

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

**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 D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
All	165,179	71,822	91,938	1,133	49	237	1,742,956	730,785	1,000,620	8,477	501	2,573
Age												
5 and younger	15	0	12	0	3	0	165	0	138	0	27	0
6-14	36	0	30	0	6	0	373	0	319	0	54	0
15-20	406	0	389	2	15	0	4,429	0	4,289	7	133	0
21-44	26,577	0	25,778	758	17	24	286,044	0	279,850	5,757	191	246
45-64	40,487	0	40,045	305	5	132	428,588	0	424,749	2,338	60	1,441
65-74	37,248	19,869	17,243	53	2	81	400,192	202,421	196,547	314	24	886
75-84	34,427	27,877	6,537	13	0	0	363,977	289,994	73,930	53	0	0
85 and older	25,983	24,076	1,904	2	1	0	259,188	238,370	20,798	8	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	110,719	54,143	55,480	837	22	237	1,180,360	558,997	612,206	6,353	231	2,573
Male	54,460	17,679	36,458	296	27	0	562,596	171,788	388,414	2,124	270	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	76,963	37,584	38,742	497	24	116	796,020	370,016	420,600	3,849	280	1,275
African American	68,615	25,240	42,653	601	17	104	733,554	263,144	464,832	4,307	152	1,119
Other/unknown	19,601	8,998	10,543	35	8	17	213,382	97,625	115,188	321	69	179
Use of Nursing Facilities^c												
Entire year	22,124	19,096	3,028	0	0	0	229,547	196,478	33,069	0	0	0
Part year	13,169	11,120	2,049	0	0	0	125,211	104,081	21,130	0	0	0
None	129,886	41,606	86,861	1,133	49	237	1,388,198	430,226	946,421	8,477	501	2,573
Maintenance Assistance Status												
Cash	95,414	28,343	66,397	673	1	0	1,065,337	316,409	743,331	5,590	7	0
Medically needy	5,140	1,582	3,558	0	0	0	37,698	10,665	27,033	0	0	0
Poverty-related	4,465	1,476	2,479	244	29	237	43,048	14,566	23,966	1,652	291	2,573
Other/unknown	60,160	40,421	19,504	216	19	0	596,873	389,145	206,290	1,235	203	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	165,179	71,822	91,938	1,133	49	237	1,742,956	730,785	1,000,620	8,477	501	2,573
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 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 2005. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	87.9	49.0	\$2,869	\$59	\$11,958	24.0	165,179
Age							
5 and younger	93.3	34.2	3,763	110	10,696	35.2	15
6-14	80.6	41.7	5,703	137	17,182	33.2	36
15-20	78.8	23.3	2,606	112	7,689	33.9	406
21-44	81.4	31.1	2,735	88	8,562	31.9	26,577
45-64	85.2	50.0	3,318	66	10,320	32.1	40,487
65-74	88.2	52.4	2,782	53	9,464	29.4	37,248
75-84	91.6	56.0	2,836	51	13,887	20.4	34,427
85 and older	93.4	52.3	2,477	47	19,061	13.0	25,983
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.1	52.0	2,622	50	15,492	16.9	71,822
Disabled	86.3	47.0	3,074	65	9,264	33.2	91,938
Adults	80.8	26.3	1,717	65	5,974	28.7	1,133
Children	77.6	34.2	4,391	128	8,852	49.6	49
Unknown	95.4	45.8	3,668	80	15,129	24.2	237
Gender							
Female	90.8	54.1	3,009	56	12,246	24.6	110,719
Male	81.9	38.7	2,586	67	11,370	22.7	54,460
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.5	56.6	3,303	58	15,144	21.8	76,963
African American	86.4	41.8	2,471	59	10,195	24.2	68,615
Other/unknown	86.9	44.6	2,561	57	5,618	45.6	19,601
Use of Nursing Facilities^f							
Entire year	98.6	74.3	3,979	54	35,518	11.2	22,124
Part year	97.0	58.8	3,067	52	22,240	13.8	13,169
None	85.1	43.7	2,660	61	6,902	38.5	129,886
Maintenance Assistance Status							
Cash	88.0	47.0	2,802	60	6,723	41.7	95,414
Medically needy	81.0	35.0	2,704	77	5,059	53.4	5,140
Poverty related	76.9	21.0	1,341	64	4,073	32.9	4,465
Other/unknown	89.2	55.4	3,104	56	21,435	14.5	60,160

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 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 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.

TABLE D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:								Number		
			Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months	
All	4.6	\$272	24.0	12.1	14.6	9.8	29.0	26.4	8.1	\$1,133	165,179	1,742,956	
Age													
5 and younger	3.1	342	35.2	6.7	20.0	20.0	46.7	6.7	0.0	972	15	165	
6-14	4.0	551	33.2	19.4	5.6	19.4	30.6	25.0	0.0	1,658	36	373	
15-20	2.1	239	33.9	21.2	35.7	10.6	21.9	10.1	0.5	705	406	4,429	
21-44	2.9	254	31.9	18.6	27.2	12.6	24.6	14.0	3.0	796	26,577	286,044	
45-64	4.7	313	32.1	14.8	14.4	9.5	27.0	25.2	9.1	975	40,487	428,588	
65-74	4.9	259	29.4	11.8	13.0	9.6	29.3	27.3	9.1	881	37,248	400,192	
75-84	5.3	268	20.4	8.4	10.2	9.0	30.9	31.6	10.0	1,314	34,427	363,977	
85 and older	5.2	248	13.0	6.6	9.8	9.0	33.6	33.1	7.9	1,911	25,983	259,188	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility ^e													
Aged	5.1	258	16.9	9.9	11.2	9.2	30.6	29.9	9.2	1,523	71,822	730,785	
Disabled	4.3	282	33.2	13.7	17.1	10.3	27.7	23.9	7.3	851	91,938	1,000,620	
Adults	3.5	230	28.7	19.2	24.0	12.4	25.8	15.1	3.6	798	1,133	8,477	
Children	3.3	430	49.6	22.4	20.4	8.2	24.5	22.4	2.0	866	49	501	
Unknown	4.2	338	24.2	4.6	15.2	13.1	42.2	21.5	3.4	1,394	237	2,573	
Gender													
Female	5.1	282	24.6	9.2	12.4	9.5	30.2	29.3	9.3	1,149	110,719	1,180,360	
Male	3.7	250	22.7	18.1	19.0	10.4	26.4	20.5	5.5	1,101	54,460	562,596	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	5.5	319	21.8	10.5	11.4	8.3	27.2	30.6	12.1	1,464	76,963	796,020	
African American	3.9	231	24.2	13.6	17.5	11.2	30.4	23.0	4.3	954	68,615	733,554	
Other/unknown	4.1	235	45.6	13.1	16.8	11.2	31.1	22.3	5.6	516	19,601	213,382	
Use of Nursing Facilities ^f													
Entire year	7.2	384	11.2	1.4	4.0	5.2	28.2	42.5	18.7	3,423	22,124	229,547	
Part year	6.2	323	13.8	3.0	7.0	7.9	31.8	38.0	12.3	2,339	13,169	125,211	
None	4.1	249	38.5	14.9	17.1	10.8	28.8	22.5	5.9	646	129,886	1,388,198	
Maintenance Assistance Status													
Cash	4.2	251	41.7	12.0	16.6	11.0	30.4	24.0	6.0	602	95,414	1,065,337	
Medically needy	4.8	369	53.4	19.0	13.8	9.3	25.8	23.6	8.5	690	5,140	37,698	
Poverty related	2.2	139	32.9	23.1	32.0	13.9	21.4	8.3	1.3	423	4,465	43,048	
Other/unknown	5.6	313	14.5	10.8	10.2	7.7	27.5	31.9	11.8	2,161	60,160	596,873	

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 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 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.

