	0.0	227	510,778	4,497,488
6-14	0.5	30	21.8	42.8	49.7	4.5	2.7	0.3	0.0	138	455,108	4,301,148
15-20	0.6	38	15.4	41.4	48.5	6.0	3.5	0.6	0.0	248	217,976	1,903,689
21-44	1.5	96	17.5	29.5	44.6	11.0	10.6	3.7	0.6	547	332,141	2,601,696
45-64	4.2	267	25.3	20.6	17.2	10.0	24.9	20.4	6.8	1,053	119,226	1,169,796
65-74	4.8	255	27.7	12.5	13.4	9.7	29.1	26.6	8.7	920	40,841	434,593
75-84	5.2	264	20.3	9.1	10.5	9.0	30.8	30.9	9.6	1,302	36,559	385,172
85 and older	5.2	246	12.9	7.1	9.9	9.1	33.4	32.7	7.8	1,900	26,907	267,836
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.0	254	16.8	10.7	11.6	9.3	30.4	29.2	8.9	1,512	75,800	767,184
Disabled	3.3	235	24.7	20.4	25.1	10.8	22.6	16.3	4.8	951	251,880	2,659,479
Adults	1.1	45	11.1	30.4	49.2	10.7	7.7	1.8	0.2	399	315,293	2,245,144
Children	0.5	23	14.7	39.1	53.7	5.0	2.1	0.1	0.0	155	1,093,061	9,854,575
Unknown	2.2	145	13.7	18.7	34.9	14.0	22.0	9.2	1.2	1,057	3,503	35,039
<b>Gender</b>												
Female	1.5	80	18.6	30.9	46.8	7.6	8.2	5.0	1.5	428	1,025,750	9,045,273
Male	1.0	66	18.8	37.3	46.9	6.4	6.1	2.7	0.6	349	713,731	6,515,719
Unknown	0.4	14	16.3	57.1	35.7	5.4	1.8	0.0	0.0	88	56	429
<b>Race</b>												
White	1.6	92	19.2	28.8	47.2	8.3	8.6	5.3	1.8	476	717,266	6,209,097
African American	1.0	55	17.5	37.2	47.5	6.0	5.9	2.9	0.5	317	856,733	7,866,571
Other/unknown	1.5	98	20.8	35.3	42.2	7.3	9.2	4.7	1.2	471	165,538	1,485,753
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.2	392	10.9	1.6	4.0	5.3	28.0	42.3	18.9	3,579	24,432	252,847
Part year	6.2	335	12.5	3.2	6.9	7.9	31.6	37.7	12.7	2,692	14,678	139,767
None	1.1	66	20.6	34.3	47.8	7.1	6.8	3.2	0.8	321	1,700,427	15,168,807
<b>Maintenance Assistance Status</b>												
Cash	1.8	117	24.9	29.3	40.9	8.3	12.4	7.3	1.8	470	603,576	5,859,425
Medically needy	4.3	326	22.4	26.3	14.0	9.5	24.2	19.8	6.3	1,455	9,656	63,364
Poverty related	0.5	23	12.4	38.2	53.1	5.9	2.6	0.2	0.0	187	782,276	6,697,574
Other/unknown	1.8	97	14.0	30.6	44.0	7.6	9.0	6.6	2.3	697	344,029	2,941,058

Source: Data for this table are from the MAX 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 GEORGIA, 2005

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>\$74</b>	<b>\$58</b>	<b>0.5</b>	<b>\$56</b>	<b>\$121</b>	<b>0.1</b>	<b>\$3</b>	<b>\$63</b>	<b>0.7</b>	<b>\$15</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.5	24	44	0.2	17	106	0.0	2	37	0.3	6	17
6-14	0.5	30	65	0.2	24	112	0.0	2	57	0.2	5	21
15-20	0.6	38	66	0.2	30	135	0.0	2	56	0.3	6	19
21-44	1.5	96	65	0.5	73	149	0.1	4	76	0.9	18	19
45-64	4.2	267	64	1.5	201	132	0.1	11	94	2.5	54	22
65-74	4.8	255	53	1.8	193	105	0.1	9	66	2.8	52	19
75-84	5.2	264	51	2.0	199	100	0.2	10	61	3.0	54	18
85 and older	5.2	246	47	1.8	179	97	0.2	12	61	3.1	54	17
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	5.0	254	51	1.9	190	100	0.2	11	63	2.9	53	18
Disabled	3.3	235	72	1.3	184	146	0.1	9	90	1.9	42	22
Adults	1.1	45	41	0.3	31	97	0.0	3	53	0.7	11	16
Children	0.5	23	48	0.2	16	99	0.0	1	43	0.3	5	18
Unknown	2.2	145	66	0.8	113	147	0.1	6	81	1.4	27	20
<b>Gender</b>												
Female	1.5	80	54	0.5	59	113	0.1	4	63	0.9	17	19
Male	1.0	66	68	0.4	51	138	0.0	3	64	0.5	11	21
Unknown	0.4	14	37	0.1	10	84	0.0	1	33	0.3	4	16
<b>Race</b>												
White	1.6	92	57	0.6	68	117	0.1	5	66	0.9	19	20
African American	1.0	55	57	0.3	42	123	0.0	2	58	0.6	11	19
Other/unknown	1.5	98	67	0.6	78	135	0.1	4	68	0.8	16	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.2	392	55	2.6	290	112	0.3	20	67	4.3	82	19
Part year	6.2	335	54	2.2	246	110	0.2	17	71	3.7	71	19
None	1.1	66	59	0.4	50	123	0.0	3	63	0.7	13	19
<b>Maintenance Assistance Status</b>												
Cash	1.8	117	64	0.7	91	132	0.1	5	74	1.1	22	20
Medically needy	4.3	326	77	1.6	241	151	0.1	18	147	2.5	66	26
Poverty related	0.5	23	45	0.2	16	95	0.0	1	42	0.3	5	18
Other/unknown	1.8	97	55	0.6	73	113	0.1	5	64	1.0	20	19

