

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 TENNESSEE

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
TENNESSEE, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	1,541,222 (A)	253,772 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1,491,407 (B)	204,367 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	900 (C)	890 (G)
4. Benes who were all-year nursing facility residents <sup>f</sup>	0 (D)	0 (H)

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- 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 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were 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. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Tennessee in 1999 was \$0, of which \$0 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. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcs699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcs99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. 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 were excluded from the analysis 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 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. 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. 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 1999. All benefit months of such dual eligible beneficiaries, of which 2,590.4 percent were restricted benefit months without a pharmacy benefit in Tennessee, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of 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 = Center for Medicare and 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>  
 TENNESSEE, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>900</b>	<b>554</b>	<b>279</b>	<b>67</b>	<b>0</b>	<b>0</b>	<b>3,174</b>	<b>1,994</b>	<b>943</b>	<b>237</b>	<b>0</b>	<b>0</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	0	0	0	0	0	0		0	0	0	0	0
15-20	1	0	1	0	2	0		0	2	0	0	0
21-44	89	0	69	20	0	0	323	0	248	75	0	0
45-64	173	1	165	7	0	0	555	2	526	27	0	0
65-74	326	272	28	26	0	0	1,193	986	103	104	0	0
75-84	228	201	15	12	0	0	775	690	59	26	0	0
85 and older	83	80	1	2	0	0	326	316	5	5	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	538	366	127	45	0	0	1,918	1,345	417	156	0	0
Male	362	188	152	22	0	0	1,256	649	526	81	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	654	404	201	49	0	0	2,232	1,406	660	166	0	0
African American	192	109	65	18	0	0	722	417	234	71	0	0
Other/unknown	54	41	13	0	0	0	220	171	49	0	0	0
<b>Use of Nursing Facilities</b>												
All year	0	0	0	0	0	0		0	0	0	0	0
Part year	60	55	5	0	0	0	181	166	15	0	0	0
None	840	499	274	67	0	0	2,993	1,828	928	237	0	0
<b>Maintenance Assistance Status</b>												
Cash	205	168	32	5	0	0	810	672	112	26	0	0
Medically needy	132	92	33	7	0	0	453	303	124	26	0	0
Poverty-related	363	246	115	2	0	0	1,194	822	361	11	0	0
Other/unknown	200	48	99	53	0	0	717	197	346	174	0	0
<b>Dual Medicare Status<sup>c</sup></b>												
Full dual, all year	0	0	0	0	0	0		0	0	0	0	0
Full dual, part year	890	551	272	67	0	0	3,137	1,990	910	237	0	0
Non-dual, all year	10	3	7	0	0	0	37	4	33	0	0	0
<b>Managed Care Status</b>												
FFS all year	0	0	0	0	0	0		0	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	900	554	279	67	0	0	3,174	1,994	943	237	0	0

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

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. 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 1999. The "Full dual, part year" group contains 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 or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ <sup>c</sup>	No. of Benef
All	0.0 %	0.0	\$0	\$0	\$1,352	0.0 %	\$0	900
<b>Age</b>								
5 and younger	0.0	0.0	0	0	0	0.0	0	0
6-14	0.0	0.0	0	0	0	0.0	0	0
15-20	0.0	0.0	0	0	1,002	0.0	0	1
21-44	0.0	0.0	0	0	1,538	0.0	0	89
45-64	0.0	0.0	0	0	1,252	0.0	0	173
65-74	0.0	0.0	0	0	1,166	0.0	0	326
75-84	0.0	0.0	0	0	1,587	0.0	0	228
85 and older	0.0	0.0	0	0	1,444	0.0	0	83
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	0.0	0.0	0	0	1,390	0.0	0	554
Disabled	0.0	0.0	0	0	1,350	0.0	0	279
Adults	0.0	0.0	0	0	1,039	0.0	0	67
Children	0.0	0.0	0	0	0	0.0	0	0
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	0.0	0.0	0	0	1,367	0.0	0	538
Male	0.0	0.0	0	0	1,328	0.0	0	362
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	0.0	0.0	0	0	1,407	0.0	0	654
African American	0.0	0.0	0	0	1,233	0.0	0	192
Other/unknown	0.0	0.0	0	0	1,097	0.0	0	54
<b>Use of Nursing Facilities</b>								
Entire year	0.0	0.0	0	0	0	0.0	0	0
Part year	0.0	0.0	0	0	5,043	0.0	0	60
None	0.0	0.0	0	0	1,088	0.0	0	840
<b>Maintenance Assistance Status</b>								
Cash	0.0	0.0	0	0	1,110	0.0	0	205
Medically needy	0.0	0.0	0	0	1,016	0.0	0	132
Poverty related	0.0	0.0	0	0	1,469	0.0	0	363
Other/unknown	0.0	0.0	0	0	1,608	0.0	0	200

