

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 TENNESSEE

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TENNESSEE, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	1,628,180 (A)	266,057 (E)	1,362,123 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,583,611 (B)	221,791 (F)	1,361,820 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	12 (C)	0 (G)	12 (K)
4. Benes who were all-year nursing facility residents ^f	0 (D)	0 (H)	0 (L)

Source: Data for this table are from the MAX 2001 file for Tennessee, released by CMS on 07/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Tennessee in 2001 was \$781,134, of which \$781,134 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- 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 2001. All benefit months of such dual eligible beneficiaries, of which 0 percent were restricted benefit months without a pharmacy benefit in Tennessee, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = 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^{a,b}
 TENNESSEE, 2001

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	12	0	2	4	6	0	27	0	5	6	16	0
Age												
5 and younger	5	0	1	0	4	0	10	0	1	0	9	0
6-14	2	0	0	0	2	0	7	0	0	0	7	0
15-20	0	0	0	0	0	0	0	0	0	0	0	0
21-44	1	0	0	1	0	0	3	0	0	3	0	0
45-64	4	0	1	3	0	0	7	0	4	3	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
Gender												
Female	8	0	2	2	4	0	18	0	5	4	9	0
Male	4	0	0	2	2	0	9	0	0	2	7	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	9	0	1	4	4	0	19	0	4	6	9	0
African American	0	0	0	0	0	0	0	0	0	0	0	0
Other/unknown	3	0	1	0	2	0	8	0	1	0	7	0
Use of Nursing Facilities^c												
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	12	0	2	4	6	0	27	0	5	6	16	0
Maintenance Assistance Status												
Cash	2	0	2	0	0	0	5	0	5	0	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	1	0	0	0	1	0	1	0	0	0	1	0
Other/unknown	9	0	0	4	5	0	21	0	0	6	15	0
Dual Medicare Status^d												
Full dual, all year	0	0	0	0	0	0	0	0	0	0	0	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Non-dual, all year	12	0	2	4	6	0	27	0	5	6	16	0
Managed Care Status												
FFS all year	1	0	0	0	1	0	1	0	0	0	1	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	11	0	2	4	5	0	26	0	5	6	15	0

Source: Data for this table are from the MAX 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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^{a, b}
 TENNESSEE, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	0.0 %	0.0	\$0	\$0	\$1,698	0.0 %	12
Age							
5 and younger	0.0	0.0	0	0	597	0.0	5
6-14	0.0	0.0	0	0	455	0.0	2
15-20	0.0	0.0	0	0	0	0.0	0
21-44	0.0	0.0	0	0	1,747	0.0	1
45-64	0.0	0.0	0	0	3,684	0.0	4
65-74	0.0	0.0	0	0	0	0.0	0
75-84	0.0	0.0	0	0	0	0.0	0
85 and older	0.0	0.0	0	0	0	0.0	0
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	0.0	0.0	0	0	0	0.0	0
Disabled	0.0	0.0	0	0	3,264	0.0	2
Adults	0.0	0.0	0	0	3,047	0.0	4
Children	0.0	0.0	0	0	276	0.0	6
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	0.0	0.0	0	0	1,617	0.0	8
Male	0.0	0.0	0	0	1,860	0.0	4
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	0.0	0.0	0	0	1,945	0.0	9
African American	0.0	0.0	0	0	0	0.0	0
Other/unknown	0.0	0.0	0	0	957	0.0	3
Use of Nursing Facilities^d							
Entire year	0.0	0.0	0	0	0	0.0	0
Part year	0.0	0.0	0	0	0	0.0	0
None	0.0	0.0	0	0	1,698	0.0	12

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	0.0	0.0	0	0	3,264	0.0	2
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	0.0	0.0	0	0	226	0.0	1
Other/unknown	0.0	0.0	0	0	1,513	0.0	9

Source: Data for this table are from the MAX 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

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

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

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 TENNESSEE, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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 %	\$755	12	27
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	298	5	10
6-14	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	130	2	7
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	582	1	3
45-64	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,105	4	7
65-74	0.0	0	0.0	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	0.0	0	0	0
85 and older	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
Basis of Eligibility^c												
Aged	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Disabled	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,305	2	5
Adults	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,031	4	6
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	104	6	16
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	718	8	18
Male	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	827	4	9
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	921	9	19
African American	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Other/unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	359	3	8
Use of Nursing Facilities^d												
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	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
None	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	755	12	27

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	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		Benes	Bene Mos	
Maintenance												
Assistance Status												
Cash	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,305	2	5
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	226	1	1
Other/unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	649	9	21

Source: Data for this table are from the MAX 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

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

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

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

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

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^{a, b, c}
 TENNESSEE, 2001

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
Age								
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
Basis of Eligibility^d								
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
Gender								
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
Race								
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
Use of Nursing Facilities^e								
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

Table 5

All Medicaid Beneficiaries

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
Maintenance Assistance Status								
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 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Tennessee, 1.8 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).

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

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

CMS = 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^{a, b, c, d}
 TENNESSEE, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users					
	Patented		Generic		Patented		Generic		Patented		Generic		As % of All Bene	No. of Bene Mos
	Total	Off-Patent Brand-Name	Brand-Name	Generic	Total	Off-Patent Brand-Name	Brand-Name	Generic	Total	Off-Patent Brand-Name	Brand-Name	Generic		
Anti-infective Agents	0.0	0.0	0.0	0.0	\$0	\$0	\$0	\$0	0	0	0	0	0.0%	0
Biologicals	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
Endocrine/Metabolic Drugs	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
Respiratory Agents	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
Genitourinary Agents	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
Stimulants/Anti-obesity/Anorexia	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
Analgesics and Anesthetics	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
Nutritional Products	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
Topical Products	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
Unknown Therapeutic Category	0.0	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.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 2001. 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 (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, 1.8 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 (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^{a, b, c}
 TENNESSEE, 2001

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
PENICILLINS	\$0	0	0	0.0	\$0	\$0
CEPHALOSPORINS	0	0	0	0.0	0	0
MACROLIDE ANTIBIOTICS	0	0	0	0.0	0	0
TETRACYCLINES	0	0	0	0.0	0	0
FLUOROQUINOLONES	0	0	0	0.0	0	0
AMINOGLYCOSIDES	0	0	0	0.0	0	0
ANTIMYCOBACTERIAL AGENTS	0	0	0	0.0	0	0
ANTIFUNGALS	0	0	0	0.0	0	0
ANTIVIRAL	0	0	0	0.0	0	0
ANTIMALARIAL	0	0	0	0.0	0	0
Total	0	0	0	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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.