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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
GEORGIA**

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 GEORGIA, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	1758788 (A)	263718 (E)	1495070 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1641172 (B)	161491 (F)	1479681 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	1606180 (C)	161488 (G)	1444692 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	23529 (D)	21283 (H)	2246 (L)

Source: Data for this table are from the MAX 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Georgia in 2006 was \$620,965,215, of which \$10,944,556 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI.

In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 GEORGIA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>1,606,180</b>	<b>73,017</b>	<b>245,085</b>	<b>288,664</b>	<b>996,722</b>	<b>2,692</b>	<b>10,484,303</b>	<b>747,618</b>	<b>2,627,736</b>	<b>1,363,392</b>	<b>5,729,601</b>	<b>15,956</b>
<b>Age</b>												
5 and younger	448,176	0	10,413	37	437,726	0	2,539,608	0	105,935	173	2,433,500	0
6-14	426,420	0	24,933	176	401,310	1	2,641,725	0	271,587	795	2,369,340	3
15-20	209,877	0	17,994	35,313	156,475	95	1,285,609	0	197,262	168,588	919,212	547
21-44	306,046	0	66,632	236,885	1,187	1,342	1,849,886	0	719,629	1,114,956	7,386	7,915
45-64	114,676	0	97,276	16,180	18	1,202	1,104,566	0	1,018,812	78,525	122	7,107
65-74	39,841	20,802	18,924	61	2	52	429,233	213,875	214,655	305	14	384
75-84	35,204	28,202	6,995	7	0	0	373,262	294,285	78,946	31	0	0
85 and older	25,937	24,013	1,918	5	1	0	260,399	239,458	20,910	19	12	0
Unknown	3	0	0	0	3	0	15	0	0	0	15	0
<b>Gender</b>												
Female	948,454	54,390	132,605	265,148	493,619	2,692	6,123,307	564,785	1,441,047	1,259,615	2,841,904	15,956
Male	657,675	18,627	112,480	23,513	503,055	0	4,360,824	182,833	1,186,689	103,763	2,887,539	0
Unknown	51	0	0	3	48	0	172	0	0	14	158	0
<b>Race</b>												
White	653,246	36,920	85,860	121,691	407,396	1,379	4,235,257	365,516	906,575	573,614	2,381,120	8,432
African American	811,538	25,537	109,425	161,043	514,495	1,038	5,200,441	267,489	1,181,846	765,321	2,979,761	6,024
Other/unknown	141,396	10,560	49,800	5,930	74,831	275	1,048,605	114,613	539,315	24,457	368,720	1,500
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	23,529	18,693	4,831	5	0	0	245,757	193,774	51,973	10	0	0
Part year	14,655	11,408	3,240	5	1	1	140,415	107,785	32,585	37	6	2
None	1,567,996	42,916	237,014	288,654	996,721	2,691	10,098,131	446,059	2,543,178	1,363,345	5,729,595	15,954
<b>Maintenance Assistance Status</b>												
Cash	581,589	29,079	203,570	125,503	223,437	0	4,479,319	324,930	2,250,257	620,979	1,283,153	0
Medically needy	6,950	1,917	4,948	5	80	0	42,333	14,511	27,387	14	421	0
Poverty-related	717,144	2,632	3,870	111,077	596,873	2,692	3,907,921	27,364	39,106	468,426	3,357,069	15,956
Other/unknown	300,497	39,389	32,697	52,079	176,332	0	2,054,730	380,813	310,986	273,973	1,088,958	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	151,538	64,973	85,089	1,265	45	166	1,614,747	666,767	938,923	7,354	370	1,333
Full dual, part year	9,950	5,012	4,896	42	0	0	101,658	51,983	49,232	443	0	0
Non-dual, all year	1,444,692	3,032	155,100	287,357	996,677	2,526	8,767,898	28,868	1,639,581	1,355,595	5,729,231	14,623
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	671,733	72,994	240,961	105,261	252,135	382	5,026,503	747,477	2,597,987	393,686	1,285,311	2,042
FFS part year, with Rx claims	555,083	18	3,514	134,527	415,103	1,921	3,457,486	127	25,999	751,745	2,667,996	11,619
FFS part year, no Rx claims	379,364	5	610	48,876	329,484	389	2,000,314	14	3,750	217,961	1,776,294	2,295

