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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
All	161,488	69,985	89,985	1,307	45	166	1,716,405	718,750	988,155	7,797	370	1,333
Age												
5 and younger	18	0	16	0	2	0	201	0	185	0	16	0
6-14	38	0	33	0	5	0	374	0	354	0	20	0
15-20	370	0	352	2	16	0	4,163	0	4,001	16	146	0
21-44	25,998	0	25,052	909	14	23	280,585	0	274,794	5,516	109	166
45-64	39,199	0	38,753	346	5	95	419,263	0	416,419	1,986	53	805
65-74	37,039	19,597	17,348	44	2	48	401,216	202,656	197,934	250	14	362
75-84	33,639	27,022	6,613	4	0	0	357,337	282,692	74,627	18	0	0
85 and older	25,187	23,366	1,818	2	1	0	253,266	233,402	19,841	11	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	108,272	52,415	54,673	996	22	166	1,161,023	546,063	607,433	5,990	204	1,333
Male	53,216	17,570	35,312	311	23	0	555,382	172,687	380,722	1,807	166	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	73,764	35,942	37,114	609	22	77	766,124	356,574	405,065	3,662	193	630
African American	67,216	24,410	42,048	666	16	76	724,033	256,690	462,694	3,909	129	611
Other/unknown	20,508	9,633	10,823	32	7	13	226,248	105,486	120,396	226	48	92
Use of Nursing Facilities^c												
Entire year	21,283	18,263	3,020	0	0	0	222,539	189,402	33,137	0	0	0
Part year	13,282	11,141	2,141	0	0	0	127,113	105,354	21,759	0	0	0
None	126,923	40,581	84,824	1,307	45	166	1,366,753	423,994	933,259	7,797	370	1,333
Maintenance Assistance Status												
Cash	96,191	28,107	67,240	841	3	0	1,079,958	314,747	760,326	4,871	14	0
Medically needy	3,240	1,027	2,213	0	0	0	20,779	6,209	14,570	0	0	0
Poverty-related	6,881	2,597	3,816	279	23	166	69,001	27,036	38,625	1,841	166	1,333
Other/unknown	55,176	38,254	16,716	187	19	0	546,667	370,758	174,634	1,085	190	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	160,268	69,971	89,571	629	34	63	1,708,371	718,631	985,083	3,731	304	622
FFS part year, with Rx claims	1,146	13	400	628	10	95	7,609	114	2,966	3,811	61	657
FFS part year, no Rx claims	74	1	14	50	1	8	425	5	106	255	5	54

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 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 2006. 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.
Benef(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, 2006

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	32.8	4.4	\$229	\$52	\$9,522	2.4	161,488
Age							
5 and younger	77.8	16.1	2,557	159	50,418	5.1	18
6-14	65.8	22.6	3,710	165	16,153	23.0	38
15-20	70.5	14.7	1,641	112	7,075	23.2	370
21-44	35.4	5.3	410	77	6,360	6.4	25,998
45-64	36.0	5.7	305	53	7,811	3.9	39,199
65-74	32.0	5.2	245	47	7,105	3.4	37,039
75-84	28.9	2.5	82	33	11,100	0.7	33,639
85 and older	30.6	2.5	69	28	16,892	0.4	25,187
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	30.2	2.8	95	33	13,088	0.7	69,985
Disabled	34.0	5.3	315	59	6,808	4.6	89,985
Adults	77.0	18.6	1,264	68	5,074	24.9	1,307
Children	57.8	11.4	1,987	174	7,438	26.7	45
Unknown	85.5	22.3	1,773	79	12,838	13.8	166
Gender							
Female	34.2	4.6	225	49	9,597	2.3	108,272
Male	29.9	4.0	238	59	9,370	2.5	53,216
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	38.6	5.1	240	47	12,454	1.9	73,764
African American	27.6	3.7	217	58	8,199	2.6	67,216
Other/unknown	28.8	4.1	228	56	3,309	6.9	20,508
Use of Nursing Facilities^f							
Entire year	44.0	5.5	178	32	32,132	0.6	21,283
Part year	46.9	4.8	163	34	19,206	0.8	13,282
None	29.4	4.2	244	59	4,717	5.2	126,923
Maintenance Assistance Status							
Cash	29.2	4.2	245	58	4,236	5.8	96,191
Medically needy	37.0	6.6	408	62	2,787	14.6	3,240
Poverty related	36.8	4.8	321	67	2,597	12.4	6,881
Other/unknown	38.2	4.5	179	40	19,995	0.9	55,176

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 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 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.

Benef(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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c			More than					Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			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					
All	0.4	\$22	2.4	67.2	24.7	2.9	3.3	1.5	0.4	\$896	161,488	1,716,405	
Age													
5 and younger	1.4	229	5.1	22.2	44.4	5.6	27.8	0.0	0.0	4,515	18	201	
6-14	2.3	377	23.0	34.2	23.7	2.6	26.3	13.2	0.0	1,641	38	374	
15-20	1.3	146	23.2	29.5	43.8	8.6	13.0	4.9	0.3	629	370	4,163	
21-44	0.5	38	6.4	64.6	24.9	3.4	4.6	2.0	0.4	589	25,998	280,585	
45-64	0.5	29	3.9	64.0	25.8	3.3	4.1	2.3	0.6	730	39,199	419,263	
65-74	0.5	23	3.4	68.0	22.9	3.2	3.8	1.8	0.4	656	37,039	401,216	
75-84	0.2	8	0.7	71.1	24.2	2.3	1.7	0.6	0.2	1,045	33,639	357,337	
85 and older	0.2	7	0.4	69.4	25.8	2.2	1.8	0.8	0.1	1,680	25,187	253,266	
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	0.3	9	0.7	69.8	24.6	2.6	2.0	0.8	0.2	1,274	69,985	718,750	
Disabled	0.5	29	4.6	66.0	24.8	3.0	3.9	1.9	0.4	620	89,985	988,155	
Adults	3.1	212	24.9	23.0	23.2	9.7	22.3	16.6	5.1	851	1,307	7,797	
Children	1.4	242	26.7	42.2	24.4	4.4	20.0	8.9	0.0	905	45	370	
Unknown	2.8	221	13.8	14.5	23.5	15.1	27.7	16.9	2.4	1,599	166	1,333	
Gender													
Female	0.4	21	2.3	65.8	26.1	2.9	3.2	1.6	0.4	895	108,272	1,161,023	
Male	0.4	23	2.5	70.1	21.9	3.0	3.3	1.4	0.3	898	53,216	555,382	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	0.5	23	1.9	61.4	29.5	3.3	3.3	1.9	0.5	1,199	73,764	766,124	
African American	0.3	20	2.6	72.4	20.4	2.5	3.2	1.3	0.2	761	67,216	724,033	
Other/unknown	0.4	21	6.9	71.2	21.4	2.9	3.2	1.2	0.2	300	20,508	226,248	
Use of Nursing Facilities^f													
Entire year	0.5	17	0.6	56.0	33.9	4.6	3.2	1.8	0.5	3,073	21,283	222,539	
Part year	0.5	17	0.8	53.1	37.7	3.8	3.4	1.5	0.4	2,007	13,282	127,113	
None	0.4	23	5.2	70.6	21.8	2.5	3.3	1.5	0.3	438	126,923	1,366,753	
Maintenance Assistance Status													
Cash	0.4	22	5.8	70.8	22.0	2.4	3.0	1.4	0.3	377	96,191	1,079,958	
Medically needy	1.0	64	14.6	63.0	17.9	4.4	8.4	4.8	1.4	435	3,240	20,779	
Poverty related	0.5	32	12.4	63.2	25.6	4.4	5.0	1.6	0.2	259	6,881	69,001	
Other/unknown	0.5	18	0.9	61.8	29.7	3.6	3.1	1.5	0.4	2,018	55,176	546,667	

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 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 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.

