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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
GEORGIA**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
GEORGIA, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	1668116 (A)	263156 (E)	1404960 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1544770 (B)	155863 (F)	1388907 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	981856 (C)	153778 (G)	828078 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	21142 (D)	19183 (H)	1959 (L)

Source: Data for this table are from the MAX 2007 file for Georgia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Georgia in 2007 was \$421,464,050, of which \$7,742,567 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

**TABLE 2**  
**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**GEORGIA, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>981,856</b>	<b>69,073</b>	<b>237,154</b>	<b>184,570</b>	<b>489,579</b>	<b>1,480</b>	<b>5,325,527</b>	<b>709,869</b>	<b>2,535,113</b>	<b>461,903</b>	<b>1,613,459</b>	<b>5,183</b>
<b>Age</b>												
5 and younger	231,683	0	10,121	18	221,544	0	773,839	0	97,351	51	676,437	0
6-14	220,349	0	24,173	136	196,040	0	909,862	0	260,940	312	648,610	0
15-20	117,201	0	18,519	27,375	71,223	84	552,540	0	199,340	71,709	281,255	236
21-44	214,040	0	63,939	148,647	760	694	1,067,281	0	688,862	369,360	7,053	2,006
45-64	101,608	0	92,571	8,365	9	663	997,571	0	974,562	20,329	68	2,612
65-74	38,600	19,549	18,982	28	2	39	415,466	200,388	214,586	139	24	329
75-84	33,325	26,293	7,031	1	0	0	356,028	276,358	79,667	3	0	0
85 and older	25,050	23,231	1,818	0	1	0	252,940	233,123	19,805	0	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	595,353	51,367	127,819	170,826	243,861	1,480	3,154,015	534,776	1,386,011	428,757	799,288	5,183
Male	386,492	17,706	109,335	13,744	245,707	0	2,171,481	175,093	1,149,102	33,146	814,140	0
Unknown	11	0	0	0	11	0	31	0	0	0	31	0
<b>Race</b>												
White	401,380	33,947	79,934	77,882	208,900	717	2,078,308	337,639	848,313	193,484	696,536	2,336
African American	494,637	24,225	105,107	103,015	261,677	613	2,507,088	254,750	1,132,389	259,584	858,011	2,354
Other/unknown	85,839	10,901	52,113	3,673	19,002	150	740,131	117,480	554,411	8,835	58,912	493
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	21,142	17,120	4,022	0	0	0	220,151	177,915	42,236	0	0	0
Part year	14,070	10,954	3,115	1	0	0	133,797	103,694	30,101	2	0	0
None	946,644	40,999	230,017	184,569	489,579	1,480	4,971,579	428,260	2,462,776	461,901	1,613,459	5,183
<b>Maintenance Assistance Status</b>												
Cash	423,644	28,068	196,649	81,535	117,392	0	3,011,892	313,323	2,166,859	208,969	322,741	0
Medically needy	5,546	1,687	3,773	8	78	0	35,589	13,932	21,482	10	165	0
Poverty-related	366,663	1,954	3,380	79,792	280,057	1,480	1,042,695	20,164	33,637	198,118	785,593	5,183
Other/unknown	186,003	37,364	33,352	23,235	92,052	0	1,235,351	362,450	313,135	54,806	504,960	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	144,925	61,416	82,533	785	37	154	1,546,993	633,407	909,090	2,901	365	1,230
Full dual, part year	8,853	4,406	4,415	32	0	0	90,594	45,912	44,349	333	0	0
Non-dual, all year	828,078	3,251	150,206	183,753	489,542	1,326	3,687,940	30,550	1,581,674	458,669	1,613,094	3,953
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	418,381	68,815	231,811	35,321	82,167	267	3,776,773	708,529	2,504,525	80,478	481,537	1,704
FFS part year, with Rx claims	183,535	168	3,937	74,634	103,953	843	568,425	868	23,858	203,222	338,073	2,404
FFS part year, no Rx claims	379,940	90	1,406	74,615	303,459	370	980,329	472	6,730	178,203	793,849	1,075

Source: Data for this table are from the MAX 2007 file for Georgia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