Source: Data for this table are from the MAX 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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, 0.4 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.medispn.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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 GEORGIA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Off-Brand-		Generic	Total	Off-Brand-		Generic	Total	Off-Brand-		Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$15	\$10	\$2	\$4	\$56	\$136	\$63	\$21	2,137,873	\$119,753,114	781,884	44.9	8,028,635
Biologicals	0.5	0.5	0.0	0.0	726	608	32	86	1391	1,242	3,696	3,619	17,864	24,847,932	3,733	0.2	34,245
Antineoplastic Agents	0.5	0.1	0.0	0.3	96	71	1	24	201	558	112	71	59,317	11,916,967	12,034	0.7	124,686
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	26	19	2	5	51	97	54	18	1,676,229	85,223,908	320,989	18.5	3,315,469
Cardiovascular Agents	1.5	0.6	0.0	0.9	59	46	0	13	39	80	21	14	3,447,557	135,018,125	214,361	12.3	2,279,594
Respiratory Agents	0.4	0.2	0.0	0.2	18	14	1	3	48	94	32	16	2,505,059	119,161,706	623,936	35.9	6,448,493
Gastrointestinal Agents	0.5	0.2	0.0	0.3	33	29	0	4	66	136	40	15	1,144,649	76,010,624	218,841	12.6	2,281,963
Genitourinary Agents	0.3	0.1	0.0	0.1	15	11	1	3	53	77	57	24	307,704	16,435,218	109,027	6.3	1,084,901
CNS Drugs	0.8	0.5	0.0	0.4	78	70	0	9	93	154	62	22	2,254,691	208,694,119	252,815	14.5	2,665,592
Stimulants/Anti-obesity/Aorexia	0.6	0.5	0.0	0.1	56	53	0	3	88	98	64	30	417,864	36,919,827	61,445	3.5	658,760
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	137	137	0	1	168	173	0	29	157,594	26,485,922	18,282	1.1	192,844
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	17	6	3	7	34	154	177	17	2,174,498	74,694,441	441,631	25.4	4,513,082
Neuromuscular Agents	0.7	0.2	0.0	0.4	52	35	2	16	75	154	79	36	1,121,775	84,446,414	150,396	8.6	1,610,625
Nutritional Products	0.4	0.1	0.0	0.3	6	2	0	4	16	23	15	14	477,076	7,570,859	126,630	7.3	1,196,151
Hematological Agents	0.7	0.3	0.0	0.4	99	92	1	6	144	321	30	16	380,192	54,796,750	52,586	3.0	556,053
Topical Products	0.3	0.1	0.0	0.2	11	7	0	3	43	76	45	22	1,302,342	55,405,023	482,234	27.7	5,035,506
Miscellaneous Products	0.2	0.1	0.0	0.1	31	23	3	5	168	205	418	75	59,280	9,983,494	30,393	1.7	321,203
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	29	0	0	0	59,262	1,702,986	24,307	1.4	267,474
<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>19,700,826</b>	<b>1,149,067,429</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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.medispn.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, 0.4 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.medispn.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 2005.

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, 2005

Top 10 Drug Groups	Users			Among Users				
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$134,950,834	97,335	5.6	1,073,241	0.6	\$207	\$126	
ANTIASTHMATIC	77,627,133	379,215	21.8	4,031,860	0.3	69	19	
ANTICONVULSANT	70,279,509	102,144	5.9	1,117,205	0.6	98	63	
ANTIDEPRESSANTS	61,413,458	196,130	11.3	2,083,758	0.5	58	29	
ULCER DRUGS	56,181,190	209,763	12.1	2,226,816	0.4	65	25	
ANTIHYPERLIPIDEMIC	50,973,728	89,571	5.1	1,002,726	0.5	97	51	
ANTIDIABETIC	50,051,338	113,197	6.5	1,228,040	0.7	62	41	
ANTIVIRAL	45,397,509	41,957	2.4	442,063	0.3	348	103	
ANALGESICS - Narcotic	40,850,333	475,064	27.3	4,923,774	0.3	29	8	
MISC. HEMATOLOGICAL	38,195,951	25,145	1.4	272,931	0.6	224	140	
Total	625,920,983	1,729,521		18,402,414	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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.

All Medicaid Beneficiaries