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	No.	
				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	0.0	\$0	0.0 %	100.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	\$383	900	3,174
<b>Age</b>												
5 and younger	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
15-20	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	501	1	2
21-44	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	424	89	323
45-64	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	390	173	555
65-74	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	319	326	1,193
75-84	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	467	228	775
85 and older	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	368	83	326
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</b>												
Aged	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	386	554	1,994
Disabled	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	400	279	943
Adults	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	294	67	237
Children	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	384	538	1,918
Male	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	383	362	1,256
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	412	654	2,232
African American	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	328	192	722
Other/unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	269	54	220
<b>Use of Nursing Facilities</b>												
Entire year	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Part year	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,672	60	181
None	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	305	840	2,993
<b>Maintenance Assistance Status</b>												
Cash	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	281	205	810
Medically needy	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	296	132	453
Poverty related	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	447	363	1,194
Other/unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	449	200	717

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

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.

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



TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>All</b>	<b>0.0</b>	<b>\$0</b>	<b>0.0</b>	<b>\$0</b>	<b>0.0</b>	<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<b>Age</b>								
5 and younger	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
15-20	0.0	0	0.0	0	0.0	0	0.0	0
21-44	0.0	0	0.0	0	0.0	0	0.0	0
45-64	0.0	0	0.0	0	0.0	0	0.0	0
65-74	0.0	0	0.0	0	0.0	0	0.0	0
75-84	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0.0	0	0.0	0	0.0	0	0.0	0
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility</b>								
Aged	0.0	0	0.0	0	0.0	0	0.0	0
Disabled	0.0	0	0.0	0	0.0	0	0.0	0
Adults	0.0	0	0.0	0	0.0	0	0.0	0
Children	0.0	0	0.0	0	0.0	0	0.0	0
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	0.0	0	0.0	0	0.0	0	0.0	0
Male	0.0	0	0.0	0	0.0	0	0.0	0
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	0.0	0	0.0	0	0.0	0	0.0	0
African American	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Use of Nursing Facilities</b>								
Entire year	0.0	0	0.0	0	0.0	0	0.0	0
Part year	0.0	0	0.0	0	0.0	0	0.0	0
None	0.0	0	0.0	0	0.0	0	0.0	0
<b>Maintenance Assistance Status</b>								
Cash	0.0	0	0.0	0	0.0	0	0.0	0
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

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.

Table 5

All Medicaid Beneficiaries

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 Tennessee, 0.0 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 combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 TENNESSEE, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users							
	Patented		Generic		Patented		Generic		Patented		Generic		Total Rx \$	No.	As % of All Benes	No. of Bene Mos
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name				
Anti-infective Agents	0.0	0.0	0.0	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0.0 %	0
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Endocrine/Metabolic Drugs	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Cardiovascular Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Respiratory Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Gastrointestinal Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Genitourinary Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
CNS Drugs	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Neurological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Analgesics and Anesthetics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Neuromuscular Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Nutritional Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Hematological Agents	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Topical Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Products	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
<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.	0	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 6 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 therapeutic category during 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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 Tennessee, 0.0 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 TENNESSEE, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				&HEADER1				&HEADER2			
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>												
<b>Female</b>												
<b>Disabled</b>												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
<b>Other Eligibles</b>												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
<b>Male</b>												
<b>Disabled</b>												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
<b>Other Eligibles</b>												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
<b>Unknown</b>												

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7A 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	&HEADER3			&HEADER4			&HEADER5					
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx \$
<b>All</b>												
<b>Female</b>												
<b>Disabled</b>												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
<b>Other Eligibles</b>												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
<b>Male</b>												
<b>Disabled</b>												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
<b>Other Eligibles</b>												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
<b>Unknown</b>												
85 and older												

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7B 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	&HEADER6				&HEADER7				&HEADER8						
	No. of Users	Users as % of All Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Bene Users	Users as % of All Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Bene Users	Users as % of All Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$
<b>All</b>															
<b>Female</b>															
<b>Disabled</b>															
5 and younger															
6-14															
15-20															
21-44															
45-64															
65-74															
75-84															
85 and older															
<b>Other Eligibles</b>															
5 and younger															
6-14															
15-20															
21-44															
45-64															
65-74															
75-84															
85 and older															
<b>Male</b>															
<b>Disabled</b>															
5 and younger															
6-14															
15-20															
21-44															
45-64															
65-74															
75-84															
85 and older															
<b>Other Eligibles</b>															
5 and younger															
6-14															
15-20															
21-44															
45-64															
65-74															
75-84															
85 and older															
<b>Unknown</b>															

