

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

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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>261,328</b>	<b>107,241</b>	<b>144,527</b>	<b>9,517</b>	<b>43</b>	<b>0</b>	<b>1,514,608</b>	<b>608,748</b>	<b>851,603</b>	<b>54,030</b>	<b>227</b>	<b>0</b>
<b>Age</b>												
5 and younger	7	0	5	0	2	0	42	0	30	0	12	0
6-14	40	0	36	0	4	0	236	0	214	0	22	0
15-20	392	0	355	0	37	0	2,276	0	2,083	0	193	0
21-44	40,857	2	37,682	3,173	0	0	240,214	12	222,457	17,745	0	0
45-64	79,436	493	72,840	6,103	0	0	466,203	2,796	428,414	34,993	0	0
65-74	76,470	51,410	24,844	216	0	0	442,733	294,519	147,051	1,163	0	0
75-84	41,697	34,511	7,161	25	0	0	237,767	195,522	42,116	129	0	0
85 and older	22,429	20,825	1,604	0	0	0	125,137	115,899	9,238	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	155,486	74,040	76,635	4,792	19	0	902,260	422,391	452,391	27,371	107	0
Male	105,842	33,201	67,892	4,725	24	0	612,348	186,357	399,212	26,659	120	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	190,374	82,466	100,199	7,680	29	0	1,100,542	466,866	589,892	43,629	155	0
African American	49,423	18,729	29,039	1,644	11	0	287,466	106,774	171,313	9,325	54	0
Other/unknown	21,531	6,046	15,289	193	3	0	126,600	35,108	90,398	1,076	18	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	19,759	17,048	2,711	0	0	0	111,893	96,087	15,806	0	0	0
Part year	8,850	7,138	1,707	5	0	0	47,983	38,285	9,668	30	0	0
None	232,719	83,055	140,109	9,512	43	0	1,354,732	474,376	826,129	54,000	227	0
<b>Maintenance Assistance Status</b>												
Cash	141,503	27,844	112,974	684	1	0	837,284	163,559	669,850	3,869	6	0
Medically needy	32,633	21,694	9,289	1,634	16	0	178,957	118,144	51,674	9,065	74	0
Poverty-related	1,779	1,209	516	48	6	0	8,978	5,955	2,719	268	36	0
Other/unknown	85,413	56,494	21,748	7,151	20	0	489,389	321,090	127,360	40,828	111	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
<b>Managed Care Status</b>												
FFS all year	9,265	6,720	2,222	317	6	0	33,481	24,311	7,994	1,156	20	0
FFS part year, with Rx claims	183,337	72,996	103,001	7,318	22	0	1,079,153	425,152	611,113	42,759	129	0
FFS part year, no Rx claims	68,726	27,525	39,304	1,882	15	0	401,974	159,285	232,496	10,115	78	0

Table D2

Dual Eligible 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 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 2002. 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, 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	70.4 %	20.0	\$978	\$49	\$6,304	15.5 %	261,328
<b>Age</b>							
5 and younger	42.9	10.6	841	80	4,738	17.8	7
6-14	52.5	10.6	1,510	143	5,937	25.4	40
15-20	60.2	7.5	505	67	5,984	8.4	392
21-44	65.7	15.4	1,068	70	6,305	16.9	40,857
45-64	75.4	23.9	1,275	53	5,794	22.0	79,436
65-74	69.6	19.4	827	43	3,630	22.8	76,470
75-84	68.0	19.3	764	40	7,632	10.0	41,697
85 and older	69.2	18.3	675	37	14,763	4.6	22,429
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	68.7	18.4	757	41	7,306	10.4	107,241
Disabled	71.3	21.1	1,122	53	5,695	19.7	144,527
Adults	77.3	22.3	1,282	57	4,280	30.0	9,517
Children	51.2	9.5	736	77	3,415	21.6	43
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	73.7	22.2	1,017	46	6,729	15.1	155,486
Male	65.6	16.8	919	55	5,680	16.2	105,842
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	70.4	20.5	1,016	50	6,717	15.1	190,374
African American	71.4	18.0	835	47	6,033	13.8	49,423
Other/unknown	68.6	20.1	969	48	3,270	29.6	21,531
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	75.7	24.4	989	41	31,087	3.2	19,759
Part year	71.9	20.7	876	42	17,658	5.0	8,850
None	69.9	19.6	981	50	3,768	26.0	232,719
<b>Maintenance Assistance Status</b>							
Cash	68.6	19.5	966	50	4,226	22.9	141,503
Medically needy	68.0	20.7	1,015	49	2,862	35.5	32,633
Poverty related	69.4	14.3	623	44	3,229	19.3	1,779
Other/unknown	74.3	20.6	990	48	11,125	8.9	85,413

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 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, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
<b>All</b>	<b>3.5</b>	<b>\$169</b>	<b>15.5 %</b>	<b>29.6 %</b>	<b>15.2 %</b>	<b>9.1 %</b>	<b>20.8 %</b>	<b>18.2 %</b>	<b>7.1 %</b>	<b>\$1,088</b>	<b>261,328</b>	<b>1,514,608</b>
<b>Age</b>												
5 and younger	1.8	140	17.8	57.1	0.0	0.0	28.6	14.3	0.0	790	7	42
6-14	1.8	256	25.4	47.5	17.5	10.0	17.5	5.0	2.5	1,006	40	236
15-20	1.3	87	8.4	39.8	32.1	11.7	10.5	5.1	0.8	1,031	392	2,276
21-44	2.6	182	16.9	34.3	19.3	10.2	19.4	12.4	4.5	1,073	40,857	240,214
45-64	4.1	217	22.0	24.6	13.7	9.2	22.0	20.9	9.6	987	79,436	466,203
65-74	3.3	143	22.8	30.4	15.2	8.9	20.7	18.3	6.5	627	76,470	442,733
75-84	3.4	134	10.0	32.0	14.6	8.4	19.6	18.7	6.7	1,338	41,697	237,767
85 and older	3.3	121	4.6	30.8	14.7	9.1	21.3	18.0	6.2	2,646	22,429	125,137
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.2	133	10.4	31.3	15.1	9.0	20.9	17.8	5.9	1,287	107,241	608,748
Disabled	3.6	190	19.7	28.7	15.4	9.2	20.4	18.3	8.0	966	144,527	851,603
Adults	3.9	226	30.0	22.7	14.4	9.9	24.6	21.0	7.5	754	9,517	54,030
Children	1.8	139	21.6	48.8	27.9	4.7	9.3	4.7	4.7	647	43	227
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	3.8	175	15.1	26.3	14.4	9.2	21.5	20.3	8.3	1,160	155,486	902,260
Male	2.9	159	16.2	34.4	16.4	9.1	19.6	15.1	5.3	982	105,842	612,348
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	3.5	176	15.1	29.6	15.0	8.9	20.2	18.5	7.7	1,162	190,374	1,100,542
African American	3.1	144	13.8	28.6	16.3	10.1	23.3	17.1	4.6	1,037	49,423	287,466
Other/unknown	3.4	165	29.6	31.4	14.8	8.7	19.7	17.8	7.5	556	21,531	126,600
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	4.3	175	3.2	24.3	12.0	9.3	22.2	21.4	10.7	5,490	19,759	111,893
Part year	3.8	162	5.0	28.1	15.1	9.5	19.5	17.9	10.0	3,257	8,850	47,983
None	3.4	168	26.0	30.1	15.5	9.1	20.7	17.9	6.7	647	232,719	1,354,732
<b>Maintenance Assistance Status</b>												
Cash	3.3	163	22.9	31.4	15.7	8.9	19.7	17.3	7.0	714	141,503	837,284
Medically needy	3.8	185	35.5	32.0	14.1	8.0	18.3	19.3	8.2	522	32,633	178,957
Poverty related	2.8	124	19.3	30.6	18.0	10.1	21.3	13.2	6.7	640	1,779	8,978
Other/unknown	3.6	173	8.9	25.7	14.8	9.8	23.5	19.3	6.8	1,942	85,413	489,389