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, 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
All	4.6	\$272	\$59	1.8	\$206	\$118	0.2	\$12	\$76	2.7	\$54	\$20
Age												
5 and younger	3.1	342	110	1.0	268	268	0.3	19	63	1.8	55	30
6-14	4.0	551	137	1.9	491	263	0.2	15	90	2.0	45	22
15-20	2.1	239	112	0.9	208	224	0.1	4	62	1.1	25	22
21-44	2.9	254	88	1.1	202	181	0.1	10	105	1.7	42	25
45-64	4.7	313	66	1.8	236	133	0.1	15	100	2.8	63	23
65-74	4.9	259	53	1.9	196	104	0.1	10	67	2.8	53	19
75-84	5.3	268	51	2.0	202	100	0.2	11	61	3.1	55	18
85 and older	5.2	248	47	1.9	181	97	0.2	13	61	3.2	55	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.1	258	50	1.9	193	100	0.2	11	63	3.0	54	18
Disabled	4.3	282	65	1.6	216	132	0.1	12	89	2.5	55	22
Adults	3.5	230	65	1.2	169	137	0.1	11	112	2.2	49	23
Children	3.3	430	128	1.6	380	244	0.1	15	108	1.6	35	21
Unknown	4.2	338	80	1.6	258	162	0.2	22	138	2.5	58	24
Gender												
Female	5.1	282	56	1.9	211	111	0.2	13	76	3.0	58	19
Male	3.7	250	67	1.4	195	135	0.1	9	78	2.2	47	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.5	319	58	2.0	237	117	0.2	16	81	3.2	66	21
African American	3.9	231	59	1.5	179	121	0.1	8	67	2.3	44	19
Other/unknown	4.1	235	57	1.6	181	110	0.1	9	74	2.3	45	19
Use of Nursing Facilities^e												
Entire year	7.2	384	54	2.6	283	109	0.3	20	67	4.2	81	19
Part year	6.2	323	52	2.2	237	105	0.2	17	70	3.7	68	19
None	4.1	249	61	1.6	190	122	0.1	10	81	2.4	49	20
Maintenance Assistance Status												
Cash	4.2	251	60	1.6	193	119	0.1	9	75	2.5	49	20
Medically needy	4.8	369	77	1.8	272	152	0.1	23	165	2.8	73	26
Poverty related	2.2	139	64	0.8	102	129	0.1	7	97	1.3	30	23
Other/unknown	5.6	313	56	2.1	232	113	0.2	16	73	3.3	65	20

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 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 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$28	\$21	\$3	\$5	\$79	\$187	\$77	\$22	364,918	\$28,869,880	92,840	56.2	1,031,839
Biologicals	0.5	0.0	0.2	0.3	2,336	12	923	1,400	4829	909	5,405	4,677	252	1,217,023	46	0.0	521
Antineoplastic Agents	0.5	0.1	0.0	0.4	80	52	0	27	168	486	98	76	33,081	5,573,065	6,753	4.1	69,806
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	50	37	5	8	51	99	47	16	786,992	40,305,905	73,326	44.4	809,991
Cardiovascular Agents	1.9	0.7	0.0	1.2	73	56	0	17	39	79	20	15	2,270,432	88,256,769	110,465	66.9	1,208,180
Respiratory Agents	0.7	0.3	0.0	0.3	39	33	1	5	59	99	56	17	436,136	25,590,813	59,409	36.0	658,803
Gastrointestinal Agents	0.8	0.3	0.0	0.5	48	41	0	7	64	137	45	15	602,306	38,318,739	72,206	43.7	795,148
Genitourinary Agents	0.5	0.3	0.0	0.1	32	27	1	4	66	82	57	26	136,182	8,978,602	25,486	15.4	284,771
CNS Drugs	1.2	0.6	0.0	0.5	102	89	0	12	88	145	60	23	1,079,260	94,892,383	85,607	51.8	934,560
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	56	46	1	10	93	154	76	33	7,062	656,768	1,042	0.6	11,659
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	131	131	0	1	153	156	0	28	142,022	21,747,911	15,729	9.5	165,723
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	36	13	9	14	44	144	176	21	847,906	36,971,625	94,017	56.9	1,040,596
Neuromuscular Agents	0.9	0.2	0.0	0.6	59	34	2	23	69	150	72	39	510,862	35,347,303	53,631	32.5	595,231
Nutritional Products	0.6	0.0	0.0	0.5	8	0	0	8	15	20	18	15	222,197	3,286,549	35,801	21.7	389,574
Hematological Agents	0.8	0.3	0.0	0.4	66	58	1	7	84	174	28	17	271,891	22,966,649	32,277	19.5	348,176
Topical Products	0.5	0.2	0.0	0.2	23	17	1	5	50	77	51	24	339,420	17,080,386	65,997	40.0	737,237
Miscellaneous Products	0.4	0.1	0.0	0.2	94	79	3	13	262	561	288	61	12,189	3,188,349	3,179	1.9	33,937
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	23	0	0	0	30,980	699,884	8,322	5.0	94,065
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	8,094,088	473,948,603	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 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.medispain.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.medispain.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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

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	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$59,329,858	40,801	24.7	448,796	0.7	\$193	\$132
ANTIHYPERLIPIDEMIC	33,265,930	54,422	32.9	618,170	0.6	97	54
ULCER DRUGS	30,088,346	78,334	47.4	872,851	0.5	64	34
ANTIDIABETIC	29,266,992	63,899	38.7	708,908	0.7	59	41
ANTIDEPRESSANTS	29,180,312	75,275	45.6	829,190	0.6	57	35
ANTICONVULSANT	28,005,750	42,256	25.6	469,394	0.7	85	60
ANTIHYPERTENSIVE	22,597,653	91,427	55.4	1,017,221	0.6	35	22
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	21,747,911	18,940	11.5	200,500	0.7	153	108
ANALGESICS - Narcotic	21,272,053	122,759	74.3	1,371,837	0.4	38	16
ANTIASTHMATIC	19,406,456	58,879	35.6	650,131	0.4	67	30
Total	294,161,261	646,992		7,186,998	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 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 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; n.a. = not applicable.

Dual Eligible Beneficiaries

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERTENSIVES				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Rx Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Rx Month
All	4,103,454	\$294,161,261	40,801	24.7	448,796	0.7	\$132	54,422	32.9	618,170	0.6	\$54
Female												
All Females	2,981,415	206,806,816	26,245	23.7	288,029	0.7	121	39,528	35.7	451,985	0.6	54
Female, Disabled												
All Ages	1,547,589	116,390,299	13,449	24.2	154,018	0.6	140	22,251	40.1	258,004	0.5	52
5 and younger	12	210	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	141	4,363	0	0.0	0	0.0	0	1	7.1	12	0.2	12
15-20	1,405	138,932	33	22.0	375	0.5	111	7	4.7	84	0.5	47
21-44	239,396	23,182,567	4,249	34.2	48,835	0.6	145	1,809	14.6	20,860	0.4	42
45-64	721,566	55,867,199	6,259	26.4	71,410	0.7	145	10,296	43.4	118,354	0.5	50
65-74	395,978	25,711,920	1,783	14.6	20,746	0.7	130	7,207	58.9	84,450	0.6	55
75-84	151,542	9,289,876	820	15.6	9,374	0.7	112	2,522	47.9	29,498	0.6	58
85 and older	37,549	2,195,232	305	18.0	3,278	0.6	85	409	24.1	4,746	0.6	59
Female, Other Eligibles												
All Ages	1,433,826	90,416,517	12,796	23.2	134,011	0.7	99	17,277	31.3	193,981	0.6	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	30	1,323	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	8	104	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7,894	697,632	137	22.1	1,320	0.5	116	61	9.9	614	0.4	35
45-64	7,119	535,945	64	19.2	699	0.4	71	101	30.2	1,074	0.4	42
65-74	327,969	20,810,291	2,135	16.8	23,189	0.7	111	5,647	44.5	63,797	0.5	52
75-84	599,423	37,960,184	4,975	23.6	52,825	0.7	101	7,891	37.5	89,108	0.6	58
85 and older	491,383	30,411,038	5,485	26.7	55,978	0.7	91	3,577	17.4	39,388	0.6	58
Male												
All Males	1,122,039	87,354,445	14,556	26.7	160,767	0.7	153	14,894	27.3	166,185	0.6	54
Male, Disabled												
All Ages	722,192	61,710,072	10,417	28.6	118,479	0.7	172	9,797	26.9	111,181	0.5	52
5 and younger	35	4,218	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	145	6,284	1	6.3	12	0.6	53	0	0.0	0	0.0	0
15-20	2,515	260,343	68	28.5	759	0.8	161	10	4.2	108	0.2	13
21-44	202,387	21,766,867	4,917	36.8	56,515	0.7	175	1,918	14.3	21,821	0.5	44
45-64	359,368	29,744,254	4,625	28.3	52,188	0.8	176	5,159	31.6	57,809	0.5	52
65-74	123,996	7,872,750	568	11.4	6,408	0.7	139	2,227	44.6	25,881	0.6	58
75-84	29,660	1,810,993	202	15.8	2,240	0.7	107	441	34.6	5,089	0.6	59
85 and older	4,086	244,363	36	17.1	357	0.7	83	42	20.0	473	0.7	61