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7C 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	&HEADER9				&HEADER10						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos
<b>All</b>											
<b>Female</b>											
<b>Disabled</b>											
5 and younger											
6-14											
15-20											
21-44											
45-64											
65-74											
75-84											
85 and older											
<b>Other Eligibles</b>											
5 and younger											
6-14											
15-20											
21-44											
45-64											
65-74											
75-84											
85 and older											
<b>Male</b>											
<b>Disabled</b>											
5 and younger											
6-14											
15-20											
21-44											
45-64											
65-74											
75-84											
85 and older											
<b>Other Eligibles</b>											
5 and younger											
6-14											
15-20											
21-44											
45-64											
65-74											
75-84											
85 and older											
<b>Unknown</b>											

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7D 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>Age</b>				
0-64	0	0.0	0	0
65-74	0	0.0	0	0
75-84	0	0.0	0	0
85 and older	0	0.0	0	0
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	0	0.0	0	0
Male	0	0.0	0	0
Unknown	0	0.0	0	0
<b>Race</b>				
White	0	0	0	0
African American	0	0	0	0
Other/unknown	0	0	0	0
<b>Basis of Eligibility</b>				
Aged	0	0.0	0	0
Disabled	0	0.0	0	0
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 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 60 beneficiaries who were in nursing facilities for part of their enrollment and their 181 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 TENNESSEE, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx				Total Rx \$		Users				
	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Generic	0	n.a.	n.a.	n.a.	As % of All-Year NF Residents	No. of Bene Mos
Anti-infective Agents																			
Biologicals																			
Antineoplastic Agents																			
Endocrine/Metabolic Drugs																			
Cardiovascular Agents																			
Respiratory Agents																			
Gastrointestinal Agents																			
Genitourinary Agents																			
CNS Drugs																			
Stimulants/Anti-obesity/Anorexia																			
Miscellaneous Psychological/Neurological Agents																			
Analgesics and Anesthetics																			
Neuromuscular Agents																			
Nutritional Products																			
Hematological Agents																			
Topical Products																			
Miscellaneous Products																			
Unknown Therapeutic Category																			
<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.	n.a.	0	n.a.	0	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 60 beneficiaries who were in nursing facilities for part of their enrollment and their 181 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 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Tennessee, 0.0 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 = Center for Medicare and 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 10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 TENNESSEE, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 60 beneficiaries who were in nursing facilities for part of their enrollment and their 181 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup> TENNESSEE, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					&HEADER1					&HEADER2				
	No. of Rx	Rx \$	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>															
<b>Female</b>															
<b>Disabled</b>															
64 or younger															
65-74															
75-84															
85 and older															
<b>Other Eligibles</b>															
64 or younger															
65-74															
75-84															
85 and older															
<b>Male</b>															
<b>Disabled</b>															
64 or younger															
65-74															
75-84															
85 and older															
<b>Other Eligibles</b>															
64 or younger															
65-74															
75-84															
85 and older															
<b>Unknown</b>															

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 60 beneficiaries who were in nursing facilities for part of their enrollment and their 181 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	&HEADER3				&HEADER4				&HEADER5			
	No. of Users	No. of Bene Mos among NF Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among NF Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among NF Residents	Mean No. of Rx	Mean Rx \$
<b>All</b>												
<b>Female</b>												
<b>Disabled</b>												
64 or younger												
65-74												
75-84												
85 and older												
<b>Other Eligibles</b>												
64 or younger												
65-74												
75-84												
85 and older												
<b>Male</b>												
<b>Disabled</b>												
64 or younger												
65-74												
75-84												
85 and older												
<b>Other Eligibles</b>												
64 or younger												
65-74												
75-84												
85 and older												
<b>Unknown</b>												

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 60 beneficiaries who were in nursing facilities for part of their enrollment and their 181 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	&HEADER6				&HEADER7				&HEADER8			
	Users as % of All-Year NF Residents		No. of Bene Users		Users as % of All-Year NF Residents		No. of Bene Users		Users as % of All-Year NF Residents		No. of Bene Users	
	No. of Users	Mean Rx	Mean No. of Rx	Mean Rx \$	No. of Users	Mean Rx	Mean No. of Rx	Mean Rx \$	No. of Users	Mean Rx	Mean No. of Rx	Mean Rx \$
<b>All</b>												
<b>Female</b>												
<b>Disabled</b>												
64 or younger												
65-74												
75-84												
85 and older												
<b>Other Eligibles</b>												
64 or younger												
65-74												
75-84												
85 and older												
<b>Male</b>												
<b>Disabled</b>												
64 or younger												
65-74												
75-84												
85 and older												
<b>Other Eligibles</b>												
64 or younger												
65-74												
75-84												
85 and older												
<b>Unknown</b>												