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, 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
All	0.4	\$22	\$52	0.1	\$15	\$136	0.0	\$2	\$109	0.3	\$5	\$16
Age												
5 and younger	1.4	229	159	0.6	195	346	0.1	8	112	0.8	27	33
6-14	2.3	377	165	1.1	347	325	0.1	5	77	1.2	25	21
15-20	1.3	146	112	0.5	127	239	0.1	4	84	0.7	15	21
21-44	0.5	38	77	0.2	29	193	0.0	3	122	0.3	6	20
45-64	0.5	29	53	0.1	20	136	0.0	3	114	0.4	6	17
65-74	0.5	23	47	0.1	15	111	0.0	3	111	0.3	5	16
75-84	0.2	8	33	0.1	5	93	0.0	1	88	0.2	2	12
85 and older	0.2	7	28	0.0	4	88	0.0	1	79	0.2	2	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	9	33	0.1	6	95	0.0	1	89	0.2	3	12
Disabled	0.5	29	59	0.1	21	148	0.0	3	113	0.3	6	17
Adults	3.1	212	68	1.0	142	144	0.2	26	161	2.0	43	22
Children	1.4	242	174	0.6	212	364	0.1	8	140	0.7	22	29
Unknown	2.8	221	79	0.9	157	170	0.1	24	173	1.7	31	18
Gender												
Female	0.4	21	49	0.1	14	129	0.0	2	110	0.3	5	15
Male	0.4	23	59	0.1	16	152	0.0	2	108	0.3	5	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	23	47	0.1	15	129	0.0	2	114	0.3	6	16
African American	0.3	20	58	0.1	15	149	0.0	2	101	0.2	4	16
Other/unknown	0.4	21	56	0.1	15	125	0.0	2	116	0.2	4	17
Use of Nursing Facilities^e												
Entire year	0.5	17	32	0.1	11	106	0.0	2	84	0.4	5	12
Part year	0.5	17	34	0.1	11	99	0.0	1	77	0.4	5	13
None	0.4	23	59	0.1	16	144	0.0	2	117	0.3	4	17
Maintenance Assistance Status												
Cash	0.4	22	58	0.1	16	141	0.0	2	116	0.2	4	17
Medically needy	1.0	64	62	0.3	45	145	0.0	6	133	0.7	12	19
Poverty related	0.5	32	67	0.1	24	158	0.0	3	123	0.3	5	18
Other/unknown	0.5	18	40	0.1	12	119	0.0	2	92	0.3	5	14

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 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.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.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2006

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	0.3	0.1	0.0	0.2	\$29	\$24	\$0	\$5	\$104	\$275	\$94	\$25	29,113	\$3,025,459	10,179	6.3	102,961
Biologicals	0.5	0.5	0.0	0.0	1,873	1,873	0	0	3525	3,525	0	0	17	59,923	4	0.0	32
Antineoplastic Agents	0.3	0.1	0.0	0.2	58	42	0	16	211	565	93	79	2,893	609,204	1,081	0.7	10,465
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	22	1	5	54	111	63	16	52,614	2,831,248	9,957	6.2	101,264
Cardiovascular Agents	0.9	0.3	0.1	0.5	38	21	10	7	43	75	126	14	140,354	6,002,140	15,806	9.8	158,147
Respiratory Agents	0.4	0.2	0.0	0.2	29	23	2	4	64	115	73	18	33,057	2,129,175	7,204	4.5	73,722
Gastrointestinal Agents	0.4	0.2	0.0	0.2	29	25	1	3	77	143	220	14	37,302	2,889,850	9,603	5.9	98,988
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	2	2	63	82	73	23	7,300	461,302	2,510	1.6	25,346
CNS Drugs	0.5	0.1	0.0	0.4	23	17	2	5	46	158	96	12	181,085	8,310,840	33,455	20.7	357,954
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	55	45	3	7	106	152	144	33	1,040	109,945	197	0.1	1,992
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	65	64	0	0	158	160	0	50	6,964	1,103,237	1,824	1.1	17,062
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	20	8	4	8	40	188	225	18	64,914	2,607,952	12,759	7.9	128,129
Neuromuscular Agents	0.5	0.1	0.0	0.4	26	16	0	9	48	167	69	21	69,352	3,312,669	12,254	7.6	129,014
Nutritional Products	0.4	0.0	0.0	0.3	6	0	1	4	15	21	17	14	19,919	300,938	5,301	3.3	54,256
Hematological Agents	0.5	0.1	0.0	0.4	18	14	0	4	39	193	19	10	40,056	1,548,340	8,114	5.0	84,930
Topical Products	0.3	0.1	0.0	0.2	15	11	1	4	53	90	59	23	19,130	1,004,585	6,311	3.9	64,944
Miscellaneous Products	0.4	0.3	0.0	0.2	157	139	2	16	354	548	238	88	1,628	575,659	370	0.2	3,672
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	67	0	0	0	1,388	92,573	640	0.4	6,903
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.	708,126	36,975,039	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 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.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.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2006

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	\$4,691,185	4,975	3.1	50,184	0.4	\$220	\$93
ANTICONVULSANT	2,777,332	10,393	6.4	110,990	0.5	51	25
ANTIHYPERTENSIVE	2,427,107	6,498	4.0	67,851	0.4	101	36
ANTIDEPRESSANTS	2,185,096	10,294	6.4	102,437	0.4	59	21
ANTIDIABETIC	2,089,212	8,551	5.3	87,605	0.4	62	24
ANTIVIRAL	1,966,804	1,201	0.7	12,514	0.4	442	157
ULCER DRUGS	1,862,700	8,636	5.3	89,694	0.3	70	21
ASTHMATIC	1,679,713	6,912	4.3	70,791	0.3	77	24
ANTIHYPERTENSIVE	1,523,522	11,943	7.4	121,249	0.4	35	13
ANALGESICS - Narcotic	1,451,830	14,749	9.1	147,943	0.3	33	10
Total	22,654,501	84,152	n.a.	861,258	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 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 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; n.a. = not applicable.

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	310,528	\$22,654,501	4,975	3.1	50,184	0.4	\$94	10,393	6.4	110,990	0.5	\$25
Female												
All Females	211,777	14,519,976	3,048	2.8	30,536	0.4	82	7,100	6.6	76,267	0.5	22
Female, Disabled												
All Ages	153,607	11,361,639	1,958	3.6	20,882	0.4	98	4,800	8.8	53,341	0.5	26
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	83	4,023	0	0.0	0	0.0	0	1	9.1	12	0.3	3
15-20	1,166	153,896	29	19.3	345	0.5	141	39	26.0	447	0.6	107
21-44	35,335	3,369,964	842	6.9	8,940	0.4	113	1,509	12.4	16,551	0.5	37
45-64	68,554	4,677,699	730	3.2	7,524	0.4	83	2,301	10.0	25,466	0.5	20
65-74	44,633	2,959,447	303	2.5	3,443	0.4	94	751	6.1	8,628	0.5	21
75-84	3,378	174,246	46	0.9	536	0.2	43	175	3.3	1,970	0.4	7
85 and older	458	22,364	8	0.5	94	0.2	30	24	1.5	267	0.4	5
Female, Other Eligibles												
All Ages	58,170	3,158,337	1,090	2.0	9,654	0.4	50	2,300	4.3	22,926	0.5	15
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	28	3,688	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	815	2	22.2	17	0.4	18	1	11.1	12	0.3	25
21-44	6,519	582,881	111	14.5	785	0.5	124	221	28.9	1,428	0.6	70
45-64	4,314	338,609	45	14.0	292	0.5	114	91	28.3	597	0.6	56
65-74	18,131	938,134	203	1.6	2,002	0.4	56	658	5.3	7,163	0.5	12
75-84	16,921	765,870	368	1.8	3,380	0.3	38	782	3.9	8,297	0.5	9
85 and older	12,244	528,340	361	1.8	3,178	0.3	34	547	2.8	5,429	0.5	9
Male												
All Males	98,751	8,134,525	1,927	3.6	19,648	0.5	111	3,293	6.2	34,723	0.5	31
Male, Disabled												
All Ages	78,260	6,944,251	1,508	4.3	16,147	0.5	123	2,602	7.4	28,258	0.5	33
5 and younger	34	5,171	0	0.0	0	0.0	0	2	14.3	24	0.3	38
6-14	144	9,015	0	0.0	0	0.0	0	2	9.1	24	1.0	67
15-20	1,196	187,703	63	31.2	744	0.4	123	50	24.8	582	0.6	121
21-44	27,158	3,123,195	828	6.4	9,004	0.5	140	1,194	9.2	13,198	0.5	40
45-64	32,400	2,441,231	479	3.1	4,865	0.4	100	1,067	6.8	11,204	0.5	24
65-74	16,677	1,143,516	126	2.5	1,409	0.5	97	258	5.1	2,905	0.5	26
75-84	613	33,227	11	0.9	113	0.3	56	27	2.1	297	0.5	8
85 and older	38	1,193	1	0.5	12	0.1	29	2	1.1	24	0.3	5