Table D4

Dual Eligible 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 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, 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 \$
<b>All</b>	<b>3.5</b>	<b>\$169</b>	<b>1.4</b>	<b>\$127</b>	<b>0.2</b>	<b>\$91</b>	<b>1.8</b>	<b>\$31</b>
<b>Age</b>								
5 and younger	1.8	140	0.7	118	0.2	177	0.9	10
6-14	1.8	256	0.8	228	0.2	284	0.8	11
15-20	1.3	87	0.5	71	0.1	140	0.7	10
21-44	2.6	182	1.1	143	0.2	132	1.4	27
45-64	4.1	217	1.7	165	0.2	97	2.1	39
65-74	3.3	143	1.4	107	0.2	77	1.7	28
75-84	3.4	134	1.3	97	0.3	76	1.8	28
85 and older	3.3	121	1.1	84	0.3	76	1.9	28
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	3.2	133	1.3	98	0.3	76	1.7	26
Disabled	3.6	190	1.4	144	0.2	100	1.9	34
Adults	3.9	226	1.7	174	0.2	101	2.0	37
Children	1.8	139	0.8	106	0.2	137	0.8	11
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	3.8	175	1.6	131	0.3	85	2.0	33
Male	2.9	159	1.2	121	0.2	103	1.5	28
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	3.5	176	1.5	133	0.2	91	1.8	32
African American	3.1	144	1.2	107	0.2	90	1.7	27
Other/unknown	3.4	165	1.4	123	0.2	90	1.8	32
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	4.3	175	1.4	122	0.4	85	2.4	39
Part year	3.8	162	1.4	118	0.3	83	2.1	33
None	3.4	168	1.4	128	0.2	92	1.7	30
<b>Maintenance Assistance Status</b>								
Cash	3.3	163	1.3	122	0.2	94	1.8	31
Medically needy	3.8	185	1.6	140	0.3	88	1.9	33
Poverty related	2.8	124	1.1	93	0.2	81	1.5	24
Other/unknown	3.6	173	1.5	131	0.3	87	1.8	31

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 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, 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\\_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, 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. Dual Benes	As % of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.5	0.2	0.0	0.2	\$35	\$29	\$3	\$4	\$72	\$135	\$89	\$15	215,190	\$15,494,351	74,908	28.7 %	440,337
Biologics	0.5	0.2	0.1	0.2	749	11	196	542	1622	72	1,961	2,608	60	97,344	22	0.0	130
Antineoplastic Agents	0.7	0.3	0.0	0.4	136	105	7	25	186	357	135	64	24,821	4,627,136	5,941	2.3	33,920
Endocrine/Metabolic Drugs	1.2	0.6	0.2	0.5	44	33	3	8	37	58	17	17	540,479	19,881,324	77,187	29.5	454,294
Cardiovascular Agents	2.1	0.8	0.2	1.1	71	50	5	16	34	61	31	15	1,396,923	47,970,386	115,003	44.0	675,872
Respiratory Agents	1.1	0.6	0.1	0.4	50	38	4	8	48	65	68	20	407,143	19,411,677	65,720	25.1	386,217
Gastrointestinal Agents	1.0	0.5	0.0	0.5	66	56	1	9	70	123	95	18	422,432	29,410,507	75,396	28.9	443,293
Genitourinary Agents	0.6	0.4	0.0	0.2	29	25	1	3	50	68	38	16	62,292	3,094,868	18,149	6.9	106,595
CNS Drugs	1.5	0.7	0.0	0.8	99	78	4	17	64	118	92	20	803,971	51,584,441	88,174	33.7	518,876
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.1	0.4	64	40	8	16	82	144	76	40	4,274	352,528	936	0.4	5,530
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.1	102	100	0	2	129	147	50	18	19,964	2,576,158	4,352	1.7	25,272
Analgesics and Anesthetics	1.1	0.3	0.0	0.7	49	34	4	12	46	118	91	16	577,024	26,532,917	91,708	35.1	539,897
Neuromuscular Agents	1.0	0.3	0.1	0.6	48	32	4	12	50	111	47	20	279,067	14,064,780	49,570	19.0	292,638
Nutritional Products	0.7	0.0	0.1	0.7	11	0	1	10	15	39	16	14	144,680	2,125,392	33,636	12.9	196,581
Hematological Agents	0.9	0.3	0.2	0.4	56	46	5	6	63	147	22	16	154,628	9,664,266	29,352	11.2	171,385
Topical Products	0.5	0.2	0.0	0.3	18	12	1	5	34	57	37	16	142,313	4,825,395	44,724	17.1	263,125
Miscellaneous Products	1.0	0.4	0.3	0.3	280	177	71	32	284	458	271	95	12,188	3,465,607	2,136	0.8	12,370
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	16	0	0	0	18,509	304,394	6,326	2.4	37,169
<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.	5,225,958	255,483,471	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 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 2002. 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, 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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2002

