

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

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	0	0	0	0	0	0	0	0	0	0	0	0
<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>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<sup>c</sup></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
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care Status</b>												
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	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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 D.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	\$0	0.0 %	0
<b>Age</b>							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	0.0	0.0	0	0	0	0.0	0
15-20	0.0	0.0	0	0	0	0.0	0
21-44	0.0	0.0	0	0	0	0.0	0
45-64	0.0	0.0	0	0	0	0.0	0
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
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	0.0	0.0	0	0	0	0.0	0
Disabled	0.0	0.0	0	0	0	0.0	0
Adults	0.0	0.0	0	0	0	0.0	0
Children	0.0	0.0	0	0	0	0.0	0
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	0.0	0.0	0	0	0	0.0	0
Male	0.0	0.0	0	0	0	0.0	0
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	0.0	0.0	0	0	0	0.0	0
African American	0.0	0.0	0	0	0	0.0	0
Other/unknown	0.0	0.0	0	0	0	0.0	0
<b>Use of Nursing Facilities<sup>d</sup></b>							
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	0	0.0	0
<b>Maintenance Assistance Status</b>							
Cash	0.0	0.0	0	0	0	0.0	0
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	0.0	0.0	0	0	0	0.0	0
Other/unknown	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 D.3 includes beneficiaries represented by Cell G of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	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				
All	0.0	\$0	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	\$0	0	0	
<b>Age</b>												
5 and younger	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	
15-20	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	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	0	0	
65-74	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	
85 and older	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	
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	0.0	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	0	0	
Adults	0.0	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	0	0	
Unknown	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	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	0	0	
Unknown	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	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	0	0	
Other/unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	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	
None	0.0	0	0.0	0.0	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	0.0	0.0	0	0	0	
Medically needy	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	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	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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	0.0	\$0	0.0	\$0	0.0	\$0	0.0	\$0
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
<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<sup>d</sup></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<sup>e</sup></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 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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](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 D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$	No. Dual Benes	As % of No. of Bene Mos	
	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name				
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.	0	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 D.6 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 2001. 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\\_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, 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](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 = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

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	\$ per Rx	Rx \$ per Bene Mo	
PENICILLINS	\$0	0	0.0 %	0	0.0	\$0	\$0	0
CEPHALOSPORINS	0	0	0.0	0	0.0	0	0	0
MACROLIDE ANTIBIOTICS	0	0	0.0	0	0.0	0	0	0
TETRACYCLINES	0	0	0.0	0	0.0	0	0	0
FLUOROQUINOLONES	0	0	0.0	0	0.0	0	0	0
AMINOGLYCOSIDES	0	0	0.0	0	0.0	0	0	0
ANTIMYCOBACTERIAL AGENTS	0	0	0.0	0	0.0	0	0	0
ANTIFUNGALS	0	0	0.0	0	0.0	0	0	0
ANTIVIRAL	0	0	0.0	0	0.0	0	0	0
ANTIMALARIAL	0	0	0.0	0	0.0	0	0	0
Total	0	0		0	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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; n.a. = not applicable.

TABLE D.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>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				PENICILLINS				CEPHALOSPORINS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	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 \$
<b>All</b>	0	\$0	0	0.0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0
<b>Female</b>	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	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
15-20	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	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	0.0	0
65-74	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
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	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
15-20	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	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	0.0	0
65-74	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
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	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
15-20	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	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	0.0	0
65-74	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
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	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
15-20	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	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	0.0	0
65-74	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
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](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 D.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>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	MACROLIDE ANTIBIOTICS				TETRACYCLINES				FLUOROQUINOLONES			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$
<b>All</b>	0	0.0 %	0	\$0	0	0.0 %	0	\$0	0	0.0 %	0	\$0
<b>Female</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Disabled</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
5 and younger	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
15-20	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
45-64	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
75-84	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
<b>Other Eligibles</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
5 and younger	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
15-20	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
45-64	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
75-84	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
<b>Male</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
<b>Disabled</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
5 and younger	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
15-20	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
45-64	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
75-84	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
<b>Other Eligibles</b>	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
5 and younger	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
15-20	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
45-64	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
75-84	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
<b>Unknown</b>	0	0.0	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 D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.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>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	AMINOGLYCOSIDES				ANTIMYCOBACTERIAL AGENTS				ANTIFUNGALS						
	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 \$
<b>All</b>	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0	0	0.0%	0	0.0	\$0
<b>Female</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	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	0.0	0	0.0	0
45-64	0	0.0	0	0.0	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	0.0	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	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	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	0.0	0	0.0	0
45-64	0	0.0	0	0.0	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	0.0	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	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	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	0.0	0	0.0	0
45-64	0	0.0	0	0.0	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	0.0	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	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	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	0.0	0	0.0	0
45-64	0	0.0	0	0.0	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	0.0	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	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.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>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	ANTIVIRAL				ANTIMALARIAL				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Benes	No. of Bene Mos
	No. of Users	0.0%	0	0.0	0.0	0	0.0%	0														
<b>All</b>	0	0.0%	0	0.0	0	0.0	0	0.0	\$0	0.0	0	0.0%	0	0.0	0	0.0	0	0.0	\$0	0.0	0	0
<b>Female</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Disabled</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	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	0.0	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	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	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	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	0.0	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	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	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	0.0	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	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	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	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	0.0	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	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Male</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Disabled</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	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	0.0	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	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	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	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	0.0	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	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	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	0.0	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	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	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	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	0.0	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	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0

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

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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 D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

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<sup>c</sup></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 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$				Users			
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total # of Rx	No. Residents	As % of Dual 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																
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.	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 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.
- 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, 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.