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS						ANTICONVULSANT					
	Number of Rx	Rx \$	Number of Users	Users		Mean		Number of Users	Users		Mean			
				as % of Dual Benes	Number of Benefit Months Among Users	Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes	Number of Benefit Months Among Users	Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles														
All Ages	20,491	1,190,274	419	2.3	3,501	0.4	55	691	3.9	6,465	0.5	19		
5 and younger	4	128	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
6-14	4	170	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
15-20	51	4,889	1	11.1	12	0.5	88	1	11.1	12	0.4	101		
21-44	1,976	163,774	15	8.3	85	0.8	203	52	28.7	341	0.8	77		
45-64	1,730	131,544	10	8.0	63	0.9	205	38	30.4	251	0.6	63		
65-74	8,188	471,321	141	1.9	1,252	0.4	64	294	4.0	2,925	0.5	16		
75-84	5,721	285,273	147	2.2	1,257	0.4	39	210	3.1	2,061	0.5	13		
85 and older	2,817	133,175	105	3.0	832	0.3	36	96	2.8	875	0.5	10		
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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	6,498	4.0	67,851	0.4	\$36	10,294	6.4	102,437	0.4	\$21	8,551	5.3	87,605	0.4	\$24
Female															
All Females	4,453	4.1	47,270	0.3	35	7,468	6.9	74,719	0.4	21	6,136	5.7	64,115	0.4	24
Female, Disabled															
All Ages	2,998	5.5	33,126	0.4	39	4,800	8.8	50,968	0.4	23	4,063	7.4	44,268	0.4	27
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	3	27.3	33	0.3	24	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	2.7	43	0.1	10	40	26.7	469	0.5	25	7	4.7	84	1.0	75
21-44	298	2.5	3,109	0.4	37	1,458	12.0	15,203	0.4	24	586	4.8	6,096	0.4	29
45-64	1,383	6.0	14,861	0.4	37	2,312	10.0	24,016	0.4	23	1,780	7.7	18,868	0.4	27
65-74	1,137	9.2	13,158	0.4	44	858	7.0	9,794	0.4	21	1,465	11.9	16,759	0.4	27
75-84	160	3.0	1,780	0.2	18	108	2.0	1,223	0.2	10	208	3.9	2,286	0.2	10
85 and older	13	0.8	142	0.2	22	24	1.5	263	0.2	9	17	1.0	175	0.2	4
Female, Other Eligibles															
All Ages	1,455	2.7	14,144	0.3	27	2,668	5.0	23,751	0.3	19	2,073	3.9	19,847	0.3	17
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	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	11.1	5	0.2	1	0	0.0	0	0.0	0
21-44	70	9.2	423	0.5	49	362	47.3	2,357	0.5	41	105	13.7	680	0.6	49
45-64	82	25.5	531	0.5	53	216	67.3	1,415	0.5	40	109	34.0	717	0.6	46
65-74	609	4.9	6,191	0.3	28	592	4.8	5,931	0.3	15	823	6.6	8,142	0.3	18
75-84	463	2.3	4,718	0.3	24	754	3.7	7,101	0.3	14	697	3.4	7,030	0.3	14
85 and older	231	1.2	2,281	0.2	21	743	3.7	6,942	0.3	15	339	1.7	3,278	0.3	11
Male															
All Males	2,045	3.8	20,581	0.4	37	2,826	5.3	27,718	0.4	21	2,415	4.5	23,490	0.4	24
Male, Disabled															
All Ages	1,441	4.1	15,100	0.4	39	2,035	5.8	21,079	0.4	22	1,638	4.6	16,657	0.4	27
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	1	4.5	12	0.2	13	0	0.0	0	0.0	0	3	13.6	36	0.6	36
15-20	3	1.5	34	0.4	27	34	16.8	394	0.3	14	3	1.5	35	0.5	29
21-44	290	2.2	3,036	0.3	34	890	6.9	9,372	0.4	24	339	2.6	3,480	0.4	24
45-64	748	4.8	7,386	0.4	38	868	5.5	8,545	0.4	20	857	5.5	8,209	0.4	27
65-74	379	7.5	4,421	0.4	46	230	4.6	2,629	0.4	22	409	8.1	4,621	0.5	30
75-84	20	1.6	211	0.3	41	11	0.9	115	0.2	10	26	2.0	264	0.3	20
85 and older	0	0.0	0	0.0	0	2	1.1	24	0.3	4	1	0.5	12	0.1	8

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTHYPERLIPEMIC					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users	Number of Benefit Months Among Users	Mean Number of	
		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	604	3.4	5,481	0.3	31	791	4.4	6,639	0.4	19	777	4.3	6,833	0.3	16
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	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	3	33.3	36	0.3	47	0	0.0	0	0.0	0
21-44	32	17.7	187	0.5	49	90	49.7	602	0.6	34	38	21.0	215	0.6	46
45-64	43	34.4	308	0.6	63	66	52.8	437	0.6	42	28	22.4	152	0.8	64
65-74	284	3.9	2,618	0.3	28	247	3.4	2,334	0.3	16	354	4.8	3,242	0.3	14
75-84	188	2.8	1,832	0.3	29	232	3.4	1,936	0.3	15	261	3.8	2,356	0.3	13
85 and older	57	1.6	536	0.3	30	153	4.4	1,294	0.3	16	96	2.8	868	0.4	16
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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2006