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
ULCER DRUGS	\$12,655,010	21,400	8.2 %	126,376	1.2	\$82	\$100
ANTIPSYCHOTICS	12,159,418	9,541	3.7	56,135	1.4	159	217
ANTIDEPRESSANTS	10,342,243	22,466	8.6	132,697	1.3	59	78
ANTIHYPERTENSIVES	9,146,756	10,959	4.2	65,009	1.7	84	141
ANTIDIABETIC	6,533,146	15,695	6.0	92,623	1.5	48	71
ANALGESICS - Narcotic	6,446,622	37,512	14.4	220,720	0.8	39	29
ANTIHYPERTENSIVE	6,039,649	18,329	7.0	108,109	1.7	34	56
ANALGESICS - ANTI-INFLAMMATORY	5,743,977	19,113	7.3	113,582	0.8	63	51
ANTIASTHMATIC	5,555,733	17,880	6.8	105,148	1.0	53	53
ANTICONVULSANT	5,404,771	9,864	3.8	58,353	1.4	67	93
Total	80,027,325	182,759		1,078,752	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 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 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\\_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, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTIPSYCHOTICS			
	No. of Rx	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>	<b>1,276,577</b>	<b>\$80,027,325</b>	<b>21,400</b>	<b>8.2 %</b>	<b>126,376</b>	<b>1.2</b>	<b>\$100</b>	<b>9,541</b>	<b>3.7 %</b>	<b>56,135</b>	<b>1.4</b>	<b>\$217</b>
<b>Female</b>	803,155	49,172,774	14,054	9.0	83,149	1.2	100	5,763	3.7	33,894	1.3	191
<b>Disabled</b>	460,364	30,136,723	8,059	10.5	47,917	1.2	99	3,479	4.5	20,688	1.4	221
5 and younger	2	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	25	1,435	2	14.3	12	0.6	47	0	0.0	0	0.0	0
15-20	235	15,619	7	5.0	42	0.9	82	5	3.5	30	0.8	200
21-44	78,905	6,178,958	1,440	8.9	8,605	0.9	80	1,230	7.6	7,354	1.3	226
45-64	255,085	17,110,869	4,403	11.9	26,215	1.2	104	1,721	4.7	10,235	1.4	230
65-74	94,668	5,230,623	1,606	9.9	9,504	1.3	103	357	2.2	2,102	1.4	186
75-84	26,712	1,364,684	506	8.8	3,004	1.2	91	129	2.3	755	1.4	162
85 and older	4,732	234,513	95	6.9	535	1.5	114	37	2.7	212	1.1	127
<b>Other Eligibles</b>	342,791	19,036,051	5,995	7.6	35,232	1.3	102	2,284	2.9	13,206	1.2	145
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	58	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	50	5,202	0	0.0	0	0.0	0	1	6.7	6	2.7	575
21-44	9,356	700,486	177	10.2	1,053	0.8	72	125	7.2	732	1.3	203
45-64	23,958	1,618,054	423	12.7	2,486	1.2	101	153	4.6	895	1.4	218
65-74	146,767	8,204,596	2,524	8.1	14,901	1.3	102	468	1.5	2,738	1.2	158
75-84	106,208	5,651,172	1,887	7.5	11,096	1.3	99	836	3.3	4,842	1.1	127
85 and older	56,450	2,856,483	984	5.7	5,696	1.5	110	701	4.1	3,993	1.2	131
<b>Male</b>	473,422	30,854,551	7,346	6.9	43,227	1.2	101	3,778	3.6	22,241	1.5	255
<b>Disabled</b>	324,363	22,382,783	4,817	7.1	28,547	1.2	102	2,821	4.2	16,727	1.6	288
5 and younger	2	157	1	25.0	6	0.3	26	0	0.0	0	0.0	0
6-14	22	1,122	1	4.5	6	0.2	10	2	9.1	12	0.5	43
15-20	281	21,068	6	2.8	36	0.5	39	10	4.7	60	0.7	167
21-44	76,320	6,437,149	1,196	5.6	7,111	1.0	86	1,376	6.4	8,199	1.5	298
45-64	200,515	13,400,057	2,868	8.0	16,990	1.3	109	1,243	3.5	7,355	1.6	295
65-74	40,768	2,208,598	637	7.4	3,782	1.3	101	152	1.8	899	1.3	182
75-84	5,672	277,133	91	6.3	531	1.5	99	28	1.9	151	1.7	213
85 and older	783	37,499	17	7.4	85	1.6	109	10	4.4	51	1.0	83
<b>Other Eligibles</b>	149,059	8,471,768	2,529	6.7	14,680	1.2	97	957	2.5	5,514	1.2	155
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	155	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	34	1,347	0	0.0	0	0.0	0	3	13.6	18	1.0	33
21-44	6,531	538,031	113	7.9	657	0.9	84	96	6.7	560	1.4	268
45-64	19,900	1,329,761	303	9.3	1,782	1.2	97	126	3.9	747	1.6	279
65-74	79,878	4,433,371	1,267	6.2	7,382	1.3	104	309	1.5	1,795	1.1	130
75-84	32,417	1,676,585	608	6.5	3,501	1.2	92	278	3.0	1,578	1.0	112
85 and older	10,295	492,518	238	6.7	1,358	1.2	84	145	4.1	816	1.1	105
<b>Unknown</b>	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 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 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); 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, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERLIPEMIC					ANTIDIABETIC				
	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>	<b>22,466</b>	<b>8.6 %</b>	<b>132,697</b>	<b>1.3</b>	<b>\$78</b>	<b>10,959</b>	<b>4.2 %</b>	<b>65,009</b>	<b>1.7</b>	<b>\$141</b>	<b>15,695</b>	<b>6.0 %</b>	<b>92,623</b>	<b>1.5</b>	<b>\$71</b>
<b>Female</b>	15,088	9.7	89,253	1.4	80	6,479	4.2	38,483	1.7	139	9,915	6.4	58,563	1.5	68
<b>Disabled</b>	9,343	12.2	55,566	1.3	82	3,583	4.7	21,369	1.6	132	5,278	6.9	31,338	1.4	72
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	5	3.5	30	1.7	88	2	1.4	12	0.6	57	2	1.4	12	1.0	42
21-44	2,329	14.3	13,903	1.2	83	339	2.1	2,029	1.2	100	601	3.7	3,571	1.1	64
45-64	5,212	14.1	31,004	1.4	89	2,163	5.9	12,895	1.5	126	2,891	7.8	17,186	1.4	76
65-74	1,367	8.4	8,090	1.4	66	881	5.4	5,263	1.8	148	1,352	8.3	8,021	1.5	71
75-84	362	6.3	2,136	1.3	57	183	3.2	1,090	2.0	169	376	6.6	2,223	1.5	61
85 and older	68	4.9	403	1.3	56	15	1.1	80	2.8	211	56	4.1	325	1.5	49
<b>Other Eligibles</b>	5,745	7.3	33,687	1.4	75	2,896	3.7	17,114	1.8	149	4,637	5.9	27,225	1.5	63
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	299	17.2	1,757	1.2	89	40	2.3	240	1.1	102	69	4.0	410	1.1	72
45-64	488	14.7	2,891	1.4	95	228	6.9	1,335	1.6	140	307	9.2	1,811	1.4	74
65-74	2,173	6.9	12,814	1.3	70	1,634	5.2	9,658	1.8	153	2,190	7.0	12,918	1.6	70
75-84	1,712	6.8	10,000	1.4	71	821	3.3	4,853	1.8	147	1,476	5.9	8,671	1.5	58
85 and older	1,073	6.2	6,225	1.6	80	173	1.0	1,028	1.9	148	595	3.4	3,415	1.4	44
<b>Male</b>	7,378	7.0	43,444	1.3	75	4,480	4.2	26,526	1.7	143	5,780	5.5	34,060	1.5	75
<b>Disabled</b>	5,364	7.9	31,811	1.3	77	2,924	4.3	17,407	1.6	137	3,602	5.3	21,349	1.5	78
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	11	5.1	66	0.8	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,778	8.3	10,576	1.2	77	485	2.3	2,892	1.3	102	567	2.6	3,365	1.2	64
45-64	3,074	8.5	18,212	1.3	80	2,051	5.7	12,197	1.7	139	2,476	6.9	14,670	1.5	81
65-74	424	5.0	2,518	1.4	59	358	4.2	2,141	2.0	171	494	5.8	2,934	1.7	80
75-84	66	4.6	378	1.5	59	29	2.0	174	2.3	189	56	3.9	331	1.8	80
85 and older	11	4.8	61	1.6	58	1	0.4	3	6.0	524	9	3.9	49	1.3	63
<b>Other Eligibles</b>	2,014	5.3	11,633	1.2	68	1,556	4.1	9,119	1.8	153	2,178	5.7	12,711	1.5	71
