

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 TENNESSEE

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
TENNESSEE, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	1,660,072 (A)	283,764 (E)	1,376,308 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1,646,954 (B)	270,762 (F)	1,376,192 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	1,529,463 (C)	261,328 (G)	1,268,135 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	21,184 (D)	19,759 (H)	1,425 (L)

Source: Data for this table are from the MAX 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 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 2002 was \$581,655,359, of which \$7,280,906 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. All benefit months of such dual eligible beneficiaries, of which 26.6 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<sup>a,b</sup>  
 TENNESSEE, 2002

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>1,529,463</b>	<b>110,734</b>	<b>309,242</b>	<b>442,694</b>	<b>666,793</b>	<b>0</b>	<b>8,506,003</b>	<b>627,854</b>	<b>1,807,997</b>	<b>2,411,764</b>	<b>3,658,388</b>	<b>0</b>
<b>Age</b>												
5 and younger	238,486	1	6,160	1	232,324	0	1,289,770	4	35,684	2	1,254,080	0
6-14	300,800	2	18,100	10	282,688	0	1,684,762	6	106,691	27	1,578,038	0
15-20	167,244	2	15,111	724	151,407	0	915,985	12	89,146	1,642	825,185	0
21-44	416,760	12	98,059	318,315	374	0	2,282,187	66	572,543	1,708,493	1,085	0
45-64	260,086	670	136,057	123,359	0	0	1,496,676	3,663	792,854	700,159	0	0
65-74	79,896	53,049	26,595	252	0	0	462,222	303,532	157,396	1,294	0	0
75-84	43,092	35,567	7,494	31	0	0	245,618	201,399	44,079	140	0	0
85 and older	23,098	21,430	1,666	2	0	0	128,777	119,166	9,604	7	0	0
Unknown	1	1	0	0	0	6	0	6	0	0	0	0
<b>Gender</b>												
Female	879,183	76,208	158,103	308,648	336,224	0	4,896,800	434,300	926,867	1,688,843	1,846,790	0
Male	650,280	34,526	151,139	134,046	330,569	0	3,609,203	193,554	881,130	722,921	1,811,598	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	1,008,510	84,301	195,807	325,457	402,945	0	5,593,315	476,759	1,142,622	1,778,391	2,195,543	0
African American	422,055	19,306	73,011	105,025	224,713	0	2,368,939	109,891	428,337	574,583	1,256,128	0
Other/unknown	98,898	7,127	40,424	12,212	39,135	0	543,749	41,204	237,038	58,790	206,717	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	21,184	17,347	3,837	0	0	0	119,895	97,716	22,179	0	0	0
Part year	9,924	7,249	2,641	34	0	0	53,845	38,874	14,777	194	0	0
None	1,498,355	86,138	302,764	442,660	666,793	0	8,332,263	491,264	1,771,041	2,411,570	3,658,388	0
<b>Maintenance Assistance Status</b>												
Cash	490,219	28,882	256,762	53,772	150,803	0	2,843,409	169,629	1,515,960	298,651	859,169	0
Medically needy	161,722	22,743	13,409	56,614	68,956	0	861,262	123,533	69,293	294,578	373,858	0
Poverty-related	225,953	1,216	522	17,963	206,252	0	1,186,854	5,988	2,750	81,076	1,097,040	0
Other/unknown	651,569	57,893	38,549	314,345	240,782	0	3,614,478	328,704	219,994	1,737,459	1,328,321	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	207,089	72,586	126,693	7,770	40	0	1,197,496	407,392	746,194	43,698	212	0
Full dual, part year	54,239	34,655	17,834	1,747	3	0	317,112	201,356	105,409	10,332	15	0
Non-dual, all year	1,268,135	3,493	164,715	433,177	666,750	0	6,991,395	19,106	956,394	2,357,734	3,658,161	0
<b>Managed Care Status</b>												
FFS all year	102,508	7,031	8,625	26,793	60,059	0	363,261	25,367	28,881	91,715	217,298	0
FFS part year, with Rx claims	882,536	74,989	211,529	299,164	296,854	0	5,112,029	436,723	1,253,975	1,708,049	1,713,282	0
FFS part year, no Rx claims	544,419	28,714	89,088	116,737	309,880	0	3,030,713	165,764	525,141	612,000	1,727,808	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 TENNESSEE, 2002