All Medicaid Beneficiaries

**TABLE 3**  
**ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**GEORGIA, 2007**

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>38.5</b>	<b>5.7</b>	<b>\$421</b>	<b>\$74</b>	<b>\$4,926</b>	<b>8.6</b>	<b>981,856</b>
<b>Age</b>							
5 and younger	31.5	1.4	105	76	2,371	4.4	231,683
6-14	29.2	2.5	252	101	1,787	14.1	220,349
15-20	39.0	3.4	373	109	3,439	10.8	117,201
21-44	49.1	5.9	496	84	5,577	8.9	214,040
45-64	61.9	26.2	1,654	63	11,164	14.8	101,608
65-74	30.1	6.4	312	49	7,792	4.0	38,600
75-84	25.3	2.7	83	31	11,869	0.7	33,325
85 and older	27.7	2.2	52	23	18,589	0.3	25,050
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	27.5	2.9	94	32	14,183	0.7	69,073
Disabled	59.7	18.8	1,488	79	9,806	15.2	237,154
Adults	46.0	1.7	58	34	3,748	1.5	184,570
Children	26.8	1.2	89	72	1,675	5.3	489,579
Unknown	64.5	4.2	255	60	12,974	2.0	1,480
<b>Gender</b>							
Female	40.0	5.9	381	64	5,113	7.4	595,353
Male	36.1	5.3	484	91	4,638	10.4	386,492
Unknown	27.3	0.5	9	17	1,023	0.9	11
<b>Race</b>							
White	41.6	6.3	418	67	5,571	7.5	401,380
African American	33.9	4.3	321	75	4,183	7.7	494,637
Other/unknown	50.2	11.1	1,013	92	6,188	16.4	85,839
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	42.7	9.5	454	48	37,152	1.2	21,142
Part year	49.0	8.7	429	50	24,846	1.7	14,070
None	38.2	5.6	421	76	3,910	10.8	946,644
<b>Maintenance Assistance Status</b>							
Cash	43.8	10.2	784	77	5,393	14.5	423,644
Medically needy	54.3	14.7	993	67	8,818	11.3	5,546
Poverty related	31.3	1.0	46	47	2,113	2.2	366,663
Other/unknown	40.1	4.5	318	71	9,288	3.4	186,003

Source: Data for this table are from the MAX 2007 file for Georgia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age



who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

All Medicaid Beneficiaries

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 GEORGIA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries		Benefit Months	
<b>All</b>	<b>1.0</b>	<b>\$78</b>	<b>8.6</b>	<b>61.5</b>	<b>24.5</b>	<b>5.6</b>	<b>5.4</b>	<b>2.3</b>	<b>0.6</b>	<b>\$908</b>	<b>981,856</b>	<b>5,325,527</b>
<b>Age</b>												
5 and younger	0.4	31	4.4	68.5	25.1	4.1	2.0	0.2	0.0	710	231,683	773,839
6-14	0.6	61	14.1	70.8	21.3	4.2	3.1	0.5	0.1	433	220,349	909,862
15-20	0.7	79	10.8	61.0	27.9	6.0	4.1	0.8	0.1	730	117,201	552,540
21-44	1.2	99	8.9	50.9	28.7	8.9	8.3	2.7	0.5	1,119	214,040	1,067,281
45-64	2.7	169	14.8	38.1	20.5	7.7	16.4	12.9	4.4	1,137	101,608	997,571
65-74	0.6	29	4.0	69.9	19.5	3.0	4.3	2.6	0.7	724	38,600	415,466
75-84	0.2	8	0.7	74.7	20.7	1.9	1.7	0.9	0.2	1,111	33,325	356,028
85 and older	0.2	5	0.3	72.3	23.5	2.1	1.5	0.6	0.1	1,841	25,050	252,940
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.3	9	0.7	72.5	21.8	2.4	2.2	1.0	0.2	1,380	69,073	709,869
Disabled	1.8	139	15.2	40.3	28.7	7.8	12.9	7.9	2.4	917	237,154	2,535,113
Adults	0.7	23	1.5	54.0	29.3	9.2	6.2	1.2	0.2	1,498	184,570	461,903
Children	0.4	27	5.3	73.2	21.0	3.6	2.0	0.2	0.0	508	489,579	1,613,459
Unknown	1.2	73	2.0	35.5	28.0	13.6	16.4	5.5	0.9	3,705	1,480	5,183
<b>Gender</b>												
Female	1.1	72	7.4	60.0	25.2	5.9	5.6	2.6	0.8	965	595,353	3,154,015
Male	0.9	86	10.4	63.9	23.4	5.1	5.2	2.0	0.4	825	386,492	2,171,481
Unknown	0.2	3	0.9	72.7	27.3	0.0	0.0	0.0	0.0	363	11	31
<b>Race</b>												
White	1.2	81	7.5	58.4	25.9	6.1	6.0	2.8	0.9	1,076	401,380	2,078,308
African American	0.8	63	7.7	66.1	22.4	5.0	4.5	1.7	0.3	825	494,637	2,507,088
Other/unknown	1.3	118	16.4	49.8	29.9	6.8	8.4	4.0	1.1	718	85,839	740,131
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.9	44	1.2	57.3	28.6	4.3	3.8	3.7	2.3	3,568	21,142	220,151
Part year	0.9	45	1.7	51.0	34.5	4.0	5.1	3.7	1.7	2,613	14,070	133,797
None	1.1	80	10.8	61.8	24.2	5.7	5.5	2.3	0.6	745	946,644	4,971,579
<b>Maintenance Assistance Status</b>												
Cash	1.4	110	14.5	56.2	23.8	6.2	8.1	4.4	1.3	759	423,644	3,011,892
Medically needy	2.3	155	11.3	45.7	16.3	8.2	16.8	10.2	2.7	1,374	5,546	35,589
Poverty related	0.3	16	2.2	68.7	23.6	5.1	2.4	0.2	0.0	743	366,663	1,042,695
Other/unknown	0.7	48	3.4	59.9	28.1	5.3	4.9	1.5	0.3	1,399	186,003	1,235,351