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	1	4.5	6	1.5	62	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	187	13.0	1,100	1.1	75	66	4.6	387	0.9	70	73	5.1	421	0.9	49
45-64	311	9.5	1,819	1.3	87	237	7.2	1,389	1.7	138	264	8.1	1,541	1.6	85
65-74	823	4.1	4,777	1.2	64	948	4.7	5,567	2.0	166	1,254	6.2	7,372	1.6	76
75-84	481	5.1	2,769	1.2	63	277	3.0	1,618	1.7	142	482	5.1	2,811	1.4	58
85 and older	211	5.9	1,162	1.3	65	28	0.8	158	2.1	156	105	3.0	566	1.6	54
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible 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 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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	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>	<b>37,512</b>	<b>14.4 %</b>	<b>220,720</b>	<b>0.8</b>	<b>\$29</b>	<b>18,329</b>	<b>7.0 %</b>	<b>108,109</b>	<b>1.7</b>	<b>\$56</b>	<b>19,113</b>	<b>7.3 %</b>	<b>113,562</b>	<b>0.8</b>	<b>\$51</b>
<b>Female</b>	24,035	15.5	141,671	0.7	26	11,529	7.4	68,045	1.6	57	12,525	8.1	74,522	0.8	54
<b>Disabled</b>	14,818	19.3	88,016	0.8	30	5,409	7.1	32,131	1.6	57	7,595	9.9	45,376	0.8	51
5 and younger	0	0.0	0	0.0	0	1	100.0	6	0.3	4	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	28.6	24	0.7	31	0	0.0	0	0.0	0
15-20	13	9.2	78	0.5	4	8	5.7	48	0.5	17	15	10.6	90	0.3	8
21-44	3,393	20.9	20,255	0.7	31	533	3.3	3,183	1.2	41	1,700	10.5	10,170	0.5	33
45-64	8,007	21.7	47,599	0.8	33	2,965	8.0	17,617	1.5	54	3,981	10.8	23,760	0.8	56
65-74	2,543	15.6	15,028	0.7	20	1,355	8.3	8,040	1.9	67	1,454	8.9	8,705	0.9	55
75-84	701	12.3	4,134	0.8	19	451	7.9	2,677	1.8	64	364	6.4	2,174	1.1	62
85 and older	161	11.7	922	0.7	15	92	6.7	536	1.8	62	81	5.9	477	0.9	51
<b>Other Eligibles</b>	9,217	11.7	53,655	0.7	20	6,120	7.8	35,914	1.7	57	4,930	6.3	29,146	0.9	58
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	5	33.3	30	0.4	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	458	26.4	2,721	0.8	37	61	3.5	364	1.1	34	210	12.1	1,238	0.6	36
45-64	653	19.6	3,871	0.8	32	288	8.7	1,702	1.6	56	396	11.9	2,329	0.9	64
65-74	3,655	11.7	21,430	0.6	17	2,762	8.8	16,299	1.7	58	2,284	7.3	13,511	0.9	56
75-84	2,858	11.4	16,598	0.7	18	1,991	7.9	11,690	1.7	57	1,425	5.7	8,444	1.0	60
85 and older	1,588	9.2	9,005	0.8	19	1,018	5.9	5,859	1.7	53	615	3.6	3,624	1.1	64
<b>Male</b>	13,477	12.7	79,049	0.8	35	6,800	6.4	40,064	1.7	55	6,588	6.2	39,060	0.8	45
<b>Disabled</b>	9,728	14.3	57,514	0.8	39	4,040	6.0	23,935	1.7	56	4,613	6.8	27,448	0.7	43
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	1	4.5	6	1.7	21	0	0.0	0	0.0	0
15-20	14	6.5	82	0.3	2	5	2.3	30	0.6	10	12	5.6	70	0.5	12
21-44	2,893	13.5	17,148	0.7	40	700	3.3	4,147	1.5	50	1,312	6.1	7,821	0.5	26
45-64	5,639	15.7	33,375	0.8	43	2,680	7.4	15,888	1.7	56	2,702	7.5	16,081	0.8	48
65-74	1,017	11.9	5,985	0.8	23	576	6.7	3,405	2.0	64	515	6.0	3,055	0.9	55
75-84	141	9.8	813	0.8	15	69	4.8	413	2.3	64	62	4.3	365	1.0	61
85 and older	24	10.5	111	1.1	34	9	3.9	46	2.7	69	10	4.4	56	1.1	61
<b>Other Eligibles</b>	3,749	9.9	21,535	0.7	24	2,760	7.3	16,129	1.7	53	1,975	5.2	11,612	0.8	50
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	2	9.1	11	0.2	1
21-44	314	21.8	1,834	0.8	55	90	6.3	528	1.0	34	123	8.5	719	0.5	27
45-64	560	17.1	3,254	0.8	39	319	9.8	1,848	1.6	54	301	9.2	1,778	0.7	44
65-74	1,808	8.9	10,425	0.7	19	1,503	7.4	8,810	1.8	58	1,074	5.3	6,315	0.8	52
75-84	807	8.6	4,602	0.7	17	657	7.0	3,846	1.6	46	364	3.9	2,151	0.9	53
85 and older	260	7.3	1,420	0.8	14	191	5.4	1,097	1.6	39	111	3.1	638	1.0	57
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible 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 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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	ANTIASTHMATIC				ANTICONVULSANT				Mean Rx \$	Mean No. of Rx	No. of Bene Mos	
	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>	<b>17,880</b>	<b>6.8 %</b>	<b>105,148</b>	<b>1.0</b>	<b>\$53</b>	<b>9,864</b>	<b>3.8 %</b>	<b>58,353</b>	<b>1.4</b>	<b>\$93</b>	<b>261,328</b>	<b>1,514,608</b>
<b>Female</b>												
<b>Disabled</b>												
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	82
15-20	2	1.4	12	0.5	19	2	1.4	12	0.8	16	141	824
21-44	1,116	6.9	6,654	0.7	40	1,237	7.6	7,389	1.4	120	16,245	95,971
45-64	3,853	10.5	22,943	1.0	54	2,272	6.2	13,501	1.3	93	36,857	217,384
65-74	1,336	8.2	7,937	1.1	59	453	2.8	2,675	1.4	76	16,280	96,476
75-84	344	6.0	2,037	1.0	48	138	2.4	815	1.3	56	5,722	33,711
85 and older	66	4.8	391	0.6	33	21	1.5	122	1.4	56	1,375	7,937
<b>Other Eligibles</b>	<b>4,315</b>	<b>5.5</b>	<b>25,113</b>	<b>0.9</b>	<b>48</b>	<b>1,935</b>	<b>2.5</b>	<b>11,358</b>	<b>1.3</b>	<b>67</b>	<b>78,851</b>	<b>449,869</b>
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	10
15-20	2	13.3	12	0.3	14	0	0.0	0	0.0	0	15	85
21-44	132	7.6	788	0.7	41	159	9.2	943	1.0	84	1,736	9,816
45-64	356	10.7	2,098	1.0	58	162	4.9	960	1.3	94	3,327	19,121
65-74	1,910	6.1	11,194	1.0	55	745	2.4	4,384	1.2	66	31,338	180,451
75-84	1,249	5.0	7,263	0.9	45	579	2.3	3,396	1.4	63	25,158	143,547
85 and older	666	3.9	3,758	0.7	27	290	1.7	1,675	1.5	53	17,273	96,827
<b>Male</b>												
<b>Disabled</b>												
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	22	132
15-20	8	3.7	48	0.7	37	5	2.3	30	1.5	92	214	1,259
21-44	699	3.3	4,152	0.7	40	1,093	5.1	6,507	1.6	124	21,437	126,486
45-64	2,722	7.6	16,054	1.1	61	1,572	4.4	9,349	1.5	104	35,983	211,030
65-74	779	9.1	4,602	1.3	67	196	2.3	1,159	1.5	76	8,564	50,575
75-84	122	8.5	691	1.2	57	25	1.7	144	1.9	69	1,439	8,405
85 and older	8	3.5	35	2.2	132	5	2.2	30	1.0	28	229	1,301
<b>Other Eligibles</b>	<b>2,510</b>	<b>6.6</b>	<b>14,479</b>	<b>1.0</b>	<b>53</b>	<b>910</b>	<b>2.4</b>	<b>5,262</b>	<b>1.3</b>	<b>72</b>	<b>37,950</b>	<b>213,136</b>
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	22	108
21-44	64	4.4	374	0.9	51	68	4.7	391	1.3	115	1,439	7,941
45-64	263	8.0	1,527	1.1	57	133	4.1	789	1.3	100	3,269	18,668
65-74	1,315	6.5	7,601	1.1	59	436	2.1	2,532	1.2	66	20,288	115,231
75-84	622	6.6	3,602	1.0	49	194	2.1	1,115	1.3	60	9,378	52,104
85 and older	246	6.9	1,375	0.7	30	79	2.2	435	1.3	52	3,552	19,072
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Table D7D