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					ANTIASTHMATIC				
	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	1,201	0.7	12,514	0.4	\$157	8,636	5.3	89,694	0.3	\$21	6,912	4.3	70,791	0.3	\$24
Female															
All Females	670	0.6	7,023	0.3	141	6,131	5.7	64,463	0.3	21	4,780	4.4	49,536	0.3	23
Female, Disabled															
All Ages	525	1.0	5,798	0.3	156	4,074	7.5	44,931	0.3	23	3,357	6.1	36,467	0.3	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	36.4	43	0.3	32	3	27.3	36	0.4	17
15-20	5	3.3	57	0.3	366	34	22.7	389	0.3	31	24	16.0	280	0.3	17
21-44	246	2.0	2,730	0.4	180	845	7.0	9,123	0.3	20	669	5.5	7,167	0.2	21
45-64	208	0.9	2,225	0.3	150	1,778	7.7	19,186	0.3	24	1,578	6.8	16,653	0.3	25
65-74	65	0.5	774	0.3	80	1,183	9.6	13,651	0.3	25	988	8.0	11,329	0.3	29
75-84	1	0.0	12	0.1	6	187	3.5	2,084	0.2	11	81	1.5	855	0.3	18
85 and older	0	0.0	0	0.0	0	43	2.6	455	0.2	9	14	0.9	147	0.1	11
Female, Other Eligibles															
All Ages	145	0.3	1,225	0.3	66	2,057	3.8	19,532	0.3	16	1,423	2.7	13,069	0.3	17
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	3	300.0	24	1.1	153	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	11.1	12	0.1	16	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	43	5.6	231	0.4	125	193	25.2	1,325	0.4	33	157	20.5	1,062	0.4	36
45-64	15	4.7	102	0.5	225	142	44.2	992	0.4	35	127	39.6	822	0.4	37
65-74	23	0.2	239	0.2	87	566	4.6	5,848	0.3	16	396	3.2	3,994	0.3	16
75-84	20	0.1	206	0.1	7	604	3.0	6,043	0.2	12	403	2.0	3,963	0.2	14
85 and older	40	0.2	411	0.1	7	552	2.8	5,324	0.2	11	340	1.7	3,228	0.2	11
Male															
All Males	531	1.0	5,491	0.4	178	2,505	4.7	25,231	0.3	21	2,132	4.0	21,255	0.3	25
Male, Disabled															
All Ages	498	1.4	5,211	0.4	181	1,770	5.0	18,666	0.3	23	1,479	4.2	15,428	0.3	27
5 and younger	1	7.1	12	0.1	213	4	28.6	43	0.3	16	4	28.6	39	0.2	25
6-14	2	9.1	24	0.2	168	5	22.7	60	0.4	14	0	0.0	0	0.0	0
15-20	2	1.0	24	0.1	38	30	14.9	357	0.3	21	24	11.9	281	0.2	18
21-44	284	2.2	3,027	0.4	183	512	4.0	5,448	0.3	21	343	2.7	3,623	0.3	18
45-64	182	1.2	1,804	0.4	175	761	4.9	7,536	0.3	23	625	4.0	6,106	0.4	30
65-74	27	0.5	320	0.5	207	431	8.6	4,917	0.4	26	462	9.2	5,146	0.4	32
75-84	0	0.0	0	0.0	0	25	1.9	281	0.2	12	20	1.6	221	0.1	9
85 and older	0	0.0	0	0.0	0	2	1.1	24	0.3	3	1	0.5	12	0.1	9

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users as % of Dual	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users as % of Dual	Number of Benefit Months Among Users	Mean Number of	
		Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	33	0.2	280	0.2	130	735	4.1	6,565	0.3	17	653	3.6	5,827	0.3	19
5 and younger	1	50.0	8	0.1	2	1	50.0	8	0.4	14	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	5	0.2	19
15-20	0	0.0	0	0.0	0	2	22.2	20	0.3	34	0	0.0	0	0.0	0
21-44	7	3.9	33	0.5	445	47	26.0	274	0.6	51	34	18.8	230	0.2	16
45-64	1	0.8	3	0.3	24	37	29.6	271	0.5	41	30	24.0	226	0.5	45
65-74	14	0.2	133	0.3	139	288	3.9	2,770	0.3	15	289	4.0	2,679	0.3	22
75-84	5	0.1	48	0.2	58	242	3.6	2,185	0.3	13	189	2.8	1,781	0.3	16
85 and older	5	0.1	55	0.1	5	118	3.4	1,037	0.3	16	110	3.2	906	0.2	12
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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	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	11,943	7.4	121,249	0.4	\$13	14,749	9.1	147,943	0.3	\$10	161,488	1,716,405
Female												
All Females	7,996	7.4	82,587	0.4	13	10,232	9.5	104,129	0.3	9	108,272	1,161,023
Female, Disabled												
All Ages	5,091	9.3	55,346	0.4	14	7,399	13.5	79,520	0.3	9	54,673	607,433
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	12	109.1	131	0.3	9	3	27.3	36	0.1	1	11	120
15-20	20	13.3	206	0.3	4	75	50.0	862	0.2	1	150	1,690
21-44	699	5.8	7,166	0.3	12	2,200	18.1	23,144	0.3	8	12,129	133,459
45-64	2,283	9.9	24,047	0.4	14	3,346	14.5	35,206	0.3	10	23,102	252,611
65-74	1,757	14.3	20,307	0.4	16	1,549	12.6	17,813	0.3	8	12,318	141,386
75-84	275	5.2	3,031	0.2	7	193	3.6	2,123	0.1	4	5,326	60,282
85 and older	45	2.8	458	0.2	6	33	2.0	336	0.2	10	1,635	17,861
Female, Other Eligibles												
All Ages	2,905	5.4	27,241	0.3	10	2,833	5.3	24,609	0.3	11	53,599	553,590
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	100.0	8	0.3	3	0	0.0	0	0.0	0	1	8
15-20	0	0.0	0	0.0	0	1	11.1	12	0.1	0	9	82
21-44	153	20.0	951	0.5	18	587	76.7	3,768	0.5	28	765	4,740
45-64	140	43.6	896	0.6	26	298	92.8	2,042	0.5	21	321	2,102
65-74	968	7.8	9,566	0.3	11	726	5.9	7,235	0.3	8	12,380	130,793
75-84	944	4.7	9,280	0.3	9	651	3.2	6,369	0.3	6	20,242	214,888
85 and older	699	3.5	6,540	0.3	9	570	2.9	5,183	0.3	7	19,881	200,977
Male												
All Males	3,947	7.4	38,662	0.4	12	4,517	8.5	43,814	0.3	11	53,216	555,382
Male, Disabled												
All Ages	2,811	8.0	28,482	0.4	12	3,595	10.2	36,384	0.3	10	35,312	380,722
5 and younger	1	7.1	12	0.2	2	1	7.1	9	0.2	1	14	161
6-14	15	68.2	179	0.3	6	5	22.7	60	0.1	1	22	234
15-20	31	15.3	361	0.4	10	46	22.8	541	0.1	3	202	2,311
21-44	721	5.6	7,199	0.3	12	1,312	10.2	13,377	0.3	8	12,923	141,335
45-64	1,364	8.7	13,097	0.4	12	1,620	10.4	15,433	0.3	12	15,651	163,808
65-74	629	12.5	7,078	0.4	14	590	11.7	6,718	0.3	11	5,030	56,548
75-84	47	3.7	520	0.2	7	19	1.5	222	0.2	3	1,287	14,345
85 and older	3	1.6	36	0.3	3	2	1.1	24	0.2	10	183	1,980

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - Narcotic						
	Number of Users	Users	Number of Benefit Months Among Users	Mean	Mean Rx \$ Benefit per Month	Number of Users	Users	Number of Benefit Months Among Users	Mean	Mean Rx \$ Benefit per Month	Number of Beneficiaries	Number of Benefit Months
		as % of Dual Benes		Rx per Month			as % of Dual Benes		Rx per Month			
Male, Other Eligibles												
All Ages	1,136	6.3	10,180	0.3	10	922	5.1	7,430	0.4	15	17,904	174,660
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
6-14	1	25.0	1	1.0	69	2	50.0	6	0.3	1	4	12
15-20	4	44.4	44	0.3	4	3	33.3	36	0.3	2	9	80
21-44	63	34.8	384	0.5	17	177	97.8	1,123	0.6	38	181	1,051
45-64	49	39.2	343	0.5	21	122	97.6	793	0.7	33	125	742
65-74	533	7.3	4,881	0.3	9	332	4.5	3,014	0.3	8	7,311	72,489
75-84	335	4.9	3,223	0.3	9	188	2.8	1,704	0.3	4	6,784	67,822
85 and older	151	4.3	1,304	0.3	8	98	2.8	754	0.3	9	3,488	32,448
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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2006