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTIHYPERTENSIVES				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean \$ per Benefit Month
						Number of Rx per Benefit Month					Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	399,847	25,644,373	4,139	23.0	42,288	0.7	101	5,097	28.3	55,004	0.6	58
5 and younger	11	252	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	35	2,559	0	0.0	0	0.0	0	1	25.0	12	1.0	50
15-20	77	1,684	0	0.0	0	0.0	0	3	30.0	36	0.4	15
21-44	2,710	214,369	26	14.4	245	0.4	108	42	23.3	431	0.4	36
45-64	1,745	126,968	12	11.1	90	0.8	219	42	38.9	375	0.5	40
65-74	160,125	10,479,320	1,379	18.8	14,670	0.7	120	2,477	33.8	26,795	0.6	57
75-84	163,079	10,299,382	1,709	25.0	17,478	0.7	94	2,012	29.4	21,877	0.6	59
85 and older	72,065	4,519,839	1,013	28.6	9,805	0.7	86	520	14.7	5,478	0.6	58
Unknown	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIDEPRESSANTS				
	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
All	78,334	47.4	872,851	0.5	\$35	63,899	38.7	708,908	0.7	\$41	75,275	45.6	829,190	0.6	\$35
Female															
All Females	57,997	52.4	649,593	0.5	35	47,362	42.8	529,743	0.7	41	56,582	51.1	625,790	0.6	36
Female, Disabled															
All Ages	30,235	54.5	348,397	0.5	35	25,513	46.0	292,831	0.7	44	30,725	55.4	350,911	0.6	34
5 and younger	1	50.0	12	1.0	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	42.9	68	0.4	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	44	29.3	526	0.4	24	18	12.0	213	0.4	21	38	25.3	437	0.5	31
21-44	4,630	37.3	53,228	0.4	31	2,594	20.9	29,759	0.6	42	7,310	58.9	83,490	0.5	33
45-64	13,759	58.0	157,322	0.5	37	11,596	48.9	131,842	0.7	45	15,835	66.8	179,780	0.6	35
65-74	7,702	62.9	90,289	0.5	36	8,074	65.9	93,800	0.7	45	5,249	42.9	61,000	0.6	31
75-84	3,166	60.2	36,558	0.5	33	2,705	51.4	31,263	0.7	41	1,855	35.3	21,402	0.6	30
85 and older	927	54.7	10,394	0.6	32	526	31.1	5,954	0.7	35	438	25.9	4,802	0.6	33
Female, Other Eligibles															
All Ages	27,762	50.3	301,196	0.6	34	21,849	39.6	236,912	0.7	38	25,857	46.8	274,879	0.7	38
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	50.0	12	0.1	1
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	174	28.1	1,751	0.3	31	108	17.4	984	0.6	39	355	57.4	3,422	0.4	32
45-64	158	47.3	1,624	0.4	31	123	36.8	1,327	0.6	45	257	76.9	2,655	0.5	38
65-74	6,169	48.6	68,413	0.5	35	6,392	50.4	70,192	0.7	39	5,408	42.6	58,901	0.6	36
75-84	10,902	51.8	120,177	0.6	34	9,524	45.2	104,448	0.8	39	9,958	47.3	107,506	0.7	38
85 and older	10,359	50.4	109,231	0.7	34	5,702	27.8	59,961	0.8	35	9,878	48.1	102,383	0.7	39
Male															
All Males	20,337	37.3	223,258	0.5	34	16,537	30.4	179,165	0.7	42	18,693	34.3	203,400	0.6	34
Male, Disabled															
All Ages	12,521	34.3	141,295	0.5	34	9,756	26.8	108,489	0.7	44	12,202	33.5	136,974	0.6	33
5 and younger	4	40.0	48	0.5	62	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	18.8	36	0.4	7	3	18.8	36	0.6	41	0	0.0	0	0.0	0
15-20	45	18.8	526	0.4	24	6	2.5	72	0.7	65	54	22.6	629	0.6	37
21-44	3,272	24.5	37,250	0.4	31	1,868	14.0	20,978	0.6	42	4,515	33.8	51,268	0.5	33
45-64	6,147	37.6	68,233	0.5	35	5,354	32.8	58,523	0.7	44	6,019	36.8	66,581	0.6	34
65-74	2,317	46.4	26,879	0.5	35	2,047	41.0	23,546	0.7	45	1,274	25.5	14,743	0.6	27
75-84	642	50.3	7,307	0.6	35	422	33.1	4,720	0.7	45	294	23.0	3,292	0.7	32
85 and older	91	43.3	1,016	0.5	28	56	26.7	614	0.8	47	46	21.9	461	0.8	39