Source: Data for this table are from the MAX 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.  
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

## All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
GEORGIA, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>54.9</b>	<b>5.8</b>	<b>\$380</b>	<b>\$65</b>	<b>\$3,583</b>	<b>10.6</b>	<b>1,606,180</b>
<b>Age</b>							
5 and younger	59.2	3.1	155	49	2,111	7.3	448,176
6-14	48.8	3.2	237	74	1,504	15.8	426,420
15-20	51.8	3.9	309	80	2,602	11.9	209,877
21-44	63.8	7.6	526	69	4,403	11.9	306,046
45-64	63.0	26.1	1,688	65	10,021	16.8	114,676
65-74	34.8	7.0	356	51	7,510	4.7	39,841
75-84	29.9	3.2	118	37	11,062	1.1	35,204
85 and older	31.0	2.7	80	30	16,827	0.5	25,937
Unknown	33.3	4.7	324	70	2,508	12.9	3
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	31.4	3.5	131	38	12,995	1.0	73,017
Disabled	60.7	19.7	1,586	81	9,538	16.6	245,085
Adults	65.7	5.2	219	42	3,090	7.1	288,664
Children	52.0	2.8	147	53	1,544	9.5	996,722
Unknown	80.6	13.0	879	68	14,154	6.2	2,692
<b>Gender</b>							
Female	57.0	6.3	366	58	3,778	9.7	948,454
Male	51.9	5.1	399	78	3,303	12.1	657,675
Unknown	27.5	0.9	28	30	1,946	1.5	51
<b>Race</b>							
White	60.6	6.9	417	61	4,047	10.3	653,246
African American	50.6	4.6	292	64	3,050	9.6	811,538
Other/unknown	53.4	8.2	710	87	4,497	15.8	141,396
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	48.0	11.4	598	53	34,003	1.8	23,529
Part year	50.7	9.5	499	52	22,477	2.2	14,655
None	55.1	5.7	375	66	2,950	12.7	1,567,996
<b>Maintenance Assistance Status</b>							
Cash	55.2	10.0	726	73	4,410	16.5	581,589
Medically needy	52.2	13.7	961	70	7,638	12.6	6,950
Poverty related	54.1	2.8	130	47	1,677	7.7	717,144
Other/unknown	56.3	5.0	294	58	6,439	4.6	300,497

Source: Data for this table are from the MAX 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.