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	\$17	0.5	21,283	222,539
Age				
0-64	38	0.9	2,057	22,833
65-74	31	0.8	3,447	37,331
75-84	13	0.5	6,831	71,130
85 and older	9	0.4	8,948	91,245
Unknown	0	0.0	0	0
Gender				
Female	15	0.5	15,602	163,913
Male	22	0.6	5,681	58,626
Unknown	0	0.0	0	0
Race				
White	16	0.6	14,311	147,919
African American	19	0.5	6,750	72,266
Other/unknown	23	0.6	222	2,354
Basis of Eligibility^c				
AGED	13	0.5	18,263	189,402
Disabled	41	0.9	3,020	33,137
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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 13,282 beneficiaries who were in nursing facilities for part of their enrollment and their 127,113 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, GEORGIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$9	\$0	\$5	\$56	\$117	\$76	\$27	2,318	\$130,379	958	4.5	9,240
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	0.3	0.0	0.0	0.3	25	3	0	23	94	209	100	88	462	43,293	189	0.9	1,710
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	19	13	2	4	39	83	75	12	4,987	194,654	1,082	5.1	10,486
Cardiovascular Agents	0.8	0.2	0.1	0.5	25	11	6	7	33	64	124	14	14,144	460,257	1,920	9.0	18,390
Respiratory Agents	0.4	0.1	0.0	0.3	14	10	1	4	37	97	74	13	2,774	103,190	727	3.4	7,149
Gastrointestinal Agents	0.4	0.1	0.0	0.3	19	15	0	3	44	120	37	12	4,751	210,542	1,141	5.4	11,372
Genitourinary Agents	0.4	0.2	0.0	0.1	22	18	1	2	61	77	60	24	1,194	72,561	344	1.6	3,251
CNS Drugs	0.7	0.1	0.0	0.5	17	10	1	6	27	118	80	11	47,738	1,269,461	6,963	32.7	73,417
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	32	23	0	9	55	143	0	21	72	3,971	12	0.1	125
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	52	52	0	0	125	125	0	0	3,025	377,048	779	3.7	7,226
Analgesics and Anesthetics	0.5	0.1	0.1	0.4	18	6	8	4	36	104	122	12	5,048	181,979	1,032	4.8	10,073
Neuromuscular Agents	0.7	0.1	0.0	0.6	21	11	0	10	32	128	63	17	10,384	327,649	1,480	7.0	15,269
Nutritional Products	0.4	0.0	0.1	0.4	6	0	1	5	14	18	17	14	3,348	47,518	802	3.8	7,741
Hematological Agents	0.6	0.0	0.0	0.6	11	7	0	4	17	145	6	7	13,371	232,941	2,010	9.4	21,356
Topical Products	0.3	0.1	0.1	0.2	15	8	3	3	44	75	58	19	2,902	126,835	883	4.1	8,701
Miscellaneous Products	0.2	0.1	0.0	0.1	6	4	0	2	30	69	0	15	107	3,180	54	0.3	534
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	27	0	0	0	204	5,567	61	0.3	673
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.	116,829	3,791,025	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 13,282 beneficiaries who were in nursing facilities for part of their enrollment and their 127,113 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 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, 2006

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$599,562	939	4.4	9,053	0.4	\$157	\$66
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	377,048	944	4.4	8,678	0.3	125	43
ANTI ANXIETY AGENTS	309,925	5,460	25.7	58,550	0.5	10	5
ANTIDEPRESSANTS	294,302	1,476	6.9	14,446	0.4	56	20
ANTICONVULSANT	273,353	1,378	6.5	14,516	0.6	30	19
HEMATOPOIETIC AGENTS	193,878	4,234	19.9	46,206	0.6	7	4
ULCER DRUGS	161,618	1,058	5.0	10,750	0.3	45	15
ANTHYPERLIPIDEMIC	160,562	469	2.2	4,651	0.4	95	35
ANTI DIABETIC	158,038	854	4.0	8,536	0.4	43	19
ANTI HYPERTENSIVE	112,805	1,070	5.0	10,444	0.4	29	11
Total	2,641,091	17,882	n.a.	185,830	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 13,282 beneficiaries who were in nursing facilities for part of their enrollment and their 127,113 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