Dual Eligible 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 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 2002. 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 2002. 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, 2002**

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>\$175</b>	<b>4.3</b>	<b>19,759</b>	<b>111,893</b>
<b>Age</b>				
0-64	244	5.2	1,463	8,604
65-74	221	5.0	2,758	15,916
75-84	180	4.4	6,841	38,552
85 and older	143	3.9	8,697	48,821
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	172	4.3	14,970	85,058
Male	182	4.3	4,789	26,835
Unknown	0	0.0	0	0
<b>Race</b>				
White	179	4.4	16,465	92,969
African American	152	3.8	3,142	18,061
Other/unknown	185	4	152	863
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	168	4.2	17,048	96,087
Disabled	217	4.9	2,711	15,806
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 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 8,850 beneficiaries who were in nursing facilities for part of their enrollment and their 47,983 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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx			Total Rx \$			Users	
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.5	0.2	0.0	0.2	\$26	\$20	\$3	\$3	\$50	\$85	\$77	\$12	18,972	6,362	32.2 %	36,612
Biologics	0.2	0.1	0.0	0.1	7	2	0	5	44	40	0	46	3	3	0.0	18
Antineoplastic Agents	0.7	0.1	0.1	0.5	86	27	12	47	117	231	146	88	4,326	1,059	5.4	5,860
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	37	26	3	8	29	53	16	13	36,239	4,955	25.1	28,703
Cardiovascular Agents	2.1	0.4	0.2	1.4	48	22	6	20	23	50	23	14	108,086	8,788	44.5	50,778
Respiratory Agents	0.9	0.2	0.1	0.6	27	14	4	9	30	59	49	16	23,869	4,503	22.8	26,020
Gastrointestinal Agents	1.3	0.4	0.0	0.8	64	48	1	14	51	109	44	18	42,779	5,884	29.8	34,060
Genitourinary Agents	0.7	0.4	0.0	0.3	34	27	1	6	46	69	36	18	8,249	1,936	9.8	11,136
CNS Drugs	2.0	1.0	0.1	0.9	122	101	7	14	61	101	61	16	100,712	8,753	44.3	50,726
Stimulants/Anti-obesity/Anorexia	1.1	0.1	0.2	0.8	32	15	3	13	28	114	22	16	445	69	0.3	397
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	106	106	0	1	116	118	0	33	6,718	1,268	6.4	7,351
Analgesics and Anesthetics	1.2	0.3	0.1	0.8	38	28	2	8	31	81	36	9	38,950	5,516	27.9	31,644
Neuromuscular Agents	1.3	0.4	0.2	0.7	56	30	8	18	44	77	46	25	29,269	3,945	20.0	22,959
Nutritional Products	0.9	0.0	0.1	0.8	14	0	1	13	16	27	22	15	20,451	3,922	19.8	22,547
Hematological Agents	1.2	0.3	0.4	0.4	51	39	7	5	44	126	16	13	23,010	3,430	17.4	19,723
Topical Products	0.6	0.2	0.0	0.4	17	10	1	6	29	54	30	16	16,576	4,900	24.8	28,330
Miscellaneous Products	0.5	0.1	0.0	0.3	18	6	2	10	39	41	185	32	755	298	1.5	1,668
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	10	0	0	0	18	0	0	0	2,259	669	3.4	3,845
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.	481,668	19,539,888	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 8,850 beneficiaries who were in nursing facilities for part of their enrollment and their 47,983 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 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Tennessee, 0.6 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.

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, 2002

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	\$1,359,280	1,441	7.3 %	8,382	1.4	\$119	\$162
ANTIDEPRESSANTS	976,678	1,772	9.0	10,270	1.7	55	95
ULCER DRUGS	770,634	1,124	5.7	6,514	1.8	66	118
ANTICONVULSANT	389,172	749	3.8	4,354	1.9	46	89
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	322,101	317	1.6	1,843	1.5	116	175
ANTIHYPERTENSIVE	284,236	1,086	5.5	6,316	1.6	27	45
ANTIDIABETIC	275,477	1,000	5.1	5,821	1.5	33	47
ANALGESICS - Narcotic	292,113	1,654	8.4	9,304	1.3	25	31
MISC. HEMATOLOGICAL	229,465	331	1.7	1,919	1.5	80	120
ANALGESICS - ANTI-INFLAMMATORY	221,714	532	2.7	3,122	1.3	53	71
<b>Total</b>	<b>5,120,870</b>	<b>10,006</b>		<b>57,845</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 8,850 beneficiaries who were in nursing facilities for part of their enrollment and their 47,983 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	Users as %			Mean No. of Rx	Mean Rx \$			
			No. of Users	No. of Bene Mos among Users	of All-Year NF Residents			No. of Users	No. of Bene Mos among Users	of All-Year NF Residents			No. of Users	No. of Bene Mos among Users	of All-Year NF Residents					
<b>All</b>	<b>89,593</b>	<b>\$5,120,870</b>	<b>1,441</b>	<b>7.3 %</b>	<b>8,382</b>	<b>1.4</b>	<b>\$162</b>	<b>1,772</b>	<b>9.0 %</b>	<b>10,270</b>	<b>1.7</b>	<b>\$95</b>	<b>1,335</b>	<b>8.9</b>	<b>7,750</b>	<b>1.8</b>	<b>97</b>			
<b>Female</b>	67,497	3,836,258	1,060	7.1	6,151	1.4	163	1,335	8.9	7,750	1.8	97	1,335	8.9	7,750	1.8	97			
<b>Disabled</b>	8,963	530,336	133	8.4	774	1.3	185	168	10.6	986	1.6	84	168	10.6	986	1.6	84			
64 or younger	4,501	271,246	57	8.1	341	1.4	220	77	11.0	454	1.8	102	77	11.0	454	1.8	102			
65-74	1,950	127,664	23	7.5	134	1.7	257	34	11.0	192	1.5	84	34	11.0	192	1.5	84			
75-84	1,816	94,714	36	9.8	202	1.2	120	43	11.7	257	1.0	56	43	11.7	257	1.0	56			
85 and older	696	36,712	17	8.2	97	1.0	102	14	6.8	83	1.7	76	14	6.8	83	1.7	76			
<b>Other Eligibles</b>	58,534	3,305,922	927	6.9	5,377	1.4	160	1,167	8.7	6,764	1.8	99	1,167	8.7	6,764	1.8	99			
64 or younger	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	8,065	479,150	101	7.7	598	1.6	220	162	12.4	955	1.6	93	162	12.4	955	1.6	93			
75-84	23,883	1,358,165	393	8.1	2,303	1.4	155	473	9.8	2,728	1.8	98	473	9.8	2,728	1.8	98			
85 and older	26,586	1,468,607	433	6.0	2,476	1.3	150	532	7.4	3,081	1.9	101	532	7.4	3,081	1.9	101			
<b>Male</b>	22,096	1,284,612	381	8.0	2,231	1.4	159	437	9.1	2,520	1.6	90	437	9.1	2,520	1.6	90			
<b>Disabled</b>	6,018	374,537	95	8.4	565	1.6	217	109	9.7	649	1.6	86	109	9.7	649	1.6	86			
64 or younger	4,188	265,929	60	7.9	359	1.7	235	78	10.3	465	1.5	86	78	10.3	465	1.5	86			
65-74	1,123	69,627	20	10.4	120	1.5	215	19	9.8	114	1.6	80	19	9.8	114	1.6	80			
75-84	532	30,745	10	8.0	56	1.5	184	10	8.0	58	1.8	99	10	8.0	58	1.8	99			
85 and older	175	8,236	5	10.0	30	0.7	79	2	4.0	12	2.2	90	2	4.0	12	2.2	90			
<b>Other Eligibles</b>	16,078	910,075	286	7.8	1,666	1.3	140	328	9.0	1,871	1.6	92	328	9.0	1,871	1.6	92			
64 or younger	9	795	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	5,157	307,967	90	9.5	535	1.4	163	93	9.8	548	1.7	95	93	9.8	548	1.7	95			
75-84	6,499	371,695	121	8.1	694	1.2	133	141	9.4	806	1.6	92	141	9.4	806	1.6	92			
85 and older	4,413	229,618	75	6.2	437	1.3	121	94	7.8	517	1.6	87	94	7.8	517	1.6	87			
<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			