Source: Data for this table are from the MAX 2007 file for Georgia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

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

term-care services, were included.

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

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

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

All Medicaid Beneficiaries

**TABLE 5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**GEORGIA, 2007**

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.0</b>	<b>\$78</b>	<b>\$74</b>	<b>0.3</b>	<b>\$60</b>	<b>\$188</b>	<b>0.0</b>	<b>\$5</b>	<b>\$123</b>	<b>0.7</b>	<b>\$12</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	0.4	31	76	0.1	24	248	0.0	1	70	0.3	6	20
6-14	0.6	61	101	0.3	51	177	0.0	3	107	0.3	7	24
15-20	0.7	79	109	0.3	66	224	0.0	4	143	0.4	9	22
21-44	1.2	99	84	0.3	79	234	0.0	6	148	0.8	14	17
45-64	2.7	169	63	0.8	124	164	0.1	14	121	1.8	30	17
65-74	0.6	29	49	0.2	20	131	0.0	3	109	0.4	6	15
75-84	0.2	8	31	0.0	5	102	0.0	1	81	0.2	2	11
85 and older	0.2	5	23	0.0	3	89	0.0	0	79	0.2	2	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	9	32	0.1	6	104	0.0	1	86	0.2	2	11
Disabled	1.8	139	79	0.5	109	200	0.1	9	124	1.1	21	18
Adults	0.7	23	34	0.1	12	97	0.0	4	211	0.5	7	12
Children	0.4	27	72	0.1	21	156	0.0	1	92	0.2	5	20
Unknown	1.2	73	60	0.2	48	222	0.1	11	208	0.9	14	14
<b>Gender</b>												
Female	1.1	72	64	0.3	54	168	0.0	6	125	0.8	13	17
Male	0.9	86	91	0.3	70	218	0.0	5	119	0.6	11	19
Unknown	0.2	3	17	0.0	0	0	0.0	0	0	0.2	3	17
<b>Race</b>												
White	1.2	81	67	0.4	60	167	0.0	7	132	0.8	14	17
African American	0.8	63	75	0.2	50	201	0.0	4	112	0.6	10	17
Other/unknown	1.3	118	92	0.4	95	215	0.1	7	121	0.8	15	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.9	44	48	0.2	31	151	0.0	3	107	0.7	10	14
Part year	0.9	45	50	0.2	31	150	0.0	4	123	0.7	10	15
None	1.1	80	76	0.3	62	190	0.0	6	123	0.7	12	18
<b>Maintenance Assistance Status</b>												
Cash	1.4	110	77	0.4	86	197	0.1	7	124	0.9	17	18
Medically needy	2.3	155	67	0.7	115	174	0.1	14	120	1.5	26	17
Poverty related	0.3	16	47	0.1	10	127	0.0	2	158	0.2	4	16
Other/unknown	0.7	48	71	0.2	38	166	0.0	3	103	0.4	7	17