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, 2006

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	92,159	\$2,641,091	939	4.4	9,053	0.4	\$66	944	4.4	8,678	0.3	\$43
Female												
All Females	66,990	1,740,312	610	3.9	5,927	0.4	56	683	4.4	6,451	0.3	43
Female, Disabled												
All Ages	10,687	490,161	127	7.8	1,382	0.5	102	42	2.6	460	0.4	87
64 or younger	6,114	264,386	62	6.6	640	0.5	95	18	1.9	190	0.3	113
65-74	2,987	186,305	50	19.2	564	0.6	127	15	5.7	162	0.6	89
75-84	1,029	28,294	8	3.1	96	0.3	66	7	2.7	84	0.3	40
85 and older	557	11,176	7	4.0	82	0.2	32	2	1.1	24	0.4	35
Female, Other Eligibles												
All Ages	56,303	1,250,151	483	3.5	4,545	0.4	42	641	4.6	5,991	0.3	39
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	10,491	279,431	91	5.6	926	0.5	58	62	3.8	637	0.4	49
75-84	21,008	494,076	196	4.1	1,824	0.4	41	295	6.1	2,746	0.3	38
85 and older	24,804	476,644	196	2.6	1,795	0.3	35	284	3.8	2,608	0.3	38
Male												
All Males	25,169	900,779	329	5.8	3,126	0.5	85	261	4.6	2,227	0.4	46
Male, Disabled												
All Ages	9,393	449,494	129	9.3	1,424	0.5	114	28	2.0	307	0.5	62
64 or younger	7,384	332,106	90	8.1	968	0.4	117	12	1.1	122	0.5	56
65-74	1,647	105,585	33	21.0	384	0.6	115	10	6.4	113	0.6	87
75-84	305	10,789	5	5.7	60	0.4	79	5	5.7	60	0.3	37
85 and older	57	1,014	1	4.3	12	0.1	29	1	4.3	12	0.1	12
Male, Other Eligibles												
All Ages	15,776	451,285	200	4.7	1,702	0.4	62	233	5.4	1,920	0.4	43
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,299	215,773	80	5.7	752	0.5	84	67	4.8	578	0.4	51
75-84	5,565	137,096	66	3.9	518	0.4	48	91	5.4	766	0.3	39
85 and older	3,912	98,416	54	4.4	432	0.4	39	75	6.2	576	0.4	40
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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 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 2006. A total of 13,282 beneficiaries who were in nursing facilities for part of their enrollment and their 127,113 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Note: (b) = 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, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIDEPRESSANTS					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	5,460	25.7	58,550	0.5	\$5	1,476	6.9	14,446	0.4	\$20	1,378	6.5	14,516	0.6	\$19
Female															
All Females	4,161	26.7	44,860	0.6	5	1,087	7.0	10,776	0.4	20	958	6.1	10,144	0.6	15
Female, Disabled															
All Ages	478	29.2	5,347	0.6	7	169	10.3	1,874	0.5	30	205	12.5	2,265	0.7	28
64 or younger	298	31.7	3,362	0.6	8	101	10.8	1,101	0.5	36	134	14.3	1,470	0.7	28
65-74	83	31.8	936	0.6	7	45	17.2	513	0.5	26	50	19.2	565	0.7	35
75-84	60	23.1	666	0.5	5	12	4.6	128	0.3	16	19	7.3	211	0.5	16
85 and older	37	21.1	383	0.6	5	11	6.3	132	0.2	12	2	1.1	19	0.1	4
Female, Other Eligibles															
All Ages	3,683	26.4	39,513	0.5	5	918	6.6	8,902	0.3	18	753	5.4	7,879	0.6	12
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	533	32.8	6,006	0.6	7	156	9.6	1,649	0.4	18	204	12.6	2,270	0.7	16
75-84	1,361	28.3	14,661	0.6	5	351	7.3	3,242	0.3	18	300	6.2	3,173	0.6	11
85 and older	1,789	23.7	18,846	0.5	5	411	5.5	4,011	0.3	17	249	3.3	2,436	0.6	10
Male															
All Males	1,299	22.9	13,690	0.5	6	389	6.8	3,670	0.4	22	420	7.4	4,372	0.7	27
Male, Disabled															
All Ages	374	27.0	4,177	0.6	7	121	8.7	1,335	0.5	31	187	13.5	2,056	0.8	38
64 or younger	326	29.2	3,693	0.6	7	92	8.2	991	0.5	33	158	14.1	1,736	0.8	38
65-74	26	16.6	283	0.7	10	24	15.3	284	0.5	26	26	16.6	284	0.7	37
75-84	19	21.8	181	0.4	4	3	3.4	36	0.3	25	3	3.4	36	0.6	15
85 and older	3	13.0	20	0.4	6	2	8.7	24	0.3	4	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	925	21.5	9,513	0.5	5	268	6.2	2,335	0.3	18	233	5.4	2,316	0.6	17
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	335	23.8	3,593	0.6	6	99	7.0	964	0.3	19	114	8.1	1,188	0.6	19
75-84	359	21.4	3,695	0.5	4	88	5.3	681	0.3	17	80	4.8	799	0.6	17
85 and older	231	19.0	2,225	0.4	4	81	6.7	690	0.4	16	39	3.2	329	0.6	12
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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 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 2006. A total of 13,282 beneficiaries who were in nursing facilities for part of their enrollment and their 127,113 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef 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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ULCER DRUGS					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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	4,234	19.9	46,206	0.6	\$4	1,058	5.0	10,750	0.3	\$15	469	2.2	4,651	0.4	\$35
Female															
All Females	3,141	20.1	34,405	0.6	4	740	4.7	7,629	0.3	15	321	2.1	3,243	0.3	29
Female, Disabled															
All Ages	291	17.8	3,268	0.6	10	146	8.9	1,633	0.4	26	59	3.6	666	0.4	36
64 or younger	150	16.0	1,721	0.6	13	72	7.7	807	0.4	28	31	3.3	355	0.4	28
65-74	54	20.7	602	0.6	12	50	19.2	566	0.5	27	22	8.4	249	0.5	46
75-84	47	18.1	512	0.7	4	14	5.4	158	0.4	25	5	1.9	50	0.2	22
85 and older	40	22.9	433	0.5	4	10	5.7	102	0.2	12	1	0.6	12	0.6	90
Female, Other Eligibles															
All Ages	2,850	20.4	31,137	0.6	4	594	4.3	5,996	0.3	11	262	1.9	2,577	0.3	28
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	337	20.8	3,838	0.6	4	99	6.1	1,079	0.4	16	65	4.0	690	0.4	36
75-84	958	19.9	10,545	0.6	3	225	4.7	2,210	0.3	12	121	2.5	1,153	0.3	27
85 and older	1,555	20.6	16,754	0.6	4	270	3.6	2,707	0.3	10	76	1.0	734	0.2	21
Male															
All Males	1,093	19.2	11,801	0.6	4	318	5.6	3,121	0.4	16	148	2.6	1,408	0.5	46
Male, Disabled															
All Ages	230	16.6	2,580	0.6	4	126	9.1	1,377	0.5	20	55	4.0	618	0.6	56
64 or younger	174	15.6	1,981	0.6	4	86	7.7	934	0.5	21	40	3.6	445	0.5	49
65-74	31	19.7	341	0.5	4	33	21.0	359	0.6	19	15	9.6	173	0.7	74
75-84	21	24.1	214	0.6	3	5	5.7	60	0.4	7	0	0.0	0	0.0	0
85 and older	4	17.4	44	0.6	3	2	8.7	24	0.3	3	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	863	20.1	9,221	0.6	4	192	4.5	1,744	0.3	13	93	2.2	790	0.4	38
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	267	19.0	2,942	0.6	5	64	4.6	646	0.4	13	32	2.3	289	0.5	54
75-84	330	19.7	3,517	0.6	4	72	4.3	602	0.3	12	40	2.4	324	0.3	28
85 and older	266	21.9	2,762	0.6	4	56	4.6	496	0.3	16	21	1.7	177	0.3	31
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 2006 file for Georgia, released by CMS in 8/2009. This table was produced on 03/24/2010.
 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 2006. A total of 13,282 beneficiaries who were in nursing facilities for part of their enrollment and their 127,113 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Note: (n) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) of 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, 2006

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-HYPERTENSIVE						
	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	854	4.0	8,536	0.4	\$19	1,070	5.0	10,444	0.4	\$11	21,283	222,539
Female												
All Females	589	3.8	6,042	0.4	16	752	4.8	7,398	0.3	10	15,602	163,913
Female, Disabled												
All Ages	123	7.5	1,317	0.6	24	123	7.5	1,375	0.4	15	1,635	17,860
64 or younger	56	6.0	588	0.6	24	61	6.5	680	0.4	12	939	10,387
65-74	55	21.1	607	0.7	26	42	16.1	473	0.5	24	261	2,884
75-84	11	4.2	116	0.4	15	14	5.4	150	0.3	9	260	2,788
85 and older	1	0.6	6	0.2	12	6	3.4	72	0.2	2	175	1,801
Female, Other Eligibles												
All Ages	466	3.3	4,725	0.3	14	629	4.5	6,023	0.3	9	13,967	146,053
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	112	6.9	1,184	0.4	18	102	6.3	1,098	0.4	12	1,623	17,772
75-84	233	4.8	2,342	0.3	14	256	5.3	2,379	0.3	9	4,810	50,567
85 and older	121	1.6	1,199	0.3	10	271	3.6	2,546	0.3	9	7,534	77,714
Male												
All Males	265	4.7	2,494	0.5	24	318	5.6	3,046	0.4	12	5,681	58,626
Male, Disabled												
All Ages	97	7.0	1,066	0.6	30	112	8.1	1,146	0.5	15	1,385	15,277
64 or younger	72	6.4	811	0.6	30	85	7.6	852	0.6	16	1,118	12,446
65-74	23	14.6	231	0.7	31	22	14.0	234	0.6	14	157	1,700
75-84	2	2.3	24	0.1	11	3	3.4	36	0.2	6	87	895
85 and older	0	0.0	0	0.0	0	2	8.7	24	0.3	4	23	236
Male, Other Eligibles												
All Ages	168	3.9	1,428	0.4	19	206	4.8	1,900	0.4	10	4,296	43,349
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	65	4.6	608	0.4	20	74	5.3	741	0.4	13	1,406	14,975
75-84	69	4.1	528	0.5	16	68	4.1	615	0.3	7	1,674	16,880
85 and older	34	2.8	292	0.4	21	64	5.3	544	0.4	10	1,216	11,494
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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 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 2006. A total of 13,282 beneficiaries who were in nursing facilities for part of their enrollment and their 127,113 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