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	57.3 %	8.4	\$376	\$45	\$3,371	11.1 %	1,529,463
<b>Age</b>							
5 and younger	44.5	1.6	45	28	1,325	3.4	238,486
6-14	40.4	1.6	72	45	1,297	5.5	300,800
15-20	48.8	2.7	104	39	2,529	4.1	167,244
21-44	63.6	8.3	392	47	3,707	10.6	416,760
45-64	77.5	20.2	953	47	5,828	16.4	260,086
65-74	69.5	19.3	820	43	3,764	21.8	79,896
75-84	67.7	19.1	757	40	7,623	9.9	43,092
85 and older	68.6	18.2	668	37	14,605	4.6	23,098
Unknown	0.0	0.0	0	0	1,127	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	68.3	18.2	749	41	7,262	10.3	110,734
Disabled	68.3	17.8	914	51	6,582	13.9	309,242
Adults	67.9	9.3	385	41	3,136	12.3	442,694
Children	43.4	1.7	57	33	1,393	4.1	666,793
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	62.5	9.9	412	42	3,598	11.5	879,183
Male	50.3	6.4	326	51	3,065	10.6	650,280
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	61.5	9.7	437	45	3,673	11.9	1,008,510
African American	48.7	5.1	216	42	2,651	8.2	422,055
Other/unknown	51.4	9.2	433	47	3,375	12.8	98,898
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	76.4	25.0	1,016	41	31,736	3.2	21,184
Part year	73.2	21.6	924	43	19,408	4.8	9,924
None	57.0	8.1	363	45	2,864	12.7	1,498,355

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
<b>Maintenance Assistance Status</b>							
Cash	59.8	11.4	537	47	4,162	12.9	490,219
Medically needy	54.5	7.9	339	43	2,216	15.3	161,722
Poverty related	43.7	1.9	57	31	1,404	4.1	225,953
Other/unknown	60.9	8.5	374	44	3,746	10.0	651,569

Source: Data for this table are from the MAX 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

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<sup>a,b</sup>  
 TENNESSEE, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	No.	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
<b>All</b>	<b>1.5</b>	<b>\$68</b>	<b>11.1 %</b>	<b>42.7 %</b>	<b>31.0 %</b>	<b>7.4 %</b>	<b>10.5 %</b>	<b>6.3 %</b>	<b>2.1 %</b>	<b>\$606</b>	<b>1,529,463</b>	<b>8,506,003</b>
<b>Age</b>												
5 and younger	0.3	8	3.4	55.5	40.3	3.0	1.1	0.1	0.0	245	238,486	1,289,770
6-14	0.3	13	5.5	59.6	35.9	2.9	1.5	0.1	0.0	232	300,800	1,684,762
15-20	0.5	19	4.1	51.2	38.9	6.1	3.4	0.4	0.0	462	167,244	915,985
21-44	1.5	72	10.6	36.4	33.1	10.9	13.0	5.3	1.4	677	416,760	2,282,187
45-64	3.5	166	16.4	22.5	17.6	11.3	24.6	17.7	6.3	1,013	260,086	1,496,676
65-74	3.3	142	21.8	30.5	15.2	8.9	20.8	18.2	6.4	651	79,896	462,222
75-84	3.4	133	9.9	32.3	14.6	8.4	19.6	18.5	6.6	1,337	43,092	245,618
85 and older	3.3	120	4.6	31.4	14.5	9.0	21.2	17.8	6.1	2,620	23,098	128,777
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	188	1	6
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.2	132	10.3	31.7	15.1	9.0	20.9	17.6	5.8	1,281	110,734	627,854
Disabled	3.1	156	13.9	31.7	19.0	9.1	18.8	15.3	6.2	1,126	309,242	1,807,997
Adults	1.7	71	12.3	32.1	32.5	11.9	15.7	6.4	1.3	576	442,694	2,411,764
Children	0.3	10	4.1	56.6	38.3	3.4	1.5	0.1	0.0	254	666,793	3,658,388
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.8	74	11.5	37.5	31.9	8.5	12.0	7.6	2.6	646	879,183	4,896,800
Male	1.2	59	10.6	49.7	29.8	6.0	8.5	4.6	1.4	552	650,280	3,609,203
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	1.7	79	11.9	38.5	31.3	8.3	12.1	7.4	2.5	662	1,008,510	5,593,315
African American	0.9	39	8.2	51.3	31.7	5.7	7.0	3.4	0.8	472	422,055	2,368,939
Other/unknown	1.7	79	12.8	48.6	25.7	5.9	9.6	7.2	3.0	614	98,898	543,749
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	4.4	180	3.2	23.6	11.7	9.2	22.5	21.9	11.1	5,607	21,184	119,895
Part year	4.0	170	4.8	26.8	14.7	9.4	20.0	18.5	10.6	3,577	9,924	53,845
None	1.4	65	12.7	43.0	31.4	7.4	10.3	6.0	1.9	515	1,498,355	8,332,263