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 60 beneficiaries who were in nursing facilities for part of their enrollment and their 181 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 TENNESSEE, 1999

Beneficiary Characteristics	&HEADER9				&HEADER10				
	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos among Users	Users as % of All-Year NF Residents	Mean No. of Rx	Mean Rx \$
<b>All</b>									
<b>Female</b>									
<b>Disabled</b>									
64 or younger									
65-74									
75-84									
85 and older									
<b>Other Eligibles</b>									
64 or younger									
65-74									
75-84									
85 and older									
<b>Male</b>									
<b>Disabled</b>									
64 or younger									
65-74									
75-84									
85 and older									
<b>Other Eligibles</b>									
64 or younger									
65-74									
75-84									
85 and older									
<b>Unknown</b>									

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 60 beneficiaries who were in nursing facilities for part of their enrollment and their 181 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
TENNESSEE, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>1,491,407</b>	<b>60,132</b>	<b>305,995</b>	<b>466,647</b>	<b>658,608</b>	<b>25</b>	<b>626,154</b>	<b>3,431,590</b>	<b>4,736,051</b>	<b>6,787,850</b>	<b>191</b>
<b>Age</b>											
5 and younger	236,884	3	7,251	8	229,619	3	27	78,303	18	2,259,990	14
6-14	302,219	0	21,110	6	281,101	2	0	242,377	9	3,002,217	17
15-20	163,558	0	16,363	865	146,330	0	0	187,639	2,311	1,519,275	0
21-44	438,101	15	100,267	336,251	1,558	10	153	1,127,936	3,376,964	6,368	92
45-64	235,982	455	120,470	115,049	0	8	4,591	1,339,299	1,199,192	0	55
65-74	61,583	19,369	29,465	12,748	0	1	206,617	334,151	139,628	0	1
75-84	33,739	23,412	8,924	1,402	0	1	246,670	99,030	14,621	0	12
85 and older	19,340	16,878	2,144	318	0	0	168,096	22,849	3,308	0	0
Unknown	1	0	1	0	0	6	0	6	0	0	0
<b>Gender</b>											
Female	854,767	43,593	156,790	320,175	334,198	11	461,371	1,769,683	3,291,441	3,444,435	103
Male	636,639	16,539	149,205	146,471	324,410	14	164,783	1,661,907	1,444,601	3,343,415	88
Unknown	1	0	0	1	0	0	0	0	9	0	0
<b>Race</b>											
White	976,628	39,858	192,526	336,283	407,945	16	406,843	2,154,281	3,421,228	4,155,783	122
African American	427,595	12,234	74,804	115,056	225,495	6	130,052	844,661	1,174,839	2,398,898	48
Other/unknown	87,184	8,040	38,665	15,308	25,168	3	89,259	432,648	139,984	233,169	21
<b>Use of Nursing Facilities</b>											
All year	2,606	2,098	507	1	0	0	10,869	3,375	1	0	0
Part year	15,852	11,986	3,831	34	1	0	128,783	43,032	367	11	0
None	1,472,949	46,048	301,657	466,612	658,607	25	486,502	3,385,183	4,735,683	6,787,839	191
<b>Maintenance Assistance Status</b>											
Cash	413,068	34,478	249,105	29,649	99,836	0	390,901	2,851,708	327,651	1,098,903	0
Medically needy	118,255	7,212	5,336	48,256	57,451	0	65,403	48,949	454,762	561,232	0
Poverty related	179,253	5,664	3,790	19,047	150,752	0	53,531	41,473	137,894	1,409,531	0
Other/unknown	780,831	12,778	47,764	369,695	350,569	25	116,319	489,460	3,815,744	3,718,184	191
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	190,027	49,607	120,869	19,518	27	6	523,653	1,372,729	212,369	251	36
Full dual, part year	14,340	7,805	6,105	430	0	0	75,589	67,969	4,818	0	0
Non-dual, all year	1,287,040	2,720	179,021	446,699	658,581	19	26,912	1,990,892	4,518,864	6,787,599	155
<b>Managed Care Status</b>											
FFS all year	0	0	0	0	0	0	0	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	900	554	279	67	0	0	5,724	2,770	676	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	1,490,507	59,578	305,716	466,580	658,608	25	620,430	3,428,820	4,735,375	6,787,850	191

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains 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 or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 TENNESSEE, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>1,491,407</b>	<b>15,581,836</b>	<b>900</b>	<b>3,174</b>	<b>1,490,507</b>	<b>15,578,662</b>
FFS all year	0	0	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	900	9,170	900	3,174	0	5,996
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	1,490,507	15,572,666	0	0	1,490,507	15,572,666

Source: Data for this table are from the MAX 1999 file for Tennessee, released by CMS in 11/2003. This table was produced on 06/25/2004.

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