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	47,408	29.4	1.6	261,970	\$14	\$2,308,973	\$9	6.2	161,488	
Age										
5 and younger	12	66.7	8.6	155	297	5,349	35	11.6	18	
6-14	16	42.1	2.8	107	96	3,644	34	2.6	38	
15-20	138	37.3	1.9	716	24	8,906	12	1.5	370	
21-44	5,989	23.0	1.1	28,889	12	314,838	11	3.0	25,998	
45-64	12,108	30.9	1.8	68,711	17	661,257	10	5.5	39,199	
65-74	10,721	28.9	1.7	61,377	14	517,919	8	5.7	37,039	
75-84	10,281	30.6	1.7	58,126	13	450,426	8	16.3	33,639	
85 and older	8,143	32.3	1.7	43,889	14	346,634	8	20.0	25,187	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	20,831	29.8	1.7	117,319	14	961,310	8	14.5	69,985	
Disabled	26,060	29.0	1.6	142,704	15	1,326,018	9	4.7	89,985	
Adults	449	34.4	1.3	1,652	14	18,182	11	1.1	1,307	
Children	5	11.1	0.8	35	21	923	26	1.0	45	
Unknown	63	38.0	1.6	260	15	2,540	10	0.9	166	
Gender										
Female	34,550	31.9	1.8	189,825	15	1,649,311	9	6.8	108,272	
Male	12,858	24.2	1.4	72,145	12	659,662	9	5.2	53,216	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	25,362	34.4	2.0	149,196	19	1,410,459	9	8.0	73,764	
African American	17,242	25.7	1.3	89,257	10	693,112	8	4.7	67,216	
Other/unknown	4,804	23.4	1.1	23,517	10	205,402	9	4.4	20,508	
Use of Nursing Facilities^d										
Entire year	9,083	42.7	3.1	66,395	28	588,395	9	15.5	21,283	
Part year	6,024	45.4	2.4	31,364	21	281,892	9	13.0	13,282	
None	32,301	25.4	1.3	164,211	11	1,438,686	9	4.6	126,923	
Maintenance Assistance Status										
Cash	25,776	26.8	1.4	134,883	12	1,145,911	8	4.9	96,191	
Medically needy	700	21.6	0.9	2,827	10	33,179	12	2.5	3,240	
Poverty related	1,539	22.4	0.7	4,768	7	49,911	10	2.3	6,881	
Other/unknown	19,393	35.1	2.2	119,492	20	1,079,972	9	11.0	55,176	

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 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 2006.
 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, 2006

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	0.2	\$1	\$9	\$0	\$1	1,716,405
Age						
5 and younger	0.8	27	35	0	1	201
6-14	0.3	10	34	0	0	374
15-20	0.2	2	12	0	1	4,163
21-44	0.1	1	11	0	1	280,585
45-64	0.2	2	10	0	1	419,263
65-74	0.2	1	8	0	1	401,216
75-84	0.2	1	8	0	1	357,337
85 and older	0.2	1	8	0	1	253,266
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	1	8	0	1	718,750
Disabled	0.1	1	9	0	1	988,155
Adults	0.2	2	11	0	1	7,797
Children	0.1	2	26	0	0	370
Unknown	0.2	2	10	0	1	1,333
Gender						
Female	0.2	1	9	0	1	1,161,023
Male	0.1	1	9	0	1	555,382
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	9	0	1	766,124
African American	0.1	1	8	0	0	724,033
Other/unknown	0.1	1	9	0	0	226,248
Use of Nursing Facilities^d						
Entire year	0.3	3	9	0	2	222,539
Part year	0.2	2	9	0	1	127,113
None	0.1	1	9	0	1	1,366,753
Maintenance Assistance Status						
Cash	0.1	1	8	0	1	1,079,958
Medically needy	0.1	2	12	0	1	20,779
Poverty related	0.1	1	10	0	0	69,001
Other/unknown	0.2	2	9	0	1	546,667

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 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 2006.
 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, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	55,563	\$42	\$2,308,973	100.0	261,970	\$9	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	5	12	62	0.0	7	9	0.0
Cough and cold medications	99	36	3,525	0.2	163	22	0.1
Vitamins and minerals	4,588	56	256,310	11.1	17,232	15	6.6
Non-prescription drugs	20,562	28	572,897	24.8	97,428	6	37.2
Barbiturates	1,914	55	105,692	4.6	17,756	6	6.8
Benzodiazepines	27,820	48	1,342,737	58.2	127,934	10	48.8
Other Part D Excl Rx Drugs	575	48	27,750	1.2	1,450	19	0.6

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 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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 GEORGIA, 2006

Total Number of Dual Eligible Beneficiaries: 161,488
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$36,975,039
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$229

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	108,577	67.2	\$0	0.0
1-500	40,248	24.9	3,798,017	10.3
501-1,000	4,129	2.6	2,959,549	8.0
1,001-1,500	2,209	1.4	2,711,984	7.3
1,501-2,000	1,393	0.9	2,412,700	6.5
2,001-2,500	989	0.6	2,208,650	6.0
2,501-3,000	703	0.4	1,921,893	5.2
3,001-3,500	521	0.3	1,690,201	4.6
3,501-4,000	471	0.3	1,766,871	4.8
4,001-4,500	381	0.2	1,614,799	4.4
4,501-5,000	271	0.2	1,283,349	3.5
5,001-5,500	210	0.1	1,100,334	3.0
5,501-6,000	193	0.1	1,109,367	3.0
6,001-6,500	148	0.1	922,521	2.5
6,501-7,000	131	0.1	883,093	2.4
7,001-7,500	105	0.1	766,397	2.1
7,501-8,000	97	0.1	749,085	2.0
8,001-8,500	76	0.0	627,448	1.7
8,501-9,000	73	0.0	636,104	1.7
9,001-9,500	67	0.0	619,445	1.7
9,501-10,000	53	0.0	516,558	1.4
10,001+	443	0.3	6,676,674	18.1

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. 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 GEORGIA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 64,206
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$21,454,249
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$334

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	41,693	64.9		\$0	0.0
1-500	15,982	24.9		1,612,380	7.5
501-1,000	1,917	3.0		1,372,498	6.4
1,001-1,500	1,047	1.6		1,290,005	6.0
1,501-2,000	699	1.1		1,211,450	5.6
2,001-2,500	526	0.8		1,176,717	5.5
2,501-3,000	372	0.6		1,016,308	4.7
3,001-3,500	287	0.4		930,658	4.3
3,501-4,000	268	0.4		1,005,634	4.7
4,001-4,500	207	0.3		878,057	4.1
4,501-5,000	157	0.2		743,347	3.5
5,001-5,500	125	0.2		655,988	3.1
5,501-6,000	110	0.2		632,404	2.9
6,001-6,500	88	0.1		546,963	2.5
6,501-7,000	70	0.1		472,876	2.2
7,001-7,500	70	0.1		511,363	2.4
7,501-8,000	63	0.1		486,615	2.3
8,001-8,500	50	0.1		413,647	1.9
8,501-9,000	47	0.1		409,630	1.9
9,001-9,500	51	0.1		470,992	2.2
9,501-10,000	41	0.1		400,648	1.9
10,001+	336	0.5		5,216,069	24.3

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. 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 2006.
 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, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 95,865
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$13,560,096
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$141