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

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

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

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

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

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

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 GEORGIA, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>0.9</b>	<b>\$58</b>	<b>10.6</b>	<b>45.1</b>	<b>40.8</b>	<b>6.6</b>	<b>5.2</b>	<b>1.8</b>	<b>0.4</b>	<b>\$549</b>	<b>1,606,180</b>	<b>10,484,303</b>
<b>Age</b>												
5 and younger	0.6	27	7.3	40.8	50.2	6.4	2.5	0.1	0.0	373	448,176	2,539,608
6-14	0.5	38	15.8	51.2	40.7	4.8	2.9	0.4	0.0	243	426,420	2,641,725
15-20	0.6	50	11.9	48.2	41.1	6.2	3.8	0.6	0.1	425	209,877	1,285,609
21-44	1.3	87	11.9	36.2	39.9	10.7	9.6	3.0	0.5	729	306,046	1,849,886
45-64	2.7	175	16.8	37.0	20.5	7.7	17.1	13.4	4.3	1,040	114,676	1,104,566
65-74	0.6	33	4.7	65.2	22.7	3.6	5.0	2.7	0.7	697	39,841	429,233
75-84	0.3	11	1.1	70.1	24.2	2.4	2.1	0.9	0.2	1,043	35,204	373,262
85 and older	0.3	8	0.5	69.0	25.7	2.3	2.1	0.9	0.1	1,676	25,937	260,399
Unknown	0.9	65	12.9	66.7	0.0	33.3	0.0	0.0	0.0	502	3	15
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.3	13	1.0	68.6	24.6	2.8	2.6	1.1	0.2	1,269	73,017	747,618
Disabled	1.8	148	16.6	39.3	28.3	7.9	13.6	8.4	2.5	890	245,085	2,627,736
Adults	1.1	47	7.1	34.3	43.6	11.3	8.4	2.1	0.3	654	288,664	1,363,392
Children	0.5	26	9.5	48.0	44.2	5.2	2.4	0.2	0.0	269	996,722	5,729,601
Unknown	2.2	148	6.2	19.4	32.5	15.3	22.3	8.9	1.6	2,388	2,692	15,956
<b>Gender</b>												
Female	1.0	57	9.7	43.0	41.5	7.1	5.7	2.2	0.6	585	948,454	6,123,307
Male	0.8	60	12.1	48.1	39.8	6.0	4.6	1.4	0.3	498	657,675	4,360,824
Unknown	0.3	8	1.5	72.5	23.5	3.9	0.0	0.0	0.0	577	51	172
<b>Race</b>												
White	1.1	64	10.3	39.4	43.3	7.9	6.4	2.4	0.6	624	653,246	4,235,257
African American	0.7	46	9.6	49.4	39.4	5.6	4.0	1.3	0.2	476	811,538	5,200,441
Other/unknown	1.1	96	15.8	46.6	36.8	6.8	6.5	2.6	0.7	606	141,396	1,048,605
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.1	57	1.8	52.0	31.5	4.6	4.8	4.8	2.3	3,256	23,529	245,757
Part year	1.0	52	2.2	49.3	35.4	4.1	5.2	4.2	1.8	2,346	14,655	140,415
None	0.9	58	12.7	44.9	41.0	6.7	5.2	1.8	0.4	458	1,567,996	10,098,131
<b>Maintenance Assistance Status</b>												
Cash	1.3	94	16.5	44.8	35.2	6.9	8.0	4.0	1.1	573	581,589	4,479,319
Medically needy	2.3	158	12.6	47.8	16.0	6.8	16.4	10.3	2.7	1,254	6,950	42,333
Poverty related	0.5	24	7.7	45.9	44.8	6.3	2.8	0.2	0.0	308	717,144	3,907,921
Other/unknown	0.7	43	4.6	43.7	42.5	7.1	5.2	1.3	0.2	942	300,497	2,054,730

Source: Data for this table are from the MAX 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.

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

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

## All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 GEORGIA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.9</b>	<b>\$58</b>	<b>\$65</b>	<b>0.3</b>	<b>\$43</b>	<b>\$148</b>	<b>0.0</b>	<b>\$5</b>	<b>\$92</b>	<b>0.6</b>	<b>\$10</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.6	27	49	0.1	19	131	0.0	2	38	0.4	6	18
6-14	0.5	38	74	0.2	31	133	0.0	2	58	0.3	6	22
15-20	0.6	50	80	0.2	40	170	0.0	3	93	0.4	7	20
21-44	1.3	87	69	0.4	65	174	0.1	7	127	0.8	15	18
45-64	2.7	175	65	0.9	125	143	0.1	17	126	1.7	33	20
65-74	0.6	33	51	0.2	23	116	0.0	4	111	0.4	7	16
75-84	0.3	11	37	0.1	7	96	0.0	1	94	0.2	3	13
85 and older	0.3	8	30	0.1	5	88	0.0	1	81	0.2	2	12
Unknown	0.9	65	70	0.3	55	163	0.0	0	0	0.6	10	17
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	13	38	0.1	8	97	0.0	1	95	0.2	3	13
Disabled	1.8	148	81	0.6	115	179	0.1	10	120	1.1	23	21
Adults	1.1	47	42	0.3	28	100	0.1	7	129	0.8	12	15
Children	0.5	26	53	0.2	19	114	0.0	2	47	0.3	5	19
Unknown	2.2	148	68	0.6	105	165	0.1	17	148	1.4	25	17
<b>Gender</b>												
Female	1.0	57	58	0.3	40	133	0.1	5	101	0.6	11	18
Male	0.8	60	78	0.3	48	170	0.0	3	77	0.4	9	21
Unknown	0.3	8	30	0.1	5	48	0.0	1	36	0.2	3	18
<b>Race</b>												
White	1.1	64	61	0.3	46	134	0.1	6	96	0.7	12	19
African American	0.7	46	64	0.2	34	151	0.0	3	86	0.4	8	18
Other/unknown	1.1	96	87	0.4	77	189	0.1	6	97	0.6	13	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.1	57	53	0.3	40	141	0.0	5	102	0.8	12	16
Part year	1.0	52	52	0.3	36	136	0.0	4	102	0.7	12	17
None	0.9	58	66	0.3	43	148	0.0	5	92	0.5	10	19
<b>Maintenance Assistance Status</b>												
Cash	1.3	94	73	0.4	72	166	0.1	7	109	0.8	16	20
Medically needy	2.3	158	70	0.7	114	156	0.1	15	133	1.4	29	21
Poverty related	0.5	24	47	0.2	16	103	0.0	3	69	0.3	5	17
Other/unknown	0.7	43	58	0.2	32	131	0.0	3	72	0.5	8	18