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 8,850 beneficiaries who were in nursing facilities for part of their enrollment and their 47,983 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>1,124</b>	<b>5.7 %</b>	<b>\$118</b>	<b>749</b>	<b>3.8 %</b>	<b>\$89</b>	<b>317</b>	<b>1.9</b>	<b>1.9</b>	<b>1.6 %</b>	<b>\$89</b>	<b>1,843</b>	<b>1.5</b>	<b>1.5</b>	<b>\$175</b>			
<b>Female</b>	836	5.6	119	494	3.3	87	239	1.9	1.6	1.6	87	1,402	1.5	1.5	179			
<b>Disabled</b>	112	7.1	111	97	6.1	137	15	2.5	0.9	0.9	137	85	1.4	1.4	227			
64 or younger	49	7.0	113	64	9.1	145	6	2.5	0.9	0.9	145	31	1.2	1.2	276			
65-74	27	8.8	96	17	5.5	157	2	2.8	0.6	0.6	157	12	1.9	1.9	281			
75-84	32	8.7	87	14	3.8	82	5	2.0	1.4	1.4	82	30	1.8	1.8	219			
85 and older	4	1.9	578	2	1.0	127	2	3.1	1.0	1.0	127	12	0.6	0.6	65			
<b>Other Eligibles</b>	724	5.4	120	397	3.0	76	224	1.8	1.7	1.7	76	1,317	1.5	1.5	175			
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0	0	0.0	0.0	0			
65-74	87	6.7	125	83	6.4	94	16	1.9	1.2	1.2	94	95	2.1	2.1	227			
75-84	302	6.2	109	169	3.5	78	93	1.8	1.9	1.9	78	550	1.5	1.5	176			
85 and older	335	4.6	129	145	2.0	61	115	1.7	1.6	1.6	61	672	1.5	1.5	168			
<b>Male</b>	288	6.0	117	255	5.3	93	78	1.9	1.6	1.6	93	441	1.4	1.4	163			
<b>Disabled</b>	62	5.5	129	91	8.1	115	11	2.2	1.0	1.0	115	66	1.0	1.0	106			
64 or younger	41	5.4	131	75	9.9	116	9	2.2	1.2	1.2	116	54	0.8	0.8	82			
65-74	12	6.2	126	13	6.7	96	2	1.7	1.0	1.0	96	12	1.2	1.2	119			
75-84	5	4.0	152	2	1.6	289	0	7.3	0.0	0.0	289	0	0.0	0.0	0			
85 and older	4	8.0	97	1	2.0	74	6	2.3	0.0	0.0	74	0	0.0	0.0	0			
<b>Other Eligibles</b>	226	6.2	114	164	4.5	81	67	1.8	1.8	1.8	81	375	1.5	1.5	173			
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0	0	0.0	0.0	0			
65-74	56	5.9	142	65	6.8	92	11	1.9	1.2	1.2	92	65	1.5	1.5	171			
75-84	99	6.6	105	59	3.9	86	30	2.0	2.0	2.0	86	164	1.8	1.8	208			
85 and older	71	5.9	105	40	3.3	56	26	1.3	2.1	2.1	56	146	1.2	1.2	129			
<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			

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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 8,850 beneficiaries who were in nursing facilities for part of their enrollment and their 47,983 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIIDIABETIC					ANALGESICS - Narcotic				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	
<b>All</b>	<b>1,086</b>	<b>6,316</b>	<b>1.6</b>	<b>\$45</b>	<b>1,000</b>	<b>5.1 %</b>	<b>5,821</b>	<b>1.5</b>	<b>\$47</b>	<b>1,654</b>	<b>8.4 %</b>	<b>9,304</b>	<b>1.3</b>	<b>\$31</b>	
<b>Female</b>	781	4,533	1.7	49	759	5.1	4,423	1.4	45	1,320	8.8	7,445	1.3	33	
<b>Disabled</b>	99	594	1.5	42	89	5.6	504	1.7	57	145	9.1	844	1.6	47	
64 or younger	50	300	1.2	36	31	4.4	175	2.1	70	67	9.5	394	1.7	44	
65-74	14	84	2.3	57	27	8.8	150	1.5	59	34	11.0	191	1.9	93	
75-84	23	138	1.8	48	28	7.6	161	1.4	41	26	7.1	151	1.5	22	
85 and older	12	72	1.4	40	3	1.4	18	2.5	56	18	8.7	108	0.8	10	
<b>Other Eligibles</b>	682	3,939	1.7	50	670	5.0	3,919	1.4	44	1,175	8.8	6,601	1.2	31	
64 or younger	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	84	504	1.6	48	112	8.6	658	1.5	52	140	10.7	817	1.4	36	
75-84	277	1,597	1.7	50	317	6.5	1,849	1.4	45	432	8.9	2,436	1.4	37	
85 and older	321	1,838	1.8	49	241	3.3	1,412	1.4	38	603	8.3	3,348	1.1	25	
<b>Male</b>	305	1,783	1.5	36	241	5.0	1,398	1.5	54	334	7.0	1,859	1.2	27	
<b>Disabled</b>	73	434	1.5	38	57	5.1	331	1.7	72	66	5.9	385	1.7	52	
64 or younger	45	267	1.4	39	32	4.2	187	1.7	74	41	5.4	243	2.0	72	
65-74	22	131	1.3	31	18	9.3	106	1.4	58	15	7.8	88	1.0	23	
75-84	5	30	1.9	54	4	3.2	20	3.7	156	8	6.4	46	0.8	7	
85 and older	1	6	4.7	97	3	6.0	18	0.9	33	2	4.0	8	1.6	39	
<b>Other Eligibles</b>	232	1,349	1.5	35	184	5.0	1,067	1.5	49	268	7.3	1,474	1.1	20	
64 or younger	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	69	402	1.6	43	68	7.1	404	1.3	50	75	7.9	436	1.0	24	
75-84	98	573	1.3	32	78	5.2	454	1.4	47	110	7.3	593	1.1	18	
85 and older	65	374	1.6	32	38	3.1	209	1.8	50	83	6.8	445	1.2	19	
<b>Unknown</b>	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 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,850 beneficiaries who were in nursing facilities for part of their enrollment and their 47,983 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - ANTI-INFLAMMATORY						
	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 Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users			
<b>All</b>	<b>331</b>	<b>1.7 %</b>	<b>1,919</b>	<b>1.5</b>	<b>120</b>	<b>532</b>	<b>2.7 %</b>	<b>3,122</b>	<b>1.3</b>	<b>71</b>	<b>19,759</b>	<b>111,893</b>
<b>Female</b>	243	1.6	1,415	1.5	119	423	2.8	2,485	1.3	71	14,970	85,058
<b>Disabled</b>	21	1.3	121	1.7	135	58	3.7	341	1.4	80	1,585	9,240
64 or younger	10	1.4	60	1.4	108	30	4.3	180	1.2	43	703	4,147
65-74	1	0.3	6	6.8	498	16	5.2	91	1.2	122	308	1,793
75-84	8	2.2	48	1.3	105	6	1.6	36	2.4	140	367	2,122
85 and older	2	1.0	7	2.6	266	6	2.9	34	1.6	97	207	1,178
<b>Other Eligibles</b>	222	1.7	1,294	1.5	118	365	2.7	2,144	1.3	69	13,385	75,818
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
65-74	29	2.2	171	1.2	106	42	3.2	252	1.4	82	1,305	7,522
75-84	89	1.8	528	1.5	117	154	3.2	900	1.2	62	4,851	27,573
85 and older	104	1.4	595	1.6	121	169	2.3	992	1.4	72	7,228	40,717
<b>Male</b>	88	1.8	504	1.5	121	109	2.3	637	1.3	73	4,789	26,835
<b>Disabled</b>	11	1.0	66	2.1	147	31	2.8	183	1.2	57	1,126	6,566
64 or younger	7	0.9	42	1.8	140	21	2.8	125	1.2	59	758	4,445
65-74	3	1.6	18	2.2	130	6	3.1	34	1.1	62	193	1,142
75-84	0	0.0	0	0.0	0	3	2.4	18	1.2	47	125	704
85 and older	1	2.0	6	1.0	71	1	2.0	6	0.5	16	50	275
<b>Other Eligibles</b>	77	2.1	438	1.5	117	78	2.1	454	1.4	79	3,663	20,269
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
65-74	21	2.2	123	1.7	140	23	2.4	136	1.4	85	952	5,459
75-84	24	1.6	141	1.6	129	30	2.0	177	1.3	76	1,498	8,153
85 and older	32	2.6	174	1.2	91	25	2.1	141	1.4	78	1,212	6,651
<b>Unknown</b>	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 2002 file for Tennessee, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,850 beneficiaries who were in nursing facilities for part of their enrollment and their 47,983 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 2002. 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 2002 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 TENNESSEE, 2002