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	66,578	69.4	\$0	0.0
1-500	23,814	24.8	2,108,845	15.6
501-1,000	2,046	2.1	1,466,751	10.8
1,001-1,500	1,049	1.1	1,282,628	9.5
1,501-2,000	620	0.6	1,072,639	7.9
2,001-2,500	406	0.4	903,574	6.7
2,501-3,000	288	0.3	788,248	5.8
3,001-3,500	195	0.2	633,348	4.7
3,501-4,000	180	0.2	674,828	5.0
4,001-4,500	145	0.2	613,661	4.5
4,501-5,000	101	0.1	478,287	3.5
5,001-5,500	75	0.1	392,501	2.9
5,501-6,000	64	0.1	368,490	2.7
6,001-6,500	51	0.1	318,966	2.4
6,501-7,000	47	0.0	316,959	2.3
7,001-7,500	31	0.0	225,968	1.7
7,501-8,000	28	0.0	216,119	1.6
8,001-8,500	19	0.0	156,481	1.2
8,501-9,000	20	0.0	174,135	1.3
9,001-9,500	12	0.0	111,098	0.8
9,501-10,000	9	0.0	86,900	0.6
10,001+	87	0.1	1,169,670	8.6

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. 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 GEORGIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 37,039
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$9,057,223
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$244

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	25,172	68.0	\$0	0.0
1-500	8,548	23.1	855,493	9.4
501-1,000	1,042	2.8	756,220	8.3
1,001-1,500	559	1.5	688,005	7.6
1,501-2,000	390	1.1	678,933	7.5
2,001-2,500	256	0.7	567,352	6.3
2,501-3,000	218	0.6	597,627	6.6
3,001-3,500	143	0.4	462,534	5.1
3,501-4,000	139	0.4	520,163	5.7
4,001-4,500	117	0.3	494,764	5.5
4,501-5,000	80	0.2	378,483	4.2
5,001-5,500	61	0.2	319,697	3.5
5,501-6,000	49	0.1	282,654	3.1
6,001-6,500	44	0.1	275,040	3.0
6,501-7,000	42	0.1	283,313	3.1
7,001-7,500	25	0.1	182,796	2.0
7,501-8,000	22	0.1	169,171	1.9
8,001-8,500	17	0.0	139,698	1.5
8,501-9,000	18	0.0	156,763	1.7
9,001-9,500	11	0.0	101,947	1.1
9,501-10,000	7	0.0	67,313	0.7
10,001+	79	0.2	1,079,257	11.9

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. 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 2006.
 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, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 33,639
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$2,769,465
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$82

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	23,934	71.1	\$0	0.0
1-500	8,382	24.9	714,804	25.8
501-1,000	613	1.8	436,379	15.8
1,001-1,500	287	0.9	350,653	12.7
1,501-2,000	142	0.4	244,493	8.8
2,001-2,500	100	0.3	223,703	8.1
2,501-3,000	42	0.1	114,462	4.1
3,001-3,500	34	0.1	111,531	4.0
3,501-4,000	26	0.1	97,710	3.5
4,001-4,500	17	0.1	71,685	2.6
4,501-5,000	15	0.0	71,667	2.6
5,001-5,500	10	0.0	51,862	1.9
5,501-6,000	8	0.0	46,275	1.7
6,001-6,500	6	0.0	37,798	1.4
6,501-7,000	4	0.0	26,898	1.0
7,001-7,500	4	0.0	28,456	1.0
7,501-8,000	5	0.0	39,147	1.4
8,001-8,500	1	0.0	8,362	0.3
8,501-9,000	2	0.0	17,372	0.6
9,001-9,500	1	0.0	9,151	0.3
9,501-10,000	0	0.0	0	0.0
10,001+	6	0.0	67,057	2.4

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. 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 GEORGIA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 25,187
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,733,408
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$68

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	17,472	69.4	\$0	0.0
1-500	6,884	27.3	538,548	31.1
501-1,000	391	1.6	274,152	15.8
1,001-1,500	203	0.8	243,970	14.1
1,501-2,000	88	0.3	149,213	8.6
2,001-2,500	50	0.2	112,519	6.5
2,501-3,000	28	0.1	76,159	4.4
3,001-3,500	18	0.1	59,283	3.4
3,501-4,000	15	0.1	56,955	3.3
4,001-4,500	11	0.0	47,212	2.7
4,501-5,000	6	0.0	28,137	1.6
5,001-5,500	4	0.0	20,942	1.2
5,501-6,000	7	0.0	39,561	2.3
6,001-6,500	1	0.0	6,128	0.4
6,501-7,000	1	0.0	6,748	0.4
7,001-7,500	2	0.0	14,716	0.8
7,501-8,000	1	0.0	7,801	0.5
8,001-8,500	1	0.0	8,421	0.5
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	2	0.0	19,587	1.1
10,001+	2	0.0	23,356	1.3

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. 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 2006.
 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, 2006

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	161,491	69,985	89,985	1,310	45	166	1,721,609	718,789	989,822	10,796	434	1,768
Age												
5 and younger	18	0	16	0	2	0	205	0	185	0	20	0
6-14	38	0	33	0	5	0	393	0	362	0	31	0
15-20	370	0	352	2	16	0	4,204	0	4,015	22	167	0
21-44	25,999	0	25,052	910	14	23	283,695	0	275,879	7,459	130	227
45-64	39,201	0	38,753	348	5	95	421,124	0	416,979	2,986	60	1,099
65-74	37,039	19,597	17,348	44	2	48	401,385	202,695	197,934	300	14	442
75-84	33,639	27,022	6,613	4	0	0	357,337	282,692	74,627	18	0	0
85 and older	25,187	23,366	1,818	2	1	0	253,266	233,402	19,841	11	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	108,274	52,415	54,673	998	22	166	1,165,183	546,102	608,789	8,288	236	1,768
Male	53,217	17,570	35,312	312	23	0	556,426	172,687	381,033	2,508	198	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	73,765	35,942	37,114	610	22	77	768,423	356,590	405,667	5,091	228	847
African American	67,218	24,410	42,048	668	16	76	726,611	256,699	463,558	5,415	147	792
Other/unknown	20,508	9,633	10,823	32	7	13	226,575	105,500	120,597	290	59	129
Use of Nursing Facilities^c												
Entire year	21,283	18,263	3,020	0	0	0	222,539	189,402	33,137	0	0	0
Part year	13,282	11,141	2,141	0	0	0	127,113	105,354	21,759	0	0	0
None	126,926	40,581	84,824	1,310	45	166	1,371,957	424,033	934,926	10,796	434	1,768
Maintenance Assistance Status												
Cash	96,193	28,107	67,240	843	3	0	1,084,029	314,768	761,870	7,373	18	0
Medically needy	3,240	1,027	2,213	0	0	0	20,787	6,209	14,578	0	0	0
Poverty related	6,881	2,597	3,816	279	23	166	69,631	27,054	38,676	1,935	198	1,768
Other/unknown	55,177	38,254	16,716	188	19	0	547,162	370,758	174,698	1,488	218	0
Dual Status^d												
Full dual, all year	151,541	64,973	85,089	1,268	45	166	1,619,875	666,788	940,539	10,346	434	1,768
Full dual, part year	9,950	5,012	4,896	42	0	0	101,734	52,001	49,283	450	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	160,268	69,971	89,571	629	34	63	1,708,371	718,631	985,083	3,731	304	622
FFS part year, with Rx claims	1,146	13	400	628	10	95	12,519	146	4,576	6,617	118	1,062
FFS part year, no Rx claims	74	1	14	50	1	8	710	12	163	439	12	84
MC all year, with Rx claims	3	0	0	3	0	0	9	0	0	9	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 2006 file for Georgia, released by CMS in 6/2009. This table was produced on 03/24/2010.
 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 residences.
 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 2006. 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, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	161,491	1,721,609	161,488	1,716,405	0	5,204
Fee-for-service (FFS) all year	160,268	1,708,371	160,268	1,708,371	0	0
FFS part year, with Rx claims	1,146	12,519	1,146	7,609	0	4,910
FFS part year, with no Rx claims	74	710	74	425	0	285
Managed care (MC) all year, with Rx claims	3	9	0	0	0	9
MC all year, with no Rx claims	0	0	0	0	0	0

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. 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.