Table 4

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				
<b>Maintenance Assistance Status</b>												
Cash	2.0	93	12.9	40.2	27.6	7.3	12.2	9.1	3.5	718	490,219	2,843,409
Medically needy	1.5	64	15.3	45.5	30.2	7.1	9.1	5.9	2.1	416	161,722	861,262
Poverty related	0.4	11	4.1	56.3	37.6	3.7	1.9	0.3	0.1	267	225,953	1,186,854
Other/unknown	1.5	67	10.0	39.1	31.5	8.9	12.6	6.3	1.6	675	651,569	3,614,478

Source: Data for this table are from the MAX 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 4

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 TENNESSEE, 2002

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	1.5	\$68	0.6	\$50	0.1	\$5	0.8	\$13
		\$45		\$85		\$47		\$16
<b>Age</b>								
5 and younger	0.3	8	0.1	6	0.0	1	0.2	2
6-14	0.3	13	0.1	9	0.0	2	0.1	2
15-20	0.5	19	0.2	13	0.1	2	0.3	3
21-44	1.5	72	0.5	53	0.1	5	0.9	13
45-64	3.5	166	1.5	125	0.2	10	1.8	31
65-74	3.3	142	1.4	106	0.2	8	1.7	28
75-84	3.4	133	1.3	96	0.3	9	1.8	28
85 and older	3.3	120	1.1	83	0.3	9	1.8	27
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	3.2	132	1.3	97	0.2	9	1.7	26
Disabled	3.1	156	1.2	118	0.2	10	1.7	29
Adults	1.7	71	0.7	53	0.1	5	0.9	13
Children	0.3	10	0.1	7	0.0	2	0.2	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.8	74	0.7	54	0.1	5	1.0	15
Male	1.2	59	0.5	45	0.1	4	0.6	10
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	1.7	79	0.7	59	0.1	5	0.9	15
African American	0.9	39	0.3	28	0.1	3	0.5	8
Other/unknown	1.7	79	0.6	59	0.1	5	0.9	15
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	4.4	180	1.5	125	0.4	14	2.5	40
Part year	4.0	170	1.4	124	0.3	11	2.2	35
None	1.4	65	0.6	49	0.1	5	0.8	12

Table 5

All Medicaid Beneficiaries

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 \$
<b>Maintenance Assistance Status</b>								
Cash	2.0	93	0.7	68	0.1	6	1.1	18
Medically needy	1.5	64	0.6	47	0.1	5	0.8	12
Poverty related	0.4	11	0.1	7	0.0	2	0.2	2
Other/unknown	1.5	67	0.6	51	0.1	5	0.8	12