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	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
			41.0 %	2.7					
<b>All</b>	<b>107,083</b>	<b>41.0 %</b>	<b>2.7</b>	<b>693,364</b>	<b>\$29</b>	<b>\$7,534,625</b>	<b>\$11</b>	<b>2.9 %</b>	<b>261,328</b>
<b>Age</b>									
5 and younger	3	42.9	4.7	33	112	783	24	13.3	7
6-14	14	35.0	2.8	112	56	2,229	20	3.7	40
15-20	93	23.7	0.9	367	10	4,089	11	2.1	392
21-44	13,572	33.2	1.9	78,212	25	1,041,564	13	2.4	40,857
45-64	36,016	45.3	3.0	235,729	35	2,796,559	12	2.8	79,436
65-74	29,827	39.0	2.5	188,816	26	1,966,272	10	3.1	76,470
75-84	17,669	42.4	2.9	120,604	27	1,124,557	9	3.5	41,697
85 and older	9,889	44.1	3.1	69,491	27	598,572	9	4.0	22,429
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	41,508	38.7	2.5	264,165	24	2,574,953	10	3.2	107,241
Disabled	61,648	42.7	2.8	407,058	32	4,689,760	12	2.9	144,527
Adults	3,920	41.2	2.3	22,107	28	269,492	12	2.2	9,517
Children	7	16.3	0.8	34	10	420	12	1.3	43
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	71,005	45.7	3.0	471,427	33	5,131,789	11	3.2	155,486
Male	36,078	34.1	2.1	221,937	23	2,402,836	11	2.5	105,842
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	77,089	40.5	2.6	502,951	30	5,728,609	11	3.0	190,374
African American	20,860	42.2	2.6	130,042	23	1,158,199	9	2.8	49,423
Other/unknown	9,134	42.4	2.8	60,371	30	647,817	11	3.1	21,531
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	9,672	48.9	4.0	78,331	36	719,687	9	3.7	19,759
Part year	4,140	46.8	3.0	26,643	28	249,201	9	3.2	8,850
None	93,271	40.1	2.5	588,390	28	6,565,737	11	2.9	232,719
<b>Maintenance Assistance Status</b>									
Cash	59,447	42.0	2.8	394,558	30	4,257,886	11	3.1	141,503
Medically needy	13,504	41.4	2.6	84,760	30	969,020	11	2.9	32,633
Poverty related	623	35.0	1.7	2,976	16	28,812	10	2.6	1,779
Other/unknown	33,509	39.2	2.5	211,070	27	2,278,907	11	2.7	85,413

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 TENNESSEE, 2002

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
All	0.5	\$5	\$11	\$0	\$2	1,514,608
<b>Age</b>						
5 and younger	0.8	19	24	1	0	42
6-14	0.5	9	20	0	0	236
15-20	0.2	2	11	0	0	2,276
21-44	0.3	4	13	0	2	240,214
45-64	0.5	6	12	0	3	466,203
65-74	0.4	4	10	0	2	442,733
75-84	0.5	5	9	0	2	237,767
85 and older	0.6	5	9	0	1	125,137
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	4	10	0	2	608,748
Disabled	0.5	6	12	0	3	851,603
Adults	0.4	5	12	0	2	54,030
Children	0.1	2	12	0	0	227
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.5	6	11	0	2	902,260
Male	0.4	4	11	0	2	612,348
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.5	5	11	0	2	1,100,542
African American	0.5	4	9	0	1	287,466
Other/unknown	0.5	5	11	0	2	126,600
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	6	9	0	2	111,893
Part year	0.6	5	9	0	2	47,983
None	0.4	5	11	0	2	1,354,732
<b>Maintenance Assistance Status</b>						
Cash	0.5	5	11	0	2	837,284
Medically needy	0.5	5	11	0	2	178,957
Poverty related	0.3	3	10	0	1	8,978
Other/unknown	0.4	5	11	0	2	489,389

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 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 2002.
  - b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 TENNESSEE, 2002

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>	<b>150,197</b>	<b>\$50</b>	<b>\$7,534,625</b>	<b>100.0 %</b>	<b>693,364</b>	<b>\$11</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	2	126	251	0.0	3	84	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	22	10	228	0.0	31	7	0.0
Cough and cold medications	12,294	71	872,484	11.6	29,015	30	4.2
Vitamins and minerals	32,160	64	2,067,979	27.4	137,779	15	19.9
Non-prescription drugs	55,283	18	1,021,278	13.6	275,755	4	39.8
Barbiturates	1,483	30	45,038	0.6	8,901	5	1.3
Benzodiazepines	44,671	72	3,225,789	42.8	229,032	14	33.0
Other Part D Excl Rx Drugs	4,282	70	301,578	4.0	12,848	23	1.9

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 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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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, 2002

Total Number of Dual Eligible Beneficiaries                    261,328  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries    \$255,483,471  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary     \$978

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	77,306	29.6 %	\$0	0.0 %
1-500	63,965	24.5	12,855,818	5.0
501-1,000	34,862	13.3	25,717,947	10.1
1,001-1,500	25,246	9.7	31,210,625	12.2
1,501-2,000	18,262	7.0	31,693,580	12.4
2,001-2,500	12,468	4.8	27,890,108	10.9
2,501-3,000	8,602	3.3	23,520,710	9.2
3,001-3,500	5,890	2.3	19,044,518	7.5
3,501-4,000	3,898	1.5	14,542,206	5.7
4,001-4,500	2,702	1.0	11,434,166	4.5
4,501-5,000	1,856	0.7	8,787,865	3.4
5,001-5,500	1,385	0.5	7,249,925	2.8
5,501-6,000	971	0.4	5,569,295	2.2
6,001-6,500	752	0.3	4,698,639	1.8
6,501-7,000	553	0.2	3,720,296	1.5
7,001-7,500	488	0.2	3,533,966	1.4
7,501-8,000	357	0.1	2,764,305	1.1
8,001-8,500	303	0.1	2,494,644	1.0
8,501-9,000	212	0.1	1,854,763	0.7
9,001-9,500	171	0.1	1,580,277	0.6
9,501-10,000	138	0.1	1,345,177	0.5
10,001+	941	0.4	13,974,641	5.5

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. 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 2002.

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, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 110,918  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$132,400,087  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$1,194

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
		28.5 %	0		0.0 %	
\$0	31,567			0		0.0
1-500	26,011	23.5		5,070,904		3.8
501-1,000	13,404	12.1		9,888,018		7.5
1,001-1,500	9,850	8.9		12,192,981		9.2
1,501-2,000	7,506	6.8		13,028,278		9.8
2,001-2,500	5,487	4.9		12,296,012		9.3
2,501-3,000	4,156	3.7		11,379,264		8.6
3,001-3,500	3,130	2.8		10,124,346		7.6
3,501-4,000	2,280	2.1		8,505,655		6.4
4,001-4,500	1,633	1.5		6,913,305		5.2
4,501-5,000	1,186	1.1		5,613,677		4.2
5,001-5,500	933	0.8		4,887,019		3.7
5,501-6,000	698	0.6		4,006,708		3.0
6,001-6,500	554	0.5		3,463,886		2.6
6,501-7,000	425	0.4		2,858,660		2.2
7,001-7,500	377	0.3		2,731,601		2.1
7,501-8,000	283	0.3		2,191,340		1.7
8,001-8,500	247	0.2		2,033,100		1.5
8,501-9,000	172	0.2		1,504,175		1.1
9,001-9,500	143	0.1		1,322,034		1.0
9,501-10,000	115	0.1		1,120,692		0.8
10,001+	761	0.7		11,268,432		8.5

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. 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 2002.