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 D.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>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

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
ANTIPSYCHOTICS	\$0	0	0.0 %	0	0.0	\$0	\$0
ANTIDEPRESSANTS	0	0	0.0	0	0.0	0	0
ULCER DRUGS	0	0	0.0	0	0.0	0	0
ANTICOAGULANTS	0	0	0.0	0	0.0	0	0
FLUOROQUINOLONES	0	0	0.0	0	0.0	0	0
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	0	0	0.0	0	0.0	0	0
ANTIDIABETIC	0	0	0.0	0	0.0	0	0
ANTIHYPERTENSIVE	0	0	0.0	0	0.0	0	0
ANALGESICS - ANTI-INFLAMMATORY	0	0	0.0	0	0.0	0	0
ANTICONVULSANT	0	0	0.0	0	0.0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 2001. 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 2001 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 D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	0	\$0	0	0.0 %	0	0.0	\$0	0	0.0 %	0	0.0	\$0
<b>Female</b>	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
<b>Disabled</b>	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
64 or younger	0	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	0
75-84	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
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
64 or younger	0	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	0
75-84	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
<b>Male</b>	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
<b>Disabled</b>	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
64 or younger	0	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	0
75-84	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
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0
64 or younger	0	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	0
75-84	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
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 2001. 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 2001 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 D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	ULCER DRUGS					ANTICOAGULANTS					FLUOROQUINOLONES				
	Users as %			Mean		Users as %			Mean		Users as %			Mean	
	No. of Users	No. of Bene Users	of All-Year NF Residents	Rx	Rx \$	No. of Users	No. of Bene Users	of All-Year NF Residents	Rx	Rx \$	No. of Users	No. of Bene Users	of All-Year NF Residents	Rx	Rx \$
<b>All</b>	0	0	0.0 %	0.0	\$0	0	0	0.0 %	0.0	\$0	0	0	0.0 %	0	\$0
<b>Female</b>	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0
<b>Disabled</b>	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0
64 or younger	0	0	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	0	0
75-84	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
<b>Other Eligibles</b>	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0
64 or younger	0	0	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	0	0
75-84	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
<b>Male</b>	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0
<b>Disabled</b>	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0
64 or younger	0	0	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	0	0
75-84	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
<b>Other Eligibles</b>	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0
64 or younger	0	0	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	0	0
75-84	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
<b>Unknown</b>	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0

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

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 2001. 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 2001 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 D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTI-DIABETIC					ANTI-HYPERTENSIVE				
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean
	No. of Users	Residents	NF	Mos among Users	No. of Rx	No. of Users	Residents	NF	Mos among Users	No. of Rx	No. of Users	Residents	NF	Mos among Users	No. of Rx
<b>All</b>	0	0.0 %	0	0	0.0	0	0.0 %	0	0	0.0	0	0.0 %	0	0	0.0
<b>Female</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
<b>Disabled</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
64 or younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
65-74	0	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	0.0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
<b>Other Eligibles</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
64 or younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
65-74	0	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	0.0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
<b>Male</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
<b>Disabled</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
64 or younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
65-74	0	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	0.0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
<b>Other Eligibles</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
64 or younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
65-74	0	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	0.0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