Source: Data for this table are from the MAX 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

## All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 GEORGIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$13	\$1	\$5	\$60	\$195	\$44	\$22	1,177,086	\$70,746,050	521,216	32.5	3,766,495
Biologicals	0.6	0.6	0.0	0.0	801	780	18	3	1432	1,407	5,526	2,253	13,195	18,898,217	2,928	0.2	23,606
Antineoplastic Agents	0.4	0.1	0.0	0.3	109	88	0	21	254	716	101	67	21,991	5,582,012	5,509	0.3	51,140
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	21	1	6	57	118	73	21	711,802	40,905,600	185,651	11.6	1,441,351
Cardiovascular Agents	1.2	0.4	0.1	0.7	51	29	12	10	43	77	130	14	1,186,148	51,222,053	108,624	6.8	994,873
Respiratory Agents	0.5	0.2	0.0	0.2	24	17	2	4	53	108	47	17	1,371,685	72,219,469	420,701	26.2	3,044,487
Gastrointestinal Agents	0.5	0.2	0.0	0.3	33	24	6	4	73	133	243	15	484,244	35,546,549	129,725	8.1	1,064,333
Genitourinary Agents	0.3	0.1	0.0	0.2	14	8	2	3	48	79	72	22	134,077	6,387,553	64,777	4.0	466,811
CNS Drugs	0.8	0.3	0.1	0.4	73	60	6	7	95	186	98	19	1,201,579	113,769,538	172,059	10.7	1,549,046
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	69	66	0	3	97	107	192	30	316,426	30,788,256	53,977	3.4	445,203
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	152	151	0	1	294	303	0	54	19,563	5,752,269	3,882	0.2	37,731
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	16	7	2	7	32	182	259	15	1,074,650	34,292,711	273,226	17.0	2,101,667
Neuromuscular Agents	0.7	0.3	0.0	0.4	57	45	1	12	81	175	76	27	620,236	50,186,528	94,026	5.9	873,084
Nutritional Products	0.4	0.1	0.0	0.2	7	4	0	3	19	29	16	14	208,249	3,939,626	80,071	5.0	538,150
Hematological Agents	0.5	0.2	0.0	0.4	133	125	0	8	245	833	30	20	138,776	34,031,340	26,242	1.6	255,479
Topical Products	0.3	0.1	0.0	0.2	12	8	0	4	41	83	53	20	641,928	26,515,729	306,156	19.1	2,240,497
Miscellaneous Products	0.2	0.2	0.0	0.1	63	56	2	6	260	306	427	104	30,809	8,016,454	16,710	1.0	126,543
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	57	0	0	0	21,265	1,220,705	12,509	0.8	105,695
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	9,373,709	610,020,659	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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.

All Medicaid Beneficiaries

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 GEORGIA, 2006

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$77,483,360	56,066	3.5	569,412	0.6	\$225	\$136
ANTIASTHMATIC	47,197,055	236,338	14.7	1,864,047	0.3	79	25
ANTICONVULSANT	43,747,523	65,743	4.1	652,261	0.6	107	67
ANTIVIRAL	31,841,298	28,640	1.8	236,358	0.4	380	135
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	30,511,686	59,747	3.7	499,552	0.6	97	61
ANTIDEPRESSANTS	28,703,301	109,613	6.8	992,070	0.5	60	29
MISC. HEMATOLOGICAL	26,503,731	8,359	0.5	85,734	0.5	578	309
ULCER DRUGS	23,612,517	114,610	7.1	999,787	0.3	69	24
ANTIDIABETIC	21,119,113	53,379	3.3	517,578	0.6	69	41
ANTIHYPERLIPIDEMIC	20,685,245	37,654	2.3	389,020	0.5	103	53
Total	351,404,829	770,149	n.a.	6,805,819	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

All Medicaid Beneficiaries