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, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 140,596  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$110,277,504  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$784

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	43,532	31.0 %	0	0.0 %
1-500	35,686	25.4	7,301,584	6.6
501-1,000	20,149	14.3	14,864,450	13.5
1,001-1,500	14,331	10.2	17,702,798	16.1
1,501-2,000	9,953	7.1	17,274,357	15.7
2,001-2,500	6,412	4.6	14,316,378	13.0
2,501-3,000	3,984	2.8	10,879,120	9.9
3,001-3,500	2,508	1.8	8,104,421	7.3
3,501-4,000	1,425	1.0	5,315,536	4.8
4,001-4,500	918	0.7	3,878,868	3.5
4,501-5,000	557	0.4	2,638,301	2.4
5,001-5,500	369	0.3	1,926,204	1.7
5,501-6,000	216	0.2	1,235,972	1.1
6,001-6,500	144	0.1	898,082	0.8
6,501-7,000	93	0.1	626,270	0.6
7,001-7,500	80	0.1	578,407	0.5
7,501-8,000	46	0.0	355,324	0.3
8,001-8,500	34	0.0	280,319	0.3
8,501-9,000	25	0.0	218,559	0.2
9,001-9,500	18	0.0	166,598	0.2
9,501-10,000	13	0.0	126,949	0.1
10,001+	103	0.1	1,589,007	1.4

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. 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 2002.

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, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84	41,697
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$31,867,397
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$764

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,357	32.0 %	0	0.0 %
1-500	10,283	24.7	2,099,955	6.6
501-1,000	5,850	14.0	4,319,488	13.6
1,001-1,500	4,294	10.3	5,299,960	16.6
1,501-2,000	3,002	7.2	5,219,501	16.4
2,001-2,500	1,965	4.7	4,385,758	13.8
2,501-3,000	1,150	2.8	3,140,808	9.9
3,001-3,500	726	1.7	2,338,188	7.3
3,501-4,000	419	1.0	1,562,487	4.9
4,001-4,500	234	0.6	988,475	3.1
4,501-5,000	142	0.3	673,672	2.1
5,001-5,500	105	0.3	547,338	1.7
5,501-6,000	54	0.1	309,126	1.0
6,001-6,500	28	0.1	174,979	0.5
6,501-7,000	23	0.1	154,627	0.5
7,001-7,500	20	0.0	145,257	0.5
7,501-8,000	8	0.0	61,564	0.2
8,001-8,500	9	0.0	74,747	0.2
8,501-9,000	6	0.0	52,637	0.2
9,001-9,500	3	0.0	27,373	0.1
9,501-10,000	2	0.0	19,419	0.1
10,001+	17	0.0	272,038	0.9

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. 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 2002.

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, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 22,429  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$15,138,721  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$675

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,905	30.8 %	0	0.0 %
1-500	6,222	27.7	1,345,375	8.9
501-1,000	3,532	15.7	2,588,973	17.1
1,001-1,500	2,325	10.4	2,862,554	18.9
1,501-2,000	1,469	6.5	2,549,791	16.8
2,001-2,500	857	3.8	1,911,987	12.6
2,501-3,000	488	2.2	1,328,885	8.8
3,001-3,500	278	1.2	897,151	5.9
3,501-4,000	148	0.7	550,963	3.6
4,001-4,500	79	0.4	333,663	2.2
4,501-5,000	47	0.2	223,578	1.5
5,001-5,500	27	0.1	140,971	0.9
5,501-6,000	15	0.1	86,384	0.6
6,001-6,500	11	0.0	69,084	0.5
6,501-7,000	5	0.0	33,541	0.2
7,001-7,500	4	0.0	28,909	0.2
7,501-8,000	3	0.0	23,209	0.2
8,001-8,500	2	0.0	16,479	0.1
8,501-9,000	2	0.0	17,788	0.1
9,001-9,500	1	0.0	9,457	0.1
9,501-10,000	1	0.0	9,965	0.1
10,001+	8	0.0	110,014	0.7

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. 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 2002.

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, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>270,762</b>	<b>113,016</b>	<b>147,778</b>	<b>9,921</b>	<b>47</b>	<b>3,031,004</b>	<b>1,211,805</b>	<b>1,708,977</b>	<b>109,759</b>	<b>463</b>	<b>0</b>
<b>Age</b>											
5 and younger	7	0	5	0	2	82	0	58	0	24	0
6-14	40	0	36	0	4	461	0	421	0	40	0
15-20	397	0	358	0	39	4,543	0	4,155	0	388	0
21-44	41,502	2	38,181	3,317	2	480,409	24	444,416	35,958	11	0
45-64	81,235	502	74,378	6,355	0	933,872	5,404	857,118	71,350	0	0
65-74	79,287	53,468	25,596	223	0	888,311	588,507	297,604	2,200	0	0
75-84	43,792	36,290	7,476	26	0	471,200	385,031	85,918	251	0	0
85 and older	24,502	22,754	1,748	0	0	252,126	232,839	19,287	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	160,827	77,572	78,246	4,988	21	1,803,621	840,127	907,810	55,476	208	0
Male	109,935	35,444	69,532	4,933	26	1,227,383	371,678	801,167	54,283	255	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	197,437	86,930	102,494	7,981	32	2,200,409	928,462	1,183,160	88,467	320	0
African American	51,136	19,729	29,658	1,737	12	575,492	212,377	343,924	19,084	107	0
Other/unknown	22,189	6,357	15,626	203	3	255,103	70,966	181,893	2,208	36	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	21,493	18,578	2,915	0	0	225,860	193,384	32,476	0	0	0
Part year	9,532	7,714	1,813	5	0	94,746	74,704	19,982	60	0	0
None	239,737	86,724	143,050	9,916	47	2,710,398	943,717	1,656,519	109,699	463	0
<b>Maintenance Assistance Status</b>											
Cash	144,756	28,909	115,145	701	1	1,686,434	330,731	1,348,117	7,574	12	0
Medically needy	33,914	22,632	9,561	1,705	16	335,401	219,784	98,086	17,399	132	0
Poverty related	1,971	1,375	536	54	6	19,554	13,222	5,730	535	67	0
Other/unknown	90,121	60,100	22,536	7,461	24	989,615	648,068	257,044	84,251	252	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	216,119	78,041	129,869	8,165	44	2,414,828	823,562	1,501,352	89,478	436	0
Full dual, part year	54,643	34,975	17,909	1,756	3	616,176	388,243	207,625	20,281	27	0
<b>Managed Care Status</b>											
FFS all year	9,265	6,720	2,222	317	6	33,481	24,311	7,994	1,156	20	0
FFS part year, with Rx claims	183,337	72,996	103,001	7,318	22	2,159,923	850,335	1,223,342	85,990	256	0
FFS part year, no Rx claims	68,726	27,525	39,304	1,882	15	805,189	317,819	466,082	21,122	166	0
MC all year, with Rx claims	3,095	1,944	1,026	125	0	14,545	8,826	5,076	643	0	0
MC all year, no Rx claims	6,339	3,831	2,225	279	4	17,866	10,514	6,483	848	21	0



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 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 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Benes and		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	No. of Benes	No. of Bene Mos
<b>All</b>	<b>270,762</b>	<b>3,031,004</b>	<b>261,328</b>	<b>1,514,608</b>	<b>0</b>	<b>1,516,396</b>		
FFS all year	9,265	33,481	9,265	33,481	0	0		
FFS part year, with Rx claims	183,337	2,159,923	183,337	1,079,153	0	1,080,770		
FFS part year, with no Rx claims	68,726	805,189	68,726	401,974	0	403,215		
MC all year, with Rx claims	3,095	14,545	0	0	0	14,545		
MC all year, with no Rx claims	6,339	17,866	0	0	0	17,866		

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. 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.