Source: Data for this table are from the MAX 2007 file for Georgia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>

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

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

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

All Medicaid Beneficiaries

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 GEORGIA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.3	\$32	\$26	\$1	\$6	\$94	\$381	\$105	\$22	458,608	\$42,941,031	185,551	18.9	1,330,338
Biologicals	0.5	0.5	0.0	0.0	917	917	0	0	1746	1,746	0	0	6,107	10,665,867	1,385	0.1	11,629
Antineoplastic Agents	0.4	0.1	0.0	0.3	106	88	1	18	257	900	1,991	56	15,877	4,077,319	3,932	0.4	38,314
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	41	33	0	7	65	143	95	18	437,468	28,238,420	82,561	8.4	691,013
Cardiovascular Agents	1.3	0.2	0.1	0.9	46	22	10	14	36	91	94	15	964,544	34,922,173	77,768	7.9	754,326
Respiratory Agents	0.5	0.2	0.0	0.3	37	29	3	5	68	117	82	18	549,188	37,230,594	139,326	14.2	1,015,110
Gastrointestinal Agents	0.5	0.2	0.0	0.3	42	29	7	5	76	151	221	16	331,293	25,137,681	66,960	6.8	604,288
Genitourinary Agents	0.4	0.2	0.0	0.2	20	14	2	4	56	93	98	22	72,002	4,031,173	29,754	3.0	202,924
CNS Drugs	0.9	0.3	0.0	0.5	86	74	4	8	94	221	99	15	948,226	89,308,244	108,763	11.1	1,042,634
Stimulants/Anti-obesity/Aorexia	0.7	0.6	0.0	0.1	73	70	1	2	106	122	44	25	163,132	17,296,208	27,998	2.9	236,362
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	184	183	0	1	320	326	0	69	16,090	5,143,873	2,829	0.3	27,920
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	20	7	4	10	33	288	357	16	607,269	19,824,164	120,995	12.3	974,149
Neuromuscular Agents	0.8	0.3	0.0	0.5	70	55	5	10	89	187	185	22	525,356	46,821,429	67,353	6.9	664,382
Nutritional Products	0.4	0.1	0.0	0.3	10	4	0	6	23	48	134	16	114,910	2,588,955	45,708	4.7	265,454
Hematological Agents	0.5	0.2	0.0	0.4	118	114	0	4	218	635	59	10	121,544	26,487,066	22,143	2.3	224,490
Topical Products	0.3	0.1	0.0	0.2	13	8	0	4	43	101	76	20	227,120	9,773,721	97,589	9.9	758,900
Miscellaneous Products	0.3	0.2	0.0	0.1	152	140	1	11	442	603	488	100	18,456	8,153,161	6,336	0.6	53,644
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	25	0	0	0	121	0	0	0	8,920	1,080,404	4,156	0.4	42,623
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,586,110	413,721,483	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Georgia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users.

Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Georgia, 0.2 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 2007.

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

All Medicaid Beneficiaries

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 GEORGIA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$67,087,476	44,019	4.5	463,779	0.6	\$238	\$145
ANTICONVULSANT	42,471,074	55,842	5.7	576,931	0.6	116	74
ANTIVIRAL	28,273,796	13,067	1.3	119,540	0.5	496	237
ANTIASTHMATIC	27,249,105	101,411	10.3	876,039	0.4	86	31
MISC. HEMATOLOGICAL	21,801,987	6,948	0.7	72,910	0.5	552	299
ULCER DRUGS	18,039,808	65,185	6.6	637,218	0.4	72	28
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	17,295,730	30,815	3.1	266,761	0.6	106	65
ANTIDIABETIC	17,039,781	40,844	4.2	415,773	0.6	72	41
ANTIDEPRESSANTS	15,980,794	68,781	7.0	665,808	0.5	49	24
ANALGESICS - Narcotic	12,223,194	137,019	14.0	1,206,213	0.4	28	10
Total	267,462,745	563,931	n.a.	5,300,972	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Georgia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries