

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	890	551	272	67	0	0	3,137	1,990	910	237	0	0
Age												
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		0	0	0	0	0
21-44	85	0	65	20	0	0	302	0	227	75	0	0
45-64	172	1	164	7	0	0	554	2	525	27	0	0
65-74	326	272	28	26	0	0	1,193	986	103	104	0	0
75-84	225	199	14	12	0	0	763	687	50	26	0	0
85 and older	82	79	1	2	0	0	325	315	5	5	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	534	364	125	45	0	0	1,909	1,342	411	156	0	0
Male	356	187	147	22	0	0	1,228	648	499	81	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	646	401	196	49	0	0	2,203	1,402	635	166	0	0
African American	190	109	63	18	0	0	714	417	226	71	0	0
Other/unknown	54	41	13	0	0	0	220	171	49	0	0	0
Use of Nursing Facilities												
All year	0	0	0	0	0	0		0	0	0	0	0
Part year	58	54	4	0	0	0	178	164	14	0	0	0
None	832	497	268	67	0	0	2,959	1,826	896	237	0	0
Maintenance Assistance Status												
Cash	204	167	32	5	0	0	809	671	112	26	0	0
Medically needy	131	92	32	7	0	0	447	303	118	26	0	0
Poverty-related	359	244	113	2	0	0	1,188	819	358	11	0	0
Other/unknown	196	48	95	53	0	0	693	197	322	174	0	0
Dual Medicare Status^c												
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
Managed Care Status												
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	890	551	272	67	0	0	3,137	1,990	910	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.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, 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 \$ ^c	No. of Benef
All	0.0 %	0.0	\$0	\$0	\$1,345	0.0 %	\$0	890
Age								
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	0	0.0	0	0
21-44	0.0	0.0	0	0	1,549	0.0	0	85
45-64	0.0	0.0	0	0	1,248	0.0	0	172
65-74	0.0	0.0	0	0	1,166	0.0	0	326
75-84	0.0	0.0	0	0	1,566	0.0	0	225
85 and older	0.0	0.0	0	0	1,442	0.0	0	82
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	0.0	0.0	0	0	1,378	0.0	0	551
Disabled	0.0	0.0	0	0	1,354	0.0	0	272
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
Gender								
Female	0.0	0.0	0	0	1,353	0.0	0	534
Male	0.0	0.0	0	0	1,332	0.0	0	356
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	0.0	0.0	0	0	1,397	0.0	0	646
African American	0.0	0.0	0	0	1,240	0.0	0	190
Other/unknown	0.0	0.0	0	0	1,097	0.0	0	54
Use of Nursing Facilities								
Entire year	0.0	0.0	0	0	0	0.0	0	0
Part year	0.0	0.0	0	0	5,044	0.0	0	58
None	0.0	0.0	0	0	1,087	0.0	0	832
Maintenance Assistance Status								
Cash	0.0	0.0	0	0	1,109	0.0	0	204
Medically needy	0.0	0.0	0	0	1,018	0.0	0	131
Poverty related	0.0	0.0	0	0	1,450	0.0	0	359
Other/unknown	0.0	0.0	0	0	1,616	0.0	0	196

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 12

Dual Eligible Beneficiaries

a. Table 12 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. 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 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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 %	\$382	890	3,137
Age												
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	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
21-44	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	436	85	302
45-64	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	387	172	554
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	462	225	763
85 and older	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	364	82	325
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	381	551	1,990
Disabled	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	405	272	910
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
Gender												
Female	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	379	534	1,909
Male	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	386	356	1,228
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	410	646	2,203
African American	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	330	190	714
Other/unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	269	54	220
Use of Nursing Facilities												
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	1,644	58	178
None	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	306	832	2,959
Maintenance Assistance Status												
Cash	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	280	204	809
Medically needy	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	298	131	447
Poverty related	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	438	359	1,188
Other/unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	457	196	693

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 13

Dual Eligible Beneficiaries

- a. Table 13 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.
- 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 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	0.0	\$0	\$0	0.0	\$0	\$0	0.0	\$0	\$0	0.0	\$0	\$0
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	0.0	0	0	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	0.0	0	0
45-64	0.0	0	0	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	0.0	0	0
75-84	0.0	0	0	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	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility												
Aged	0.0	0	0	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	0.0	0	0
Adults	0.0	0	0	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	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.0	0	0	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	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.0	0	0	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	0.0	0	0
Other/unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Use of Nursing Facilities												
Entire year	0.0	0	0	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	0.0	0	0
None	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Maintenance Assistance Status												
Cash	0.0	0	0	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	0.0	0	0
Poverty related	0.0	0	0	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	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 14 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.

Table 14

Dual Eligible 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 (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users			
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Dual Benes	No. of Bene Mos
Anti-infective Agents	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
Antineoplastic Agents	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
Cardiovascular Agents	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
Gastrointestinal Agents	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
CNS Drugs	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
Miscellaneous Psychological/Neurological Agents	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
Neuromuscular Agents	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
Hematological Agents	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
Miscellaneous Products	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
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0	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 15 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 therapeutic category during 1999. 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/products/product_mdmb.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_mdmb.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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	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 16 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 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 (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 16A
 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 1999

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

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 16A 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 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_mdmb.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 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 1999

Beneficiary Characteristics	&HEADER3				&HEADER4				&HEADER5			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Rx	Mean Rx \$
All												
Female												
Disabled												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
Other Eligibles												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
Male												
Disabled												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
Other Eligibles												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
85 and older												
Unknown												
5 and younger												
6-14												
15-20												
21-44												
45-64												
65-74												
75-84												
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 16B 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 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 (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 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 1999

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

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 16C 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 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 (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 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 1999

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

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 16D 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 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 (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 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	\$0	0.0	0	0
Age				
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
Gender				
Female	0	0.0	0	0
Male	0	0.0	0	0
Unknown	0	0.0	0	0
Race				
White	0	0	0	0
African American	0	0	0	0
Other/unknown	0	0	0	0
Basis of Eligibility				
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 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 58 beneficiaries who were in nursing facilities for part of their enrollment and their 178 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 18
 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, TENNESSEE, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				\$ per Rx				Users			
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Brand-Name	Brand-Name	Total	No. of Bene Mos	As % of Dual All-Year NF Residents
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																
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.	n.a.	0	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 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 58 beneficiaries who were in nursing facilities for part of their enrollment and their 178 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 (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 (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.

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, TENNESSEE, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	204,367	57,412	126,974	19,948	27	6	2,257,414	599,242	1,440,698	217,187	251	36
Age												
5 and younger	5	0	3	0	2	0	51	0	36	0	15	0
6-14	37	0	32	0	5	0	426	0	378	0	48	0
15-20	319	0	300	1	18	0	3,664	0	3,480	2	182	0
21-44	36,092	4	33,843	2,241	2	2	412,097	48	387,939	24,094	6	10
45-64	59,207	326	54,838	4,041	0	2	668,517	3,418	620,850	44,236	0	13
65-74	58,183	18,456	27,556	12,170	0	1	643,731	197,312	313,093	133,325	0	1
75-84	32,222	22,574	8,397	1,250	0	1	344,638	238,161	93,473	12,992	0	12
85 and older	18,301	16,052	2,004	245	0	0	184,284	160,303	21,443	2,538	0	0
Unknown	1	0	1	0	0	6	0	0	6	0	0	0
Gender												
Female	119,893	41,873	67,263	10,747	9	1	1,328,984	444,322	766,755	117,801	94	12
Male	84,474	15,539	59,711	9,201	18	5	928,430	154,920	673,943	99,386	157	24
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	141,609	38,706	87,012	15,866	23	2	1,554,570	395,976	985,742	172,637	203	12
African American	41,171	11,665	25,951	3,550	3	2	458,040	124,627	294,639	38,727	36	11
Other/unknown	21,587	7,041	14,011	532	1	2	244,804	78,639	160,317	5,823	12	13
Use of Nursing Facilities												
All year	2,375	2,050	324	1	0	0	12,922	10,673	2,248	1	0	0
Part year	14,111	11,714	2,389	8	0	0	153,088	125,917	27,083	88	0	0
None	187,881	43,648	124,261	19,939	27	6	2,091,404	462,652	1,411,367	217,098	251	36
Maintenance Assistance Status												
Cash	132,128	32,756	98,955	415	2	0	1,522,917	372,723	1,145,408	4,762	24	0
Medically needy	10,791	6,641	3,315	827	8	0	101,395	60,263	32,776	8,290	66	0
Poverty related	9,357	5,604	3,714	37	2	0	94,012	53,021	40,708	272	11	0
Other/unknown	52,091	12,411	20,990	18,669	15	6	539,090	113,235	221,806	203,863	150	36
Dual Status^c												
Full dual, all year	190,027	49,607	120,869	19,518	27	6	2,109,038	523,653	1,372,729	212,369	251	36
Full dual, part year	14,340	7,805	6,105	430	0	0	148,376	75,589	67,969	4,818	0	0
Managed Care Status												
FFS all year	0	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	0
FFS part year, no Rx claims	890	551	272	67	0	0	9,073	5,694	2,703	676	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	203,477	56,861	126,702	19,881	27	6	2,248,341	593,548	1,437,995	216,511	251	36

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.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 1999

Beneficiary Characteristics	Benes and					
	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	204,367	2,257,414	890	3,137	203,477	2,254,277
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	890	9,073	890	3,137	0	5,936
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	203,477	2,248,341	0	0	203,477	2,248,341

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.

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