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIDEPRESSANTS				
	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
Male, Other Eligibles															
All Ages	7,816	43.4	81,963	0.6	34	6,781	37.7	70,676	0.7	37	6,491	36.1	66,426	0.7	37
5 and younger	1	33.3	12	0.8	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	12	0.8	49	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	20.0	19	0.7	8	2	20.0	24	0.3	8	2	20.0	19	0.4	16
21-44	48	26.7	429	0.4	27	42	23.3	423	0.6	70	98	54.4	913	0.4	26
45-64	33	30.6	281	0.5	26	37	34.3	262	0.6	39	59	54.6	482	0.5	35
65-74	3,016	41.2	32,244	0.6	33	2,982	40.7	31,294	0.7	38	2,362	32.3	24,942	0.7	38
75-84	3,106	45.4	32,838	0.6	34	2,803	41.0	29,449	0.7	37	2,608	38.2	26,668	0.7	37
85 and older	1,609	45.5	16,128	0.6	34	915	25.9	9,224	0.8	34	1,362	38.5	13,402	0.7	38
Unknown	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	42,256	25.6	469,394	0.7	\$60	91,427	55.4	1,017,221	0.6	\$22	18,940	11.5	200,500	0.7	\$109
Female															
All Females	28,217	25.5	314,221	0.7	56	66,617	60.2	746,941	0.6	23	14,753	13.3	157,581	0.7	109
Female, Disabled															
All Ages	17,520	31.6	199,816	0.7	65	32,796	59.1	376,773	0.6	23	2,441	4.4	27,964	0.6	162
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	5	35.7	60	0.3	12	11	78.6	128	0.5	7	0	0.0	0	0.0	0
15-20	33	22.0	377	0.8	106	31	20.7	365	0.3	15	2	1.3	24	0.6	411
21-44	4,780	38.5	54,504	0.7	84	3,243	26.1	36,807	0.5	18	218	1.8	2,542	0.6	468
45-64	8,718	36.8	98,771	0.7	65	14,105	59.5	160,478	0.6	22	724	3.1	8,229	0.6	226
65-74	2,742	22.4	31,781	0.6	45	10,169	83.0	118,524	0.7	25	636	5.2	7,337	0.6	84
75-84	1,022	19.4	11,869	0.6	37	4,131	78.5	47,978	0.7	24	601	11.4	6,956	0.6	85
85 and older	220	13.0	2,454	0.7	33	1,106	65.3	12,493	0.7	24	260	15.3	2,876	0.7	91
Female, Other Eligibles															
All Ages	10,697	19.4	114,405	0.7	39	33,821	61.2	370,168	0.7	24	12,312	22.3	129,617	0.7	98
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	3	150.0	32	0.6	11	0	0.0	0	0.0	0
15-20	1	14.3	4	0.3	8	2	28.6	8	0.5	8	0	0.0	0	0.0	0
21-44	186	30.0	1,831	0.6	71	155	25.0	1,524	0.4	12	11	1.8	112	0.5	397
45-64	95	28.4	978	0.5	56	166	49.7	1,602	0.5	22	7	2.1	84	0.5	205
65-74	2,900	22.9	31,723	0.7	44	8,277	65.3	91,844	0.6	23	1,321	10.4	14,098	0.7	96
75-84	4,304	20.4	46,603	0.7	39	14,246	67.7	158,591	0.7	24	5,191	24.7	55,028	0.7	97
85 and older	3,211	15.6	33,266	0.7	34	10,972	53.4	116,567	0.7	23	5,782	28.1	60,295	0.7	99
Male															
All Males	14,039	25.8	155,173	0.8	68	24,810	45.6	270,280	0.6	20	4,187	7.7	42,919	0.7	106
Male, Disabled															
All Ages	10,408	28.5	117,575	0.8	76	15,019	41.2	166,628	0.6	20	864	2.4	9,598	0.6	134
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	6	37.5	66	0.7	39	6	37.5	72	0.7	15	0	0.0	0	0.0	0
15-20	57	23.8	649	0.8	113	60	25.1	683	0.6	13	0	0.0	0	0.0	0
21-44	4,153	31.1	47,390	0.8	91	3,177	23.8	35,194	0.6	20	135	1.0	1,565	0.5	225
45-64	5,011	30.7	55,991	0.8	71	7,613	46.6	82,808	0.6	20	437	2.7	4,794	0.6	141
65-74	928	18.6	10,686	0.7	43	3,246	64.9	37,387	0.6	20	168	3.4	1,909	0.6	75
75-84	220	17.2	2,461	0.7	33	812	63.6	9,306	0.7	22	89	7.0	974	0.6	82
85 and older	33	15.7	332	0.6	31	105	50.0	1,178	0.7	21	35	16.7	356	0.7	98

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	3,631	20.2	37,598	0.7	44	9,791	54.4	103,652	0.7	19	3,323	18.5	33,321	0.7	98
5 and younger	0	0.0	0	0.0	0	2	66.7	24	0.1	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	6	60.0	65	0.4	5	0	0.0	0	0.0	0
21-44	46	25.6	472	0.6	82	58	32.2	555	0.5	17	1	0.6	9	1.3	201
45-64	26	24.1	189	0.7	74	34	31.5	294	0.6	21	0	0.0	0	0.0	0
65-74	1,645	22.5	17,584	0.8	49	4,116	56.2	43,681	0.6	20	792	10.8	8,242	0.7	95
75-84	1,377	20.1	14,168	0.7	41	3,968	58.1	42,551	0.7	20	1,527	22.3	15,366	0.7	96
85 and older	537	15.2	5,185	0.7	36	1,607	45.4	16,482	0.7	18	1,003	28.3	9,704	0.8	101
Unknown	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	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		
All	122,759	74.3	1,371,837	0.4	\$16	58,879	35.6	650,131	0.4	\$30	165,179	1,742,956
Female												
All Females	90,410	81.7	1,016,776	0.4	15	42,087	38.0	467,798	0.4	29	110,719	1,180,360
Female, Disabled												
All Ages	54,395	98.0	625,733	0.4	16	23,742	42.8	272,511	0.4	32	55,480	612,206
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	5	35.7	60	0.3	2	4	28.6	48	0.4	9	14	154
15-20	99	66.0	1,147	0.2	2	32	21.3	355	0.3	16	150	1,649
21-44	11,708	94.4	134,241	0.4	16	3,809	30.7	43,638	0.3	23	12,406	135,693
45-64	24,877	104.9	284,256	0.4	19	11,571	48.8	132,184	0.4	34	23,708	255,930
65-74	11,850	96.8	138,461	0.4	12	6,061	49.5	70,490	0.5	34	12,245	140,425
75-84	4,623	87.9	53,702	0.4	10	1,823	34.7	20,860	0.5	31	5,261	59,772
85 and older	1,233	72.8	13,866	0.4	11	442	26.1	4,936	0.4	30	1,694	18,559
Female, Other Eligibles												
All Ages	36,015	65.2	391,043	0.4	15	18,345	33.2	195,287	0.4	25	55,239	568,154
5 and younger	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	4	200.0	40	0.3	24	2	22
15-20	2	28.6	24	0.1	1	0	0.0	0	0.0	0	7	49
21-44	673	108.7	6,320	0.4	17	135	21.8	1,320	0.3	18	619	4,786
45-64	436	130.5	4,580	0.4	20	119	35.6	1,238	0.4	28	334	3,106
65-74	8,738	68.9	97,152	0.4	14	4,441	35.0	48,828	0.4	30	12,681	132,281
75-84	13,972	66.4	154,507	0.4	15	7,117	33.8	76,735	0.5	28	21,056	222,422
85 and older	12,194	59.4	128,460	0.5	16	6,529	31.8	67,126	0.4	19	20,540	205,488
Male												
All Males	32,349	59.4	355,061	0.4	16	16,792	30.8	182,333	0.5	32	54,460	562,596
Male, Disabled												
All Ages	23,113	63.4	258,425	0.4	17	9,782	26.8	109,635	0.5	33	36,458	388,414
5 and younger	1	10.0	12	0.1	1	5	50.0	60	0.2	20	10	114
6-14	0	0.0	0	0.0	0	5	31.3	60	0.1	4	16	165
15-20	87	36.4	1,004	0.2	2	28	11.7	333	0.4	36	239	2,640
21-44	7,522	56.3	84,822	0.4	16	2,028	15.2	23,119	0.4	24	13,372	144,157
45-64	10,887	66.6	119,470	0.4	19	4,609	28.2	50,549	0.5	33	16,337	168,819
65-74	3,632	72.7	41,931	0.4	13	2,474	49.5	28,411	0.6	42	4,998	56,122
75-84	848	66.5	9,691	0.4	12	572	44.8	6,408	0.5	34	1,276	14,158
85 and older	136	64.8	1,495	0.3	8	61	29.0	695	0.5	42	210	2,239

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005													
	ANALGESICS - Narcotic						ANTIASTHMATIC						
Beneficiary Characteristics	Number of Users	Users of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
Male, Other Eligibles													
All Ages	9,236	51.3	96,636	0.4	13	7,010	38.9	72,698	0.5	30	18,002	174,182	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27	
6-14	1	25.0	12	0.1	0	3	75.0	36	0.4	38	4	32	
15-20	3	30.0	31	0.1	1	1	10.0	12	0.4	13	10	91	
21-44	194	107.8	1,732	0.5	28	40	22.2	376	0.3	22	180	1,408	
45-64	101	93.5	835	0.6	28	40	37.0	324	0.5	45	108	733	
65-74	3,793	51.8	40,518	0.4	14	2,637	36.0	27,947	0.5	33	7,324	71,364	
75-84	3,496	51.2	36,982	0.4	11	2,863	41.9	29,874	0.5	29	6,834	67,625	
85 and older	1,648	46.6	16,526	0.4	11	1,426	40.3	14,129	0.5	24	3,539	32,902	
Unknown	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

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
All	\$384	7.2	22,124	229,547
Age				
0-64	493	7.5	2,021	22,089
65-74	465	8.2	3,335	35,939
75-84	397	7.5	7,233	75,007
85 and older	317	6.4	9,535	96,512
Unknown	0	0.0	0	0
Gender				
Female	376	7.2	16,363	170,249
Male	405	7.0	5,761	59,298
Unknown	0	0.0	0	0
Race				
White	395	7.5	15,090	154,984
African American	360	6.3	6,802	72,181
Other/unknown	359	6.6	232	2,382
Basis of Eligibility^c				
Aged	370	7.1	19,096	196,478
Disabled	465	7.3	3,028	33,069
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 13,169 beneficiaries who were in nursing facilities for part of their enrollment and their 125,211 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.