Source: Data for this table are from the MAX 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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.
- The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Tennessee, 0.6 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\\_mddeb.asp](http://www.Medi-Span.com/products/product_mddeb.asp) (May 13 2003).
- 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.
- 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<sup>a, b, c, d</sup>  
 TENNESSEE, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.4	0.1	0.0	0.2	\$20	\$15	\$3	\$3	\$53	\$105	\$81	\$13	1,052,597	\$55,399,644	476,127	31.1 %	2,758,190
Biologics	0.2	0.2	0.0	0.0	165	118	14	33	717	567	2,009	2,145	491	351,902	367	0.0	2,127
Antineoplastic Agents	0.7	0.3	0.0	0.4	149	122	6	21	207	376	131	60	42,358	8,779,225	10,266	0.7	58,901
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	31	22	3	6	35	54	22	18	1,480,920	51,541,392	287,409	18.8	1,669,865
Cardiovascular Agents	1.7	0.7	0.1	0.9	60	44	3	12	35	59	34	14	2,672,740	93,471,131	268,012	17.5	1,569,120
Respiratory Agents	0.7	0.4	0.0	0.3	33	25	3	5	46	62	65	18	1,338,824	61,649,258	320,928	21.0	1,866,116
Gastrointestinal Agents	0.8	0.4	0.0	0.4	50	42	1	7	65	116	112	17	951,731	62,097,537	211,289	13.8	1,234,484
Genitourinary Agents	0.4	0.2	0.0	0.2	16	13	0	3	40	60	37	15	143,964	5,809,166	61,276	4.0	356,212
CNS Drugs	1.3	0.6	0.0	0.7	84	67	3	13	65	114	91	20	1,730,129	113,114,206	231,850	15.2	1,352,660
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	49	32	6	10	71	98	68	38	9,828	694,713	2,454	0.2	14,322
Miscellaneous Psychological/Neurological Agents	0.8	0.6	0.0	0.1	106	103	0	2	139	167	40	16	23,136	3,209,879	5,232	0.3	30,389
Analgesics and Anesthetics	0.8	0.1	0.0	0.6	25	16	2	7	33	107	78	12	1,751,227	56,962,925	397,332	26.0	2,303,011
Neuromuscular Agents	0.7	0.1	0.1	0.5	26	14	3	9	37	103	44	18	588,122	21,604,412	140,016	9.2	818,451
Nutritional Products	0.6	0.0	0.0	0.5	7	0	1	7	13	27	14	12	280,351	3,568,271	83,527	5.5	484,837
Hematological Agents	0.8	0.3	0.2	0.4	68	58	4	5	81	204	23	14	234,287	19,049,552	48,061	3.1	280,731
Topical Products	0.4	0.1	0.0	0.3	9	5	1	3	25	56	37	13	460,371	11,563,322	217,717	14.2	1,266,218
Miscellaneous Products	0.6	0.3	0.1	0.2	136	87	33	16	231	308	272	87	21,080	4,867,204	6,169	0.4	35,894
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	15	0	0	0	41,524	640,714	18,159	1.2	106,074
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	12,823,680	574,374,453	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Tennessee, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 TENNESSEE, 2002

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
ULCER DRUGS	\$26,548,004	68,545	4.5 %	402,151	0.9	\$74
ANTIDEPRESSANTS	25,697,002	71,428	4.7	418,507	1.0	62
ANTIPSYCHOTICS	25,522,272	23,436	1.5	137,854	1.1	164
ANTIHYPERLIPIDEMIC	18,508,818	26,553	1.7	156,979	1.4	83
ANTIASTHMATIC	14,833,159	70,154	4.6	411,379	0.7	51
ANTI-DIABETIC	14,073,613	36,452	2.4	214,618	1.3	49
ANALGESICS - Narcotic	12,997,463	157,678	10.3	917,475	0.5	27
ANTIHYPERTENSIVE	12,169,389	41,890	2.7	246,430	1.5	33
ANALGESICS - ANTI-INFLAMMATORY	11,710,035	97,873	6.4	571,321	0.5	42
ANTIVIRAL	9,511,072	6,767	0.4	39,412	0.7	352
Total	171,570,827	600,776		3,516,126	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.