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

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 2001. 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 2001 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 D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTICONVULSANT				
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Residents	No. of Residents	No. of Residents	
<b>All</b>	0	0.0 %	0	0.0 %	\$0	0	0.0 %	0	0.0 %	\$0
<b>Female</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	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
75-84	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
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	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
75-84	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
<b>Male</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	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
75-84	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
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	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
75-84	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
<b>Unknown</b>	0	0.0	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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 0 beneficiaries who were in nursing facilities for part of their enrollment and their 0 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 2001. 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 2001 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 D.11  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 TENNESSEE, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene	Total No. Part D Excl Rx	Part D Excl Rx \$	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
	0	0.0 %	0.0	0	\$0	\$0	\$0	0.0 %	0
<b>All</b>	0	0.0 %	0.0	0	\$0	\$0	\$0	0.0 %	0
<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<sup>c</sup></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<sup>d</sup></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 2001 file for Tennessee, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
  - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
  - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 TENNESSEE, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.0	\$0	\$0	\$0	\$0	0
<b>All</b>						
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	0
15-20	0.0	0	0	0	0	0
21-44	0.0	0	0	0	0	0
45-64	0.0	0	0	0	0	0
65-74	0.0	0	0	0	0	0
75-84	0.0	0	0	0	0	0
85 and older	0.0	0	0	0	0	0
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.0	0	0	0	0	0
Disabled	0.0	0	0	0	0	0
Adults	0.0	0	0	0	0	0
Children	0.0	0	0	0	0	0
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.0	0	0	0	0	0
Male	0.0	0	0	0	0	0
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.0	0	0	0	0	0
African American	0.0	0	0	0	0	0
Other/unknown	0.0	0	0	0	0	0
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.0	0	0	0	0	0
Part year	0.0	0	0	0	0	0
None	0.0	0	0	0	0	0
<b>Maintenance Assistance Status</b>						
Cash	0.0	0	0	0	0	0
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	0	0	0	0
Other/unknown	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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE D.13  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 TENNESSEE, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
				%			%
<b>All</b>							
Anorexia or weight loss/gain							
Fertility drugs							
Drugs for cosmetic purposes							
Cough and cold medications							
Vitamins and minerals							
Non-prescription drugs							
Barbiturates							
Benzodiazepines							
Other Part D Excl Rx Drugs							

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 TENNESSEE, 2001

Total Number of Dual Eligible Beneficiaries  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 TENNESSEE, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 TENNESSEE, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 TENNESSEE, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 TENNESSEE, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0				
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 TENNESSEE, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500				
501-1,000				
1,001-1,500				
1,501-2,000				
2,001-2,500				
2,501-3,000				
3,001-3,500				
3,501-4,000				
4,001-4,500				
4,501-5,000				
5,001-5,500				
5,501-6,000				
6,001-6,500				
6,501-7,000				
7,001-7,500				
7,501-8,000				
8,001-8,500				
8,501-9,000				
9,001-9,500				
9,501-10,000				
10,001+				

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2001.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>221,791</b>	<b>84,441</b>	<b>129,364</b>	<b>7,951</b>	<b>35</b>	<b>2,475,744</b>	<b>894,241</b>	<b>1,491,411</b>	<b>89,697</b>	<b>395</b>	<b>0</b>
<b>Age</b>											
5 and younger	5	0	4	0	1	60	0	48	0	12	0
6-14	40	0	38	0	2	455	0	431	0	24	0
15-20	335	0	304	0	31	3,855	0	3,500	0	355	0
21-44	37,544	6	34,952	2,585	1	435,877	50	406,863	28,960	4	0
45-64	67,849	380	62,303	5,166	0	776,731	4,088	714,000	58,643	0	0
65-74	65,271	41,818	23,278	175	0	729,919	458,012	270,072	1,835	0	0
75-84	32,809	25,899	6,886	24	0	350,343	271,182	78,912	249	0	0
85 and older	17,938	16,338	1,599	1	0	178,504	160,909	17,585	10	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	129,334	56,766	68,614	3,937	17	1,444,992	607,250	792,937	44,618	187	0
Male	92,457	27,675	60,750	4,014	18	1,030,752	286,991	698,474	45,079	208	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	157,191	62,389	88,391	6,380	31	1,742,011	653,437	1,016,228	71,999	347	0
African American	42,930	15,472	26,024	1,431	3	484,058	167,074	300,806	16,142	36	0
Other/unknown	21,670	6,580	14,949	140	1	249,675	73,730	174,377	1,556	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	13,292	11,340	1,952	0	0	127,161	106,290	20,871	0	0	0
Part year	6,999	5,621	1,371	7	0	67,801	52,997	14,722	82	0	0
None	201,500	67,480	126,041	7,944	35	2,280,782	734,954	1,455,818	89,615	395	0
<b>Maintenance Assistance Status</b>											
Cash	135,265	29,058	105,777	429	1	1,572,458	331,954	1,235,654	4,838	12	0
Medically needy	12,050	7,709	3,503	833	5	112,858	69,856	34,339	8,623	40	0
Poverty related	9,494	5,996	3,452	45	1	95,793	57,411	37,968	402	12	0
Other/unknown	64,982	41,678	16,632	6,644	28	694,635	435,020	183,450	75,834	331	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	206,971	75,774	123,470	7,692	35	2,321,727	809,025	1,425,530	86,777	395	0
Full dual, part year	14,820	8,667	5,894	259	0	154,017	85,216	65,881	2,920	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	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	1,443	1,017	413	12	1	14,226	9,446	4,656	112	12	0
MC all year, no Rx claims	220,348	83,424	128,951	7,939	34	2,461,518	884,795	1,486,755	89,585	383	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2001. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2001

Beneficiary Characteristics	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
<b>All</b>	<b>221,791</b>	<b>2,475,744</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,475,744</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	0	0	0	0	0	0
MC all year, with Rx claims	1,443	14,226	0	0	0	14,226
MC all year, with no Rx claims	220,348	2,461,518	0	0	0	2,461,518

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.