Dual Eligible Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

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	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 Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$18	\$10	\$4	\$5	\$51	\$92	\$86	\$22	59,233	\$3,026,814	15,322	69.3	164,355
Biologicals	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	0.5	69	30	1	39	127	433	107	83	9,018	1,147,929	1,671	7.6	16,624
Endocrine/Metabolic Drugs	1.2	0.4	0.2	0.6	52	35	9	8	45	88	55	14	136,096	6,079,584	10,950	49.5	116,589
Cardiovascular Agents	2.1	0.5	0.0	1.5	66	42	0	24	31	76	16	15	382,798	11,951,213	17,352	78.4	182,218
Respiratory Agents	0.7	0.2	0.0	0.4	29	23	0	7	42	91	43	15	71,459	3,004,893	9,518	43.0	101,884
Gastrointestinal Agents	1.0	0.3	0.0	0.8	46	36	0	10	44	122	34	13	136,496	5,966,235	12,255	55.4	130,319
Genitourinary Agents	0.6	0.4	0.0	0.2	41	35	1	6	66	83	51	30	32,416	2,138,916	4,777	21.6	51,806
CNS Drugs	1.6	0.9	0.0	0.7	133	117	0	16	82	124	43	23	287,467	23,632,633	16,781	75.8	177,540
Stimulants/Anti-obesity/Anorexia	0.9	0.1	0.0	0.8	23	12	1	10	25	115	38	12	806	20,284	85	0.4	888
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	143	143	0	0	141	142	0	24	67,008	9,478,310	6,339	28.7	66,471
Analgesics and Anesthetics	1.0	0.2	0.1	0.7	42	14	16	13	41	93	127	17	133,007	5,503,792	12,275	55.5	130,315
Neuromuscular Agents	1.2	0.3	0.0	0.8	70	36	2	32	60	119	52	39	99,853	6,010,442	7,994	36.1	85,909
Nutritional Products	0.7	0.0	0.0	0.7	11	0	1	10	15	18	21	15	55,883	827,317	7,206	32.6	75,822
Hematological Agents	1.1	0.4	0.1	0.6	77	66	2	9	68	166	19	14	77,604	5,302,799	6,566	29.7	68,820
Topical Products	0.6	0.3	0.0	0.3	25	17	1	6	43	68	48	22	85,310	3,676,647	13,351	60.3	145,541
Miscellaneous Products	0.3	0.1	0.0	0.2	14	8	0	6	52	101	137	32	2,864	149,525	1,004	4.5	10,787
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	17	0	0	0	6,088	103,890	1,344	6.1	14,528
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,643,406	88,021,223	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 13,169 beneficiaries who were in nursing facilities for part of their enrollment and their 125,211 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 2005. 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$14,562,040	10,568	47.8	114,111	0.8	\$155	\$128
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	9,478,310	7,647	34.6	80,791	0.8	141	117
ANTIDEPRESSANTS	7,963,855	15,458	69.9	165,879	0.8	59	48
ULCER DRUGS	5,124,809	13,120	59.3	141,381	0.8	47	36
ANTICONVULSANT	4,559,861	7,257	32.8	78,810	0.9	63	58
ANTIDIABETIC	4,508,701	9,558	43.2	103,158	0.9	47	44
ANALGESICS - Narcotic	3,426,290	13,009	58.8	138,818	0.7	37	25
MISC. HEMATOLOGICAL	3,186,176	3,418	15.4	36,312	0.8	109	88
ANTIHYPERLIPIDEMIC	3,097,025	4,111	18.6	44,200	0.8	93	70
ANTIHYPERTENSIVE	3,031,010	11,508	52.0	123,020	0.8	30	25
Total	58,938,077	95,654		1,026,480	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 13,169 beneficiaries who were in nursing facilities for part of their enrollment and their 125,211 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	830,068	\$58,938,077	10,568	47.8	114,111	0.8	\$128	7,647	34.6	80,791	0.8	\$117
Female												
All Females	611,548	42,772,314	7,549	46.1	81,597	0.8	124	5,860	35.8	62,458	0.8	117
Female, Disabled												
All Ages	70,678	5,863,685	1,038	64.0	11,736	0.9	169	254	15.7	2,860	0.8	206
64 or younger	40,942	3,529,031	571	63.1	6,406	0.9	176	109	12.0	1,215	0.8	330
65-74	13,861	1,170,625	211	79.3	2,476	0.9	184	55	20.7	630	0.8	116
75-84	10,121	771,577	162	60.9	1,845	0.9	153	56	21.1	652	0.7	110
85 and older	5,754	392,452	94	51.1	1,009	0.8	118	34	18.5	363	0.8	117
Female, Other Eligibles												
All Ages	540,870	36,908,629	6,511	44.2	69,861	0.8	116	5,606	38.0	59,598	0.8	113
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	81,257	5,779,249	922	58.7	10,233	0.8	146	493	31.4	5,286	0.8	122
75-84	212,864	14,623,394	2,532	49.3	27,543	0.8	118	2,206	42.9	23,463	0.8	114
85 and older	246,749	16,505,986	3,057	38.0	32,085	0.8	106	2,907	36.2	30,849	0.8	111
Male												
All Males	218,520	16,165,763	3,019	52.4	32,514	0.8	137	1,787	31.0	18,333	0.8	118
Male, Disabled												
All Ages	60,458	4,939,064	934	66.4	10,499	0.9	169	156	11.1	1,727	0.8	146
64 or younger	49,291	4,102,256	736	65.9	8,290	0.9	176	110	9.9	1,213	0.8	161
65-74	6,491	490,849	110	68.3	1,243	0.9	151	19	11.8	201	0.8	115
75-84	3,845	292,404	71	71.7	793	0.9	140	19	19.2	217	0.7	110
85 and older	831	53,555	17	54.8	173	0.7	73	8	25.8	96	0.7	99
Male, Other Eligibles												
All Ages	158,062	11,226,699	2,085	47.9	22,015	0.8	122	1,631	37.5	16,606	0.8	115
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	57,892	4,206,563	687	51.3	7,580	0.8	145	379	28.3	4,044	0.8	114
75-84	64,131	4,512,201	848	49.0	8,939	0.8	115	714	41.2	7,279	0.9	116
85 and older	36,039	2,507,935	550	42.8	5,496	0.7	100	538	41.9	5,283	0.8	114
Unknown	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. A total of 13,169 beneficiaries who were in nursing facilities for part of their enrollment and their 125,211 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 2005. 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 2005 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.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	15,458	69.9	165,879	0.8	\$48	13,120	59.3	141,381	0.8	\$36	7,257	32.8	78,810	0.9	\$58
Female															
All Females	11,718	71.6	126,005	0.8	48	9,750	59.6	105,453	0.8	36	4,847	29.6	52,582	0.9	54
Female, Disabled															
All Ages	1,130	69.7	12,684	0.9	55	997	61.5	11,109	0.8	36	901	55.6	10,205	1.0	78
64 or younger	679	75.0	7,569	0.9	57	527	58.2	5,824	0.8	37	630	69.6	7,107	1.1	81
65-74	200	75.2	2,302	0.8	50	175	65.8	1,996	0.7	34	143	53.8	1,620	1.0	86
75-84	165	62.0	1,896	0.8	52	169	63.5	1,892	0.7	34	94	35.3	1,098	0.9	51
85 and older	86	46.7	917	0.8	56	126	68.5	1,397	0.7	35	34	18.5	380	1.0	59
Female, Other Eligibles															
All Ages	10,588	71.8	113,321	0.8	47	8,753	59.4	94,344	0.8	36	3,946	26.8	42,377	0.9	48
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,379	87.8	15,176	0.8	50	1,048	66.8	11,556	0.8	39	819	52.2	8,970	0.9	60
75-84	3,910	76.1	42,333	0.8	48	3,164	61.6	34,583	0.8	35	1,595	31.0	17,255	0.9	49
85 and older	5,299	65.9	55,812	0.8	46	4,541	56.5	48,205	0.8	36	1,532	19.1	16,152	0.8	41
Male															
All Males	3,740	64.9	39,874	0.8	48	3,370	58.5	35,928	0.8	37	2,410	41.8	26,228	1.0	66
Male, Disabled															
All Ages	945	67.2	10,542	0.8	49	849	60.3	9,375	0.8	37	906	64.4	10,224	1.0	84
64 or younger	763	68.4	8,521	0.9	50	674	60.4	7,418	0.8	37	777	69.6	8,810	1.1	88
65-74	101	62.7	1,135	0.7	39	95	59.0	1,081	0.8	36	85	52.8	969	1.0	66
75-84	64	64.6	702	0.8	46	65	65.7	713	0.8	38	38	38.4	396	0.9	61
85 and older	17	54.8	184	0.9	49	15	48.4	163	0.8	23	6	19.4	49	0.7	54
Male, Other Eligibles															
All Ages	2,795	64.2	29,332	0.8	48	2,521	57.9	26,553	0.8	38	1,504	34.5	16,004	0.9	54
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	912	68.2	9,976	0.8	50	845	63.2	9,269	0.8	38	669	50.0	7,432	0.9	61
75-84	1,144	66.1	11,862	0.8	49	1,006	58.1	10,584	0.8	39	584	33.7	6,136	0.9	50
85 and older	739	57.5	7,494	0.8	45	670	52.1	6,700	0.8	36	251	19.5	2,436	0.8	46
Unknown	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. A total of 13,169 beneficiaries who were in nursing facilities for part of their enrollment and their 125,211 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 2005. 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 2005 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.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	9,558	43.2	103,158	0.9	\$44	13,009	58.8	138,818	0.7	\$25	3,418	15.4	36,312	0.8	\$88
Female															
All Females	6,877	42.0	74,394	0.9	43	10,121	61.9	108,170	0.7	26	2,420	14.8	25,816	0.8	87
Female, Disabled															
All Ages	783	48.3	8,662	1.0	51	990	61.1	10,949	0.7	27	165	10.2	1,819	0.8	85
64 or younger	425	47.0	4,696	1.0	52	556	61.4	6,084	0.8	28	80	8.8	886	0.8	91
65-74	160	60.2	1,819	1.1	57	173	65.0	1,971	0.8	32	33	12.4	375	0.8	75
75-84	130	48.9	1,387	0.9	46	152	57.1	1,716	0.6	23	28	10.5	318	0.7	78
85 and older	68	37.0	760	0.9	35	109	59.2	1,178	0.6	24	24	13.0	240	0.8	89
Female, Other Eligibles															
All Ages	6,094	41.3	65,732	0.9	42	9,131	61.9	97,221	0.7	26	2,255	15.3	23,997	0.8	87
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,157	73.7	12,860	1.0	47	1,189	75.7	13,080	0.8	31	284	18.1	3,051	0.8	85
75-84	2,605	50.7	27,983	1.0	43	3,297	64.2	35,674	0.7	28	831	16.2	8,802	0.8	89
85 and older	2,332	29.0	24,889	0.9	38	4,645	57.8	48,467	0.6	23	1,140	14.2	12,144	0.8	86
Male															
All Males	2,681	46.5	28,764	0.9	45	2,888	50.1	30,648	0.6	20	998	17.3	10,496	0.8	90
Male, Disabled															
All Ages	670	47.6	7,297	1.0	52	671	47.7	7,372	0.7	24	183	13.0	1,968	0.8	90
64 or younger	522	46.8	5,704	1.0	52	557	49.9	6,166	0.8	26	142	12.7	1,516	0.8	94
65-74	86	53.4	927	1.0	54	53	32.9	570	0.7	17	23	14.3	252	0.8	88
75-84	47	47.5	494	1.0	56	52	52.5	545	0.7	20	16	16.2	176	0.7	67
85 and older	15	48.4	172	0.9	42	9	29.0	91	0.2	2	2	6.5	24	0.5	68
Male, Other Eligibles															
All Ages	2,011	46.2	21,467	0.9	43	2,217	50.9	23,276	0.6	18	815	18.7	8,528	0.8	90
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	734	54.9	8,142	0.9	46	719	53.7	7,958	0.6	22	269	20.1	2,959	0.8	93
75-84	887	51.2	9,330	0.9	41	907	52.4	9,458	0.6	19	314	18.1	3,221	0.8	91
85 and older	390	30.4	3,995	0.9	39	591	46.0	5,860	0.5	13	232	18.1	2,348	0.8	85
Unknown	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. A total of 13,169 beneficiaries who were in nursing facilities for part of their enrollment and their 125,211 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 2005. 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 2005 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTIHYPERTENSIVE					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	4,111	18.6	44,200	0.8	\$70	11,508	52.0	123,020	0.8	\$25	22,124	229,547
Female												
All Females	2,855	17.4	30,805	0.7	69	8,444	51.6	90,653	0.8	25	16,363	170,249
Female, Disabled												
All Ages	340	21.0	3,769	0.7	69	829	51.1	9,141	0.8	28	1,621	17,782
64 or younger	214	23.6	2,336	0.7	71	400	44.2	4,315	0.9	29	905	9,950
65-74	83	31.2	931	0.7	65	196	73.7	2,236	0.8	29	266	2,986
75-84	34	12.8	402	0.7	69	147	55.3	1,681	0.8	26	266	2,913
85 and older	9	4.9	100	0.8	74	86	46.7	909	0.8	28	184	1,933
Female, Other Eligibles												
All Ages	2,515	17.1	27,036	0.8	69	7,615	51.7	81,512	0.8	25	14,742	152,467
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	461	29.4	5,132	0.8	68	992	63.2	10,991	0.8	25	1,570	16,900
75-84	1,135	22.1	12,044	0.8	72	2,834	55.2	30,450	0.8	25	5,137	53,662
85 and older	919	11.4	9,860	0.7	66	3,789	47.2	40,071	0.8	25	8,035	81,905
Male												
All Males	1,256	21.8	13,395	0.8	73	3,064	53.2	32,367	0.8	23	5,761	59,298
Male, Disabled												
All Ages	340	24.2	3,744	0.7	72	681	48.4	7,287	0.9	26	1,407	15,287
64 or younger	284	25.4	3,120	0.8	73	524	47.0	5,613	0.9	27	1,116	12,139
65-74	39	24.2	435	0.6	60	88	54.7	975	0.9	25	161	1,768
75-84	13	13.1	145	0.7	84	56	56.6	560	0.8	21	99	1,050
85 and older	4	12.9	44	0.8	76	13	41.9	139	0.8	26	31	330
Male, Other Eligibles												
All Ages	916	21.0	9,651	0.8	73	2,383	54.7	25,080	0.8	22	4,354	44,011
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	382	28.6	4,146	0.8	76	820	61.3	8,986	0.8	23	1,338	14,285
75-84	372	21.5	3,840	0.8	70	974	56.3	10,123	0.8	22	1,731	17,382
85 and older	162	12.6	1,665	0.8	71	589	45.8	5,971	0.8	20	1,285	12,344
Unknown	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. A total of 13,169 beneficiaries who were in nursing facilities for part of their enrollment and their 125,211 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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^{a,b}
GEORGIA, 2005

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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	76,694	46.4	3.4	564,467	\$46	\$7,667,807	\$14	1.6	165,179
Age									
5 and younger	11	73.3	8.5	127	213	3,193	25	5.7	15
6-14	23	63.9	4.0	145	123	4,437	31	2.2	36
15-20	142	35.0	1.8	725	36	14,788	20	1.4	406
21-44	8,905	33.5	1.9	51,172	42	1,110,733	22	1.5	26,577
45-64	18,792	46.4	3.4	136,780	59	2,390,583	17	1.8	40,487
65-74	17,413	46.7	3.5	131,044	39	1,460,471	11	1.4	37,248
75-84	17,572	51.0	4.0	138,147	45	1,536,379	11	1.6	34,427
85 and older	13,836	53.3	4.1	106,327	44	1,147,223	11	1.8	25,983
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	35,261	49.1	3.7	268,835	42	2,984,743	11	1.6	71,822
Disabled	40,909	44.5	3.2	293,207	51	4,650,108	16	1.6	91,938
Adults	396	35.0	1.5	1,724	20	22,276	13	1.1	1,133
Children	13	26.5	2.0	100	53	2,574	26	1.2	49
Unknown	115	48.5	2.5	601	34	8,106	13	0.9	237
Gender									
Female	56,644	51.2	3.8	426,249	54	5,957,212	14	1.8	110,719
Male	20,050	36.8	2.5	138,218	31	1,710,595	12	1.2	54,460
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	39,243	51.0	4.0	304,333	58	4,486,061	15	1.8	76,963
African American	29,528	43.0	3.0	207,072	37	2,539,749	12	1.5	68,615
Other/unknown	7,923	40.4	2.7	53,062	33	641,997	12	1.3	19,601
Use of Nursing Facilities^d									
Entire year	13,226	59.8	5.7	125,362	67	1,486,335	12	1.7	22,124
Part year	8,564	65.0	4.5	59,480	53	702,388	12	1.7	13,169
None	54,904	42.3	2.9	379,625	42	5,479,084	14	1.6	129,886
Maintenance Assistance Status									
Cash	42,024	44.0	3.1	299,872	39	3,698,358	12	1.4	95,414
Medically needy	2,268	44.1	2.4	12,089	97	496,048	41	3.6	5,140
Poverty related	1,591	35.6	1.5	6,567	42	188,953	29	3.2	4,465
Other/unknown	30,811	51.2	4.1	245,939	55	3,284,448	13	1.8	60,160

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 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 2005.

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^{a,b}
GEORGIA, 2005

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	\$4	\$14	\$0	\$1	1,742,956
Age						
5 and younger	0.8	19	25	0	0	165
6-14	0.4	12	31	0	1	373
15-20	0.2	3	20	0	1	4,429
21-44	0.2	4	22	0	1	286,044
45-64	0.3	6	17	0	1	428,588
65-74	0.3	4	11	0	1	400,192
75-84	0.4	4	11	0	1	363,977
85 and older	0.4	4	11	0	1	259,188
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	4	11	0	1	730,785
Disabled	0.3	5	16	0	1	1,000,620
Adults	0.2	3	13	0	1	8,477
Children	0.2	5	26	0	0	501
Unknown	0.2	3	13	0	1	2,573
Gender						
Female	0.4	5	14	0	1	1,180,360
Male	0.2	3	12	0	1	562,596
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	6	15	0	2	796,020
African American	0.3	3	12	0	0	733,554
Other/unknown	0.2	3	12	0	1	213,382
Use of Nursing Facilities^d						
Entire year	0.5	6	12	0	2	229,547
Part year	0.5	6	12	0	2	125,211
None	0.3	4	14	0	1	1,388,198
Maintenance Assistance Status						
Cash	0.3	3	12	0	1	1,065,337
Medically needy	0.3	13	41	0	2	37,698
Poverty related	0.2	4	29	0	1	43,048
Other/unknown	0.4	6	13	0	1	596,873

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 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 2005.

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^{a,b,c}
GEORGIA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	106,370	\$72	\$7,667,807	100.0	564,467	\$14	100.0	
Anorexia or weight loss/gain	1	93	93	0.0	1	93	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	25	16	408	0.0	42	10	0.0	
Cough and cold medications	417	108	45,082	0.6	1,023	44	0.2	
Vitamins and minerals	35,047	92	3,239,144	42.2	218,980	15	38.8	
Non-prescription drugs	28,879	32	910,615	11.9	147,154	6	26.1	
Barbiturates	2,266	58	131,737	1.7	22,696	6	4.0	
Benzodiazepines	33,451	54	1,790,962	23.4	152,892	12	27.1	
Other Part D Excl Rx Drugs	6,284	247	1,549,766	20.2	21,679	71	3.8	

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 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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 GEORGIA, 2005

Total Number of Dual Eligible Beneficiaries: 165,179
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$473,948,603
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,869

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	20,004	12.1	\$0	0.0
1-500	26,816	16.2	5,649,940	1.2
501-1,000	16,471	10.0	12,213,589	2.6
1,001-1,500	13,701	8.3	17,019,885	3.6
1,501-2,000	11,775	7.1	20,553,462	4.3
2,001-2,500	10,526	6.4	23,621,441	5.0
2,501-3,000	9,220	5.6	25,297,346	5.3
3,001-3,500	8,021	4.9	26,017,220	5.5
3,501-4,000	6,928	4.2	25,937,932	5.5
4,001-4,500	5,904	3.6	25,064,963	5.3
4,501-5,000	5,169	3.1	24,517,976	5.2
5,001-5,500	4,432	2.7	23,226,528	4.9
5,501-6,000	3,778	2.3	21,702,983	4.6
6,001-6,500	3,191	1.9	19,926,173	4.2
6,501-7,000	2,683	1.6	18,074,678	3.8
7,001-7,500	2,326	1.4	16,851,868	3.6
7,501-8,000	1,883	1.1	14,585,296	3.1
8,001-8,500	1,616	1.0	13,328,849	2.8
8,501-9,000	1,429	0.9	12,498,780	2.6
9,001-9,500	1,185	0.7	10,953,785	2.3
9,501-10,000	1,069	0.6	10,412,310	2.2
10,001+	7,052	4.3	106,493,599	22.5

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. 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 2005.

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^{a, b, c}
 GEORGIA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 66,254
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$205,583,534
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,103

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	10,831	16.3	0	0.0
1-500	12,574	19.0	2,429,904	1.2
501-1,000	6,071	9.2	4,468,510	2.2
1,001-1,500	4,580	6.9	5,662,731	2.8
1,501-2,000	3,697	5.6	6,449,192	3.1
2,001-2,500	3,283	5.0	7,365,642	3.6
2,501-3,000	2,887	4.4	7,920,331	3.9
3,001-3,500	2,494	3.8	8,085,396	3.9
3,501-4,000	2,224	3.4	8,328,800	4.1
4,001-4,500	1,930	2.9	8,195,044	4.0
4,501-5,000	1,682	2.5	7,975,314	3.9
5,001-5,500	1,591	2.4	8,333,475	4.1
5,501-6,000	1,419	2.1	8,153,392	4.0
6,001-6,500	1,150	1.7	7,182,154	3.5
6,501-7,000	1,029	1.6	6,936,305	3.4
7,001-7,500	935	1.4	6,778,129	3.3
7,501-8,000	816	1.2	6,323,903	3.1
8,001-8,500	701	1.1	5,785,210	2.8
8,501-9,000	693	1.0	6,063,434	2.9
9,001-9,500	583	0.9	5,383,185	2.6
9,501-10,000	532	0.8	5,185,136	2.5
10,001+	4,552	6.9	72,578,347	35.3

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. 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 2005.

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^{a, b}
 GEORGIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 97,658
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$265,631,602
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,720

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	8,976	9.2	0	0.0
1-500	13,857	14.2	3,148,501	1.2
501-1,000	10,260	10.5	7,644,825	2.9
1,001-1,500	9,022	9.2	11,233,285	4.2
1,501-2,000	8,008	8.2	13,982,107	5.3
2,001-2,500	7,197	7.4	16,153,082	6.1
2,501-3,000	6,286	6.4	17,246,699	6.5
3,001-3,500	5,479	5.6	17,775,126	6.7
3,501-4,000	4,677	4.8	17,507,562	6.6
4,001-4,500	3,949	4.0	16,764,940	6.3
4,501-5,000	3,466	3.5	16,441,739	6.2
5,001-5,500	2,831	2.9	14,841,295	5.6
5,501-6,000	2,338	2.4	13,428,138	5.1
6,001-6,500	2,026	2.1	12,650,346	4.8
6,501-7,000	1,644	1.7	11,070,586	4.2
7,001-7,500	1,378	1.4	9,979,198	3.8
7,501-8,000	1,056	1.1	8,176,222	3.1
8,001-8,500	905	0.9	7,460,682	2.8
8,501-9,000	732	0.7	6,400,227	2.4
9,001-9,500	598	0.6	5,533,920	2.1
9,501-10,000	526	0.5	5,119,509	1.9
10,001+	2,447	2.5	33,073,613	12.5

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. 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 2005.

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^{a, b}
 GEORGIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 37,248
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$103,615,844
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,781

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	4,379	11.8		0	0.0
1-500	5,401	14.5		1,171,765	1.1
501-1,000	3,639	9.8		2,712,165	2.6
1,001-1,500	3,175	8.5		3,948,002	3.8
1,501-2,000	2,852	7.7		4,980,162	4.8
2,001-2,500	2,587	6.9		5,812,513	5.6
2,501-3,000	2,288	6.1		6,280,167	6.1
3,001-3,500	1,951	5.2		6,336,525	6.1
3,501-4,000	1,606	4.3		6,015,513	5.8
4,001-4,500	1,414	3.8		6,006,768	5.8
4,501-5,000	1,293	3.5		6,140,089	5.9
5,001-5,500	1,011	2.7		5,299,308	5.1
5,501-6,000	839	2.3		4,823,158	4.7
6,001-6,500	806	2.2		5,032,561	4.9
6,501-7,000	632	1.7		4,251,706	4.1
7,001-7,500	540	1.4		3,904,491	3.8
7,501-8,000	452	1.2		3,500,894	3.4
8,001-8,500	358	1.0		2,951,730	2.8
8,501-9,000	298	0.8		2,603,506	2.5
9,001-9,500	272	0.7		2,517,856	2.4
9,501-10,000	216	0.6		2,100,147	2.0
10,001+	1,239	3.3		17,226,818	16.6

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. 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 2005.

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^{a, b}
 GEORGIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 34,427
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$97,648,336
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,836

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,886	8.4	0	0.0
1-500	4,408	12.8	1,030,596	1.1
501-1,000	3,533	10.3	2,639,588	2.7
1,001-1,500	3,192	9.3	3,975,212	4.1
1,501-2,000	2,856	8.3	4,992,588	5.1
2,001-2,500	2,581	7.5	5,790,936	5.9
2,501-3,000	2,222	6.5	6,096,197	6.2
3,001-3,500	2,009	5.8	6,511,489	6.7
3,501-4,000	1,761	5.1	6,594,989	6.8
4,001-4,500	1,458	4.2	6,188,288	6.3
4,501-5,000	1,262	3.7	5,986,920	6.1
5,001-5,500	1,096	3.2	5,748,483	5.9
5,501-6,000	916	2.7	5,258,036	5.4
6,001-6,500	751	2.2	4,686,417	4.8
6,501-7,000	651	1.9	4,386,646	4.5
7,001-7,500	533	1.5	3,861,425	4.0
7,501-8,000	374	1.1	2,895,840	3.0
8,001-8,500	363	1.1	2,994,189	3.1
8,501-9,000	299	0.9	2,616,003	2.7
9,001-9,500	216	0.6	1,997,373	2.0
9,501-10,000	209	0.6	2,035,256	2.1
10,001+	851	2.5	11,361,865	11.6

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. 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 2005.

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^{a, b}
 GEORGIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 25,983
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$64,367,422
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,477

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	1,711	6.6	0	0.0
1-500	4,048	15.6	946,140	1.5
501-1,000	3,088	11.9	2,293,072	3.6
1,001-1,500	2,655	10.2	3,310,071	5.1
1,501-2,000	2,300	8.9	4,009,357	6.2
2,001-2,500	2,029	7.8	4,549,633	7.1
2,501-3,000	1,776	6.8	4,870,335	7.6
3,001-3,500	1,519	5.8	4,927,112	7.7
3,501-4,000	1,310	5.0	4,897,060	7.6
4,001-4,500	1,077	4.1	4,569,884	7.1
4,501-5,000	911	3.5	4,314,730	6.7
5,001-5,500	724	2.8	3,793,504	5.9
5,501-6,000	583	2.2	3,346,944	5.2
6,001-6,500	469	1.8	2,931,368	4.6
6,501-7,000	361	1.4	2,432,234	3.8
7,001-7,500	305	1.2	2,213,282	3.4
7,501-8,000	230	0.9	1,779,488	2.8
8,001-8,500	184	0.7	1,514,763	2.4
8,501-9,000	135	0.5	1,180,718	1.8
9,001-9,500	110	0.4	1,018,691	1.6
9,501-10,000	101	0.4	984,106	1.5
10,001+	357	1.4	4,484,930	7.0

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. 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 2005.

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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	165,179	71,822	91,938	1,133	49	237	1,742,956	730,785	1,000,620	8,477	501	2,573
Age												
5 and younger	15	0	12	0	3	0	165	0	138	0	27	0
6-14	36	0	30	0	6	0	373	0	319	0	54	0
15-20	406	0	389	2	15	0	4,429	0	4,289	7	133	0
21-44	26,577	0	25,778	758	17	24	286,044	0	279,850	5,757	191	246
45-64	40,487	0	40,045	305	5	132	428,588	0	424,749	2,338	60	1,441
65-74	37,248	19,869	17,243	53	2	81	400,192	202,421	196,547	314	24	886
75-84	34,427	27,877	6,537	13	0	0	363,977	289,994	73,930	53	0	0
85 and older	25,983	24,076	1,904	2	1	0	259,188	238,370	20,798	8	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	110,719	54,143	55,480	837	22	237	1,180,360	558,997	612,206	6,353	231	2,573
Male	54,460	17,679	36,458	296	27	0	562,596	171,788	388,414	2,124	270	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	76,963	37,584	38,742	497	24	116	796,020	370,016	420,600	3,849	280	1,275
African American	68,615	25,240	42,653	601	17	104	733,554	263,144	464,832	4,307	152	1,119
Other/unknown	19,601	8,998	10,543	35	8	17	213,382	97,625	115,188	321	69	179
Use of Nursing Facilities^c												
Entire year	22,124	19,096	3,028	0	0	0	229,547	196,478	33,069	0	0	0
Part year	13,169	11,120	2,049	0	0	0	125,211	104,081	21,130	0	0	0
None	129,886	41,606	86,861	1,133	49	237	1,388,198	430,226	946,421	8,477	501	2,573
Maintenance Assistance Status												
Cash	95,414	28,343	66,397	673	1	0	1,065,337	316,409	743,331	5,590	7	0
Medically needy	5,140	1,582	3,558	0	0	0	37,698	10,665	27,033	0	0	0
Poverty related	4,465	1,476	2,479	244	29	237	43,048	14,566	23,966	1,652	291	2,573
Other/unknown	60,160	40,421	19,504	216	19	0	596,873	389,145	206,290	1,235	203	0
Dual Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	165,179	71,822	91,938	1,133	49	237	1,742,956	730,785	1,000,620	8,477	501	2,573
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
MC all year, with Rx claims	0	0	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	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 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 2005. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	165,179	1,742,956	165,179	1,742,956	0	0
Fee-for-service (FFS) all year	165,179	1,742,956	165,179	1,742,956	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 2005 file for Georgia, released by CMS in 12/2008. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries