

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 TENNESSEE

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	284,854	118,570	156,744	9,502	38	0	3,151,962	1,247,888	1,801,722	101,985	367	0	3,151,962	1,247,888	1,801,722	101,985	367	0	
Age																			
5 and younger	6	0	4	0	2	0	72	0	48	0	24	0	72	0	48	0	24	0	0
6-14	41	0	36	0	5	0	462	0	418	0	44	0	462	0	418	0	44	0	0
15-20	341	0	312	0	29	0	3,961	0	3,670	0	291	0	3,961	0	3,670	0	291	0	0
21-44	42,997	1	39,433	3,561	2	0	495,126	12	457,166	37,940	8	0	495,126	12	457,166	37,940	8	0	0
45-64	86,371	669	80,100	5,602	0	0	985,346	7,203	917,470	60,673	0	0	985,346	7,203	917,470	60,673	0	0	0
65-74	82,771	55,289	27,178	304	0	0	910,683	593,627	314,025	3,031	0	0	910,683	593,627	314,025	3,031	0	0	0
75-84	46,323	38,358	7,932	33	0	0	496,751	406,463	89,957	331	0	0	496,751	406,463	89,957	331	0	0	0
85 and older	26,003	24,252	1,749	2	0	0	259,556	240,578	18,968	10	0	0	259,556	240,578	18,968	10	0	0	0
Unknown	1	1	0	0	0	5	0	5	0	0	0	0	0	0	0	0	0	0	0
Gender																			
Female	169,247	81,260	82,992	4,978	17	0	1,876,293	864,899	957,058	54,190	146	0	1,876,293	864,899	957,058	54,190	146	0	0
Male	115,607	37,310	73,752	4,524	21	0	1,275,669	382,989	844,664	47,795	221	0	1,275,669	382,989	844,664	47,795	221	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																			
White	208,337	91,993	108,584	7,728	32	0	2,288,562	960,910	1,244,370	82,971	311	0	2,288,562	960,910	1,244,370	82,971	311	0	0
African American	53,332	20,192	31,540	1,596	4	0	596,093	215,276	363,645	17,140	32	0	596,093	215,276	363,645	17,140	32	0	0
Other/unknown	23,185	6,385	16,620	178	2	0	267,307	71,702	193,707	1,874	24	0	267,307	71,702	193,707	1,874	24	0	0
Use of Nursing Facilities^c																			
Entire year	21,529	18,650	2,879	0	0	0	215,294	184,725	30,569	0	0	0	215,294	184,725	30,569	0	0	0	0
Part year	11,607	9,513	2,086	8	0	0	115,234	92,987	22,166	81	0	0	115,234	92,987	22,166	81	0	0	0
None	251,718	90,407	151,779	9,494	38	0	2,821,434	970,176	1,748,987	101,904	367	0	2,821,434	970,176	1,748,987	101,904	367	0	0
Maintenance Assistance Status																			
Cash	149,352	27,544	120,818	989	1	0	1,730,766	311,004	1,408,710	11,040	12	0	1,730,766	311,004	1,408,710	11,040	12	0	0
Medically needy	44,442	28,646	13,224	2,552	20	0	459,406	293,741	138,890	26,578	197	0	459,406	293,741	138,890	26,578	197	0	0
Poverty-related	4,424	3,072	1,293	56	3	0	49,374	34,524	14,260	560	30	0	49,374	34,524	14,260	560	30	0	0
Other/unknown	86,636	59,308	21,409	5,905	14	0	912,416	608,619	239,862	63,807	128	0	912,416	608,619	239,862	63,807	128	0	0
Dual Medicare Status^d																			
Full dual, all year	273,649	110,365	153,917	9,329	38	0	3,025,984	1,155,364	1,770,190	100,063	367	0	3,025,984	1,155,364	1,770,190	100,063	367	0	0
Full dual, part year	11,205	8,205	2,827	173	0	0	125,978	92,524	31,532	1,922	0	0	125,978	92,524	31,532	1,922	0	0	0
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	284,854	118,570	156,744	9,502	38	0	3,151,962	1,247,888	1,801,722	101,985	367	0	3,151,962	1,247,888	1,801,722	101,985	367	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
					Mean \$, All Medicaid FFS \$ ^c	FFS \$ ^d %	
All	88.9 %	63.3	\$3,509	\$55	\$8,594	40.8 %	284,854
Age							
5 and younger	100.0	77.7	8,460	109	11,625	72.8	6
6-14	92.7	70.3	13,669	195	21,128	64.7	41
15-20	78.0	26.8	2,422	90	8,526	28.4	341
21-44	83.4	49.4	3,879	79	8,672	44.7	42,997
45-64	90.4	74.6	4,572	61	8,803	51.9	86,371
65-74	89.6	61.6	2,987	49	5,686	52.5	82,771
75-84	89.5	61.8	2,763	45	9,400	29.4	46,323
85 and older	90.5	57.3	2,355	41	15,575	15.1	26,003
Unknown	0.0	0.0	0	0	12,302	0.0	1
Basis of Eligibility^e							
Aged	89.5	57.9	2,680	46	9,054	29.6	118,570
Disabled	88.4	67.4	4,093	61	8,320	49.2	156,744
Adults	90.6	63.0	4,219	67	7,369	57.3	9,502
Children	71.1	31.1	5,276	170	9,789	53.9	38
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	91.4	69.6	3,649	52	9,155	39.9	169,247
Male	85.3	54.1	3,305	61	7,772	42.5	115,607
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.2	67.0	3,745	56	9,177	40.8	208,337
African American	84.9	48.0	2,558	53	7,596	33.7	53,332
Other/unknown	87.1	64.9	3,574	55	5,652	63.2	23,185
Use of Nursing Facilities^f							
Entire year	95.7	78.8	3,541	45	31,957	11.1	21,529
Part year	95.9	71.1	3,228	45	20,085	16.1	11,607
None	88.0	61.6	3,519	57	6,066	58.0	251,718
Maintenance Assistance Status							
Cash	87.2	63.4	3,594	57	6,544	54.9	149,352
Medically needy	90.8	66.2	3,738	56	5,438	68.7	44,442
Poverty related	83.0	27.8	1,343	48	1,922	69.9	4,424
Other/unknown	91.2	63.4	3,356	53	14,087	23.8	86,636

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number		
			Percentage of All Medicaid FFS ^c	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	Mean \$, All Medicaid FFS ^d
All	5.7	\$317	40.8 %	11.1 %	10.9 %	7.6 %	25.3 %	30.6 %	14.5 %	\$777	284,854	3,151,962
Age												
5 and younger	6.5	705	72.8	0.0	0.0	0.0	33.3	66.7	0.0	969	6	72
6-14	6.2	1,213	64.7	7.3	2.4	0.0	26.8	61.0	2.4	1,875	41	462
15-20	2.3	209	28.4	22.0	36.1	9.7	19.6	10.6	2.1	734	341	3,961
21-44	4.3	337	44.7	16.6	18.9	9.5	23.9	21.5	9.6	753	42,997	495,126
45-64	6.5	401	51.9	9.6	8.6	6.5	23.4	32.3	19.7	772	86,371	985,346
65-74	5.6	272	52.5	10.4	10.8	8.1	27.0	30.7	12.9	517	82,771	910,683
75-84	5.8	258	29.4	10.5	9.1	7.1	26.1	33.5	13.6	877	46,323	496,751
85 and older	5.7	236	15.1	9.5	8.2	7.3	27.5	34.8	12.6	1,560	26,003	259,556
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	2,460	1	5
Basis of Eligibility^e												
Aged	5.5	255	29.6	10.5	10.4	8.1	27.6	31.6	11.9	860	118,570	1,247,888
Disabled	5.9	356	49.2	11.6	11.2	7.2	23.5	29.8	16.6	724	156,744	1,801,722
Adults	5.9	393	57.3	9.4	11.3	7.6	27.0	31.3	13.4	687	9,502	101,985
Children	3.2	546	53.9	28.9	28.9	2.6	10.5	28.9	0.0	1,014	38	367
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.3	329	39.9	8.6	8.8	7.0	25.3	33.4	16.9	826	169,247	1,876,293
Male	4.9	300	42.5	14.7	14.0	8.5	25.3	26.5	11.1	704	115,607	1,275,669
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	6.1	341	40.8	9.8	9.8	7.1	24.8	32.2	16.4	835	208,337	2,288,562
African American	4.3	229	33.7	15.1	15.2	9.7	27.9	24.9	7.2	680	53,332	596,093
Other/unknown	5.6	310	63.2	12.9	11.1	7.4	24.0	29.6	15.0	490	23,185	267,307
use of nursing Facilities^f												
Entire year	7.9	354	11.1	4.3	4.5	4.2	21.1	39.6	26.3	3,196	21,529	215,294
Part year	7.2	325	16.1	4.1	6.3	5.8	24.9	39.1	19.7	2,023	11,607	115,234
None	5.5	314	58.0	12.0	11.6	8.0	25.7	29.4	13.3	541	251,718	2,821,434
Maintenance Assistance Status												
Cash	5.5	310	54.9	12.8	12.1	7.6	24.1	29.0	14.5	565	149,352	1,730,766
Medically needy	6.4	362	68.7	9.2	9.1	7.0	25.1	33.4	16.3	526	44,442	459,406
Poverty related	2.5	120	69.9	17.0	32.2	13.8	23.5	11.2	2.3	172	4,424	49,374
Other/unknown	6.0	319	23.8	8.8	8.7	7.6	27.6	33.0	14.3	1,338	86,636	912,416

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.7	\$317	\$55	2.5	\$250	\$100	0.2	\$9	\$38	3.0	\$58	\$19
Age												
5 and younger	6.5	705	109	3.2	525	164	0.6	127	204	2.4	39	16
6-14	6.2	1,213	195	3.4	1,056	314	0.6	100	166	2.2	52	23
15-20	2.3	209	90	1.1	171	159	0.1	11	112	1.1	27	24
21-44	4.3	337	79	1.9	274	142	0.1	11	73	2.2	51	23
45-64	6.5	401	61	3.0	318	108	0.2	11	48	3.3	71	21
65-74	5.6	272	49	2.5	213	85	0.2	7	30	2.9	52	18
75-84	5.8	258	45	2.4	197	82	0.3	8	26	3.1	52	17
85 and older	5.7	236	41	2.2	174	81	0.3	8	25	3.2	53	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.5	255	46	2.4	198	83	0.3	7	27	2.8	49	17
Disabled	5.9	356	61	2.6	282	109	0.2	10	47	3.0	63	21
Adults	5.9	393	67	2.8	320	116	0.2	9	52	2.9	63	22
Children	3.2	546	170	1.6	446	284	0.2	54	219	1.4	46	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.3	329	52	2.8	259	94	0.3	9	33	3.2	61	19
Male	4.9	300	61	2.2	237	110	0.2	9	49	2.6	53	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	6.1	341	56	2.7	269	100	0.3	10	38	3.1	62	20
African American	4.3	229	53	1.8	180	99	0.1	6	40	2.3	42	18
Other/unknown	5.6	310	55	2.5	243	99	0.2	8	40	3.0	58	20
Use of Nursing Facilities^e												
Entire year	7.9	354	45	3.0	268	89	0.4	12	28	4.4	74	17
Part year	7.2	325	45	2.9	250	87	0.4	9	27	3.9	65	17
None	5.5	314	57	2.5	249	101	0.2	9	41	2.8	56	20
Maintenance Assistance Status												
Cash	5.5	310	57	2.4	243	103	0.2	9	42	2.9	57	20
Medically needy	6.4	362	56	2.9	286	99	0.3	10	37	3.2	64	20
Poverty related	2.5	120	48	1.1	94	86	0.1	3	31	1.3	23	18
Other/unknown	6.0	319	53	2.7	253	94	0.3	9	33	3.1	57	19

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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, 0.5 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e									
	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$30	\$24	\$0	\$5	\$77	\$132	\$70	\$26	767,493	\$58,856,216	173,354	60.9 %	1,984,145	
Biologics	0.1	0.1	0.0	0.0	65	3	9	53	546	33	2,706	2,080	1,817	991,540	1,327	0.5	15,162	
Antineoplastic Agents	0.5	0.2	0.0	0.3	111	85	2	24	206	465	155	70	73,049	15,021,058	12,642	4.4	134,790	
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.4	45	38	2	5	41	69	16	13	1,769,429	73,055,230	143,102	50.2	1,626,601	
Cardiovascular Agents	2.1	0.9	0.1	1.1	79	60	2	17	37	66	24	15	4,693,052	174,981,596	196,643	69.0	2,215,506	
Respiratory Agents	0.9	0.5	0.0	0.3	46	39	1	6	53	73	66	18	1,406,355	73,860,430	140,991	49.5	1,611,473	
Gastrointestinal Agents	0.9	0.5	0.0	0.4	71	57	1	14	79	122	93	32	1,513,004	119,250,755	148,646	52.2	1,688,510	
Genitourinary Agents	0.5	0.3	0.0	0.1	26	23	0	3	57	73	39	21	227,995	12,965,181	43,883	15.4	501,972	
CNS Drugs	1.5	0.7	0.0	0.8	101	84	2	15	69	125	94	19	2,727,873	187,727,486	164,854	57.9	1,865,229	
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	65	54	3	9	117	164	79	45	23,142	2,706,244	3,566	1.3	41,411	
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	99	98	0	1	146	156	39	18	98,148	14,297,695	13,400	4.7	144,599	
Analgesics and Anesthetics	1.0	0.3	0.0	0.7	56	42	2	12	55	139	115	18	2,078,149	115,296,791	179,180	62.9	2,041,986	
Neuromuscular Agents	0.9	0.3	0.0	0.5	58	42	2	14	65	124	40	28	1,042,892	67,603,389	101,073	35.5	1,161,644	
Nutritional Products	0.6	0.0	0.0	0.6	10	0	1	9	16	21	21	15	479,103	7,517,951	67,274	23.6	754,614	
Hematological Agents	0.8	0.3	0.1	0.3	57	48	3	5	70	144	24	16	572,777	40,297,559	63,380	22.2	707,897	
Topical Products	0.4	0.2	0.0	0.2	17	12	1	4	42	69	42	19	474,290	20,066,458	104,436	36.7	1,199,959	
Miscellaneous Products	0.7	0.3	0.1	0.3	194	132	35	27	298	501	265	106	42,203	12,570,444	5,814	2.0	64,662	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	60	0	0	0	42,141	2,518,766	15,649	5.5	182,103	
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.	18,032,912	999,584,789	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 0.5 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ULCER DRUGS	\$100,923,185	165,248	58.0 %	1,891,288	0.6	\$88
ANTIPSYCHOTICS	91,444,849	68,260	24.0	772,603	0.7	173
ANTIHYPERTENSIVE	73,239,824	105,379	37.0	1,220,043	0.7	89
ANTIDEPRESSANTS	71,073,409	165,474	58.1	1,889,850	0.6	58
ANALGESICS - Narcotic	59,925,804	239,358	84.0	2,746,895	0.5	47
ANTICONVULSANT	51,954,190	78,282	27.5	898,724	0.7	83
ANTIDIABETIC	51,140,761	119,002	41.8	1,359,529	0.7	53
ANALGESICS - ANTI-INFLAMMATORY	46,299,046	131,668	46.2	1,533,951	0.4	73
ANTIHYPERTENSIVE	45,588,046	159,542	56.0	1,816,892	0.7	36
ANTIASTHMATIC	45,531,773	135,251	47.5	1,547,071	0.5	61
Total	637,120,887	1,367,464		15,676,846	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ULCER DRUGS					ANTIPSYCHOTICS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Rx \$ per Month
All	9,217,419	\$637,120,887	165,248	58.0 %	1,891,288	0.6	\$53	68,260	24.0 %	772,603	0.7	\$118					
Female	5,781,501	389,849,588	107,467	63.5	1,232,952	0.6	54	40,730	24.1	459,947	0.7	108					
Disabled	3,283,009	238,187,520	58,843	70.9	689,412	0.6	54	24,066	29.0	281,682	0.7	121					
5 and younger	19	1,395	1	100.0	12	1.3	112	0	0.0	0	0.0	0					
6-14	206	13,659	11	73.3	132	0.5	57	0	0.0	0	0.0	0					
15-20	1,672	141,068	41	34.2	482	0.3	28	27	22.5	324	0.8	126					
21-44	540,745	46,843,740	9,647	56.5	113,659	0.5	47	8,049	47.2	95,004	0.6	126					
45-64	1,819,463	135,707,499	31,446	77.7	369,128	0.6	57	12,167	30.1	142,693	0.7	124					
65-74	691,004	42,537,000	12,891	73.6	150,937	0.6	53	2,552	14.6	29,501	0.7	105					
75-84	197,515	11,246,583	3,986	63.5	45,981	0.6	50	1,036	16.5	11,623	0.6	84					
85 and older	32,385	1,696,576	820	54.7	9,081	0.6	50	235	15.7	2,537	0.6	73					
Other Eligibles	2,498,492	151,662,068	48,624	56.4	543,540	0.6	53	16,664	19.3	178,265	0.7	88					
5 and younger	16	1,444	1	100.0	12	1.3	120	0	0.0	0	0.0	0					
6-14	14	592	2	66.7	18	0.3	13	0	0.0	0	0.0	0					
15-20	188	20,202	2	16.7	21	0.4	26	3	25.0	31	0.7	199					
21-44	71,485	6,015,929	1,288	61.9	14,837	0.5	45	1,001	48.1	11,537	0.6	104					
45-64	137,221	10,362,315	2,541	77.2	29,301	0.6	53	798	24.2	9,153	0.6	121					
65-74	1,017,350	63,152,722	19,249	57.4	219,652	0.6	53	3,441	10.3	38,127	0.7	92					
75-84	799,492	46,583,880	15,292	55.9	171,458	0.6	54	5,752	21.0	61,178	0.7	88					
85 and older	472,726	25,524,984	10,249	51.3	108,241	0.7	53	5,669	28.4	58,239	0.7	78					
Male	3,435,918	247,271,299	57,781	50.0	658,336	0.6	53	27,530	23.8	312,656	0.7	134					
Disabled	2,373,700	181,417,488	38,126	51.7	443,800	0.6	53	20,550	27.9	240,470	0.7	147					
5 and younger	29	799	3	100.0	36	0.3	20	0	0.0	0	0.0	0					
6-14	305	12,318	11	52.4	132	0.6	41	1	4.8	12	1.7	17					
15-20	2,357	217,850	53	27.6	631	0.3	23	69	35.9	826	0.7	137					
21-44	539,724	49,744,985	8,689	38.9	102,339	0.5	49	9,050	40.5	106,892	0.7	156					
45-64	1,459,356	109,093,883	22,693	57.3	263,763	0.6	56	9,991	25.2	116,595	0.7	146					
65-74	319,845	19,487,724	5,625	58.2	65,075	0.6	52	1,115	11.5	12,561	0.7	106					
75-84	46,815	2,581,144	916	55.5	10,340	0.6	51	268	16.2	3,001	0.7	90					
85 and older	5,269	278,785	136	54.2	1,484	0.7	52	56	22.3	583	0.7	71					
Other Eligibles	1,062,218	65,853,811	19,655	47.0	214,536	0.6	52	6,980	16.7	72,186	0.6	89					
5 and younger	3	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	32	853	1	50.0	12	0.8	5	0	0.0	0	0.0	0					
15-20	134	15,590	1	5.9	12	0.9	50	5	29.4	60	0.5	103					
21-44	42,820	3,797,143	711	47.9	8,171	0.5	48	554	37.4	6,244	0.6	124					
45-64	108,941	8,059,540	1,730	58.1	19,772	0.6	53	626	21.0	7,103	0.6	126					
65-74	566,332	34,741,777	10,094	45.7	112,296	0.6	52	2,270	10.3	24,590	0.7	86					
75-84	257,007	14,654,657	5,157	46.7	54,993	0.6	52	2,228	20.2	22,021	0.7	79					
85 and older	86,949	4,584,218	1,961	46.0	19,280	0.7	54	1,297	30.4	12,168	0.7	71					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIDEPRESSANTS				ANALGESICS - Narcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month			
All	105,379	37.0 %	1,220,043	0.7	\$60	165,474	58.1 %	1,889,850	0.6	\$38	239,358	84.0 %	2,746,895	0.5	\$22
Female	61,874	36.6	718,150	0.7	60	110,769	65.4	1,265,866	0.7	38	151,655	89.6	1,743,569	0.5	19
Disabled	32,877	39.6	387,272	0.7	59	65,518	78.9	766,803	0.7	40	90,468	109.0	1,060,320	0.5	22
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	1	6.7	12	1.0	119	2	13.3	24	0.7	36	6	40.0	72	0.2	1
15-20	2	1.7	24	1.0	79	51	42.5	612	0.6	34	86	71.7	1,027	0.2	17
21-44	2,800	16.4	33,034	0.5	48	14,802	86.7	173,942	0.6	42	19,439	113.9	229,192	0.4	24
45-64	18,725	46.2	220,502	0.6	59	37,514	92.7	439,551	0.7	42	47,965	118.5	562,856	0.5	26
65-74	8,867	50.6	104,669	0.7	63	9,984	57.0	116,618	0.7	31	16,907	96.5	197,690	0.4	14
75-84	2,247	35.8	26,316	0.7	62	2,684	42.7	30,822	0.7	29	5,066	80.7	58,477	0.4	11
85 and older	235	15.7	2,715	0.7	58	481	32.1	5,234	0.6	27	999	66.7	11,006	0.4	9
Other Eligibles	28,997	33.6	330,878	0.7	60	45,251	52.5	499,063	0.7	37	61,187	70.9	683,249	0.4	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	0
15-20	0	0.0	0	0.0	0	9	75.0	84	0.6	19	4	33.3	26	0.5	37
21-44	432	20.8	4,996	0.5	44	2,360	113.4	26,999	0.6	44	3,026	145.4	34,861	0.5	27
45-64	1,615	49.1	18,684	0.6	56	3,252	98.8	37,390	0.7	46	3,878	117.8	44,754	0.5	24
65-74	16,089	48.0	183,874	0.7	61	15,852	47.3	179,788	0.6	33	23,245	69.3	265,796	0.4	12
75-84	8,582	31.4	98,181	0.7	61	13,616	49.8	149,482	0.7	35	18,874	69.0	210,739	0.5	13
85 and older	2,279	11.4	25,143	0.7	58	10,162	50.8	105,320	0.7	39	12,158	60.8	127,049	0.5	14
Male	43,505	37.6	501,893	0.7	61	54,705	47.3	623,984	0.6	36	87,703	75.9	1,003,326	0.5	27
Disabled	27,836	37.7	326,026	0.7	60	39,402	53.4	459,181	0.6	37	63,095	85.6	734,102	0.5	30
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	4.8	12	0.5	2	11	52.4	132	0.1	1
15-20	3	1.6	36	0.4	25	53	27.6	636	0.6	32	88	45.8	1,046	0.2	2
21-44	4,038	18.1	47,736	0.6	51	12,144	54.3	142,764	0.6	37	17,871	79.9	210,048	0.5	31
45-64	18,968	47.9	221,721	0.7	61	23,040	58.2	267,929	0.6	38	36,346	91.8	422,168	0.5	33
65-74	4,316	44.7	50,629	0.7	66	3,532	36.6	40,721	0.6	27	7,495	77.6	86,413	0.5	18
75-84	489	29.6	5,656	0.8	68	548	33.2	6,208	0.6	25	1,126	68.2	12,645	0.5	11
85 and older	22	8.8	248	0.7	61	84	33.5	911	0.7	24	158	62.9	1,650	0.5	15
Other Eligibles	15,669	37.4	175,867	0.7	61	15,303	36.6	164,803	0.6	34	24,608	58.8	269,224	0.4	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	24	0.1	1
6-14	0	0.0	0	0.0	0	2	100.0	24	0.4	20	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	10	58.8	120	0.3	28	3	17.6	36	0.1	1
21-44	383	25.8	4,399	0.6	47	1,190	80.2	13,629	0.5	38	1,741	117.4	19,904	0.5	44
45-64	1,639	55.0	18,698	0.7	58	1,978	66.4	22,446	0.6	40	2,988	100.3	34,095	0.5	29
65-74	10,170	46.1	114,464	0.7	62	6,333	28.7	70,092	0.6	31	11,690	53.0	130,213	0.4	13
75-84	3,030	27.4	33,613	0.7	61	3,953	35.8	40,627	0.7	34	5,997	54.3	63,574	0.4	11
85 and older	447	10.5	4,693	0.7	57	1,837	43.1	17,865	0.7	36	2,187	51.3	21,378	0.5	11
Unknown	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 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month		
All	78,282	27.5 %	898,724	0.7	\$58	119,002	41.8 %	1,359,529	0.7	\$38	131,668	46.2 %	1,533,951	0.4	\$30
Female	47,242	27.9	542,576	0.7	56	73,674	43.5	844,121	0.7	37	85,730	50.7	1,000,227	0.4	32
Disabled	31,116	37.5	364,063	0.7	63	37,627	45.3	439,446	0.7	40	50,466	60.8	596,480	0.4	31
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	1	6.7	12	0.5	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	23	19.2	276	0.8	108	14	11.7	168	0.4	21	50	41.7	595	0.2	4
21-44	8,703	51.0	102,287	0.7	77	3,590	21.0	42,287	0.6	40	9,737	57.0	115,291	0.3	21
45-64	17,269	42.7	202,150	0.7	63	20,297	50.1	237,562	0.7	42	27,110	67.0	320,311	0.4	34
65-74	3,894	22.2	45,324	0.7	43	10,321	58.9	120,608	0.7	38	10,124	57.8	119,748	0.5	33
75-84	1,054	16.8	12,152	0.7	35	2,986	47.5	34,218	0.7	34	2,915	46.4	34,417	0.5	31
85 and older	172	11.5	1,862	0.7	31	419	28.0	4,603	0.7	22	530	35.4	6,118	0.4	28
Other Eligibles	16,126	18.7	178,513	0.7	42	36,047	41.8	404,675	0.7	33	35,264	40.9	403,747	0.5	33
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	7	58.3	69	1.0	156	0	0.0	0	0.0	0	1	8.3	12	0.3	2
21-44	1,192	57.3	13,663	0.6	65	447	21.5	5,025	0.6	38	1,401	67.3	16,198	0.3	21
45-64	1,281	38.9	14,754	0.6	57	1,614	49.0	18,508	0.7	42	2,321	70.5	26,975	0.4	36
65-74	5,886	17.6	66,524	0.6	42	16,743	49.9	191,417	0.7	36	15,737	46.9	181,739	0.4	33
75-84	4,994	18.3	54,562	0.7	37	11,943	43.7	133,472	0.7	31	10,501	38.4	120,632	0.5	35
85 and older	2,766	13.8	28,941	0.7	31	5,300	26.5	56,253	0.7	26	5,303	26.5	58,191	0.5	34
Male	31,040	26.8	356,148	0.7	60	45,328	39.2	515,408	0.7	39	45,938	39.7	533,724	0.4	27
Disabled	23,893	32.4	278,577	0.7	65	27,598	37.4	321,029	0.7	42	32,455	44.0	381,853	0.4	26
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	1	4.8	12	0.8	11	3	14.3	36	0.1	7	0	0.0	0	0.0	0
15-20	56	29.2	671	0.7	56	6	3.1	72	0.5	40	50	26.0	585	0.2	26
21-44	8,698	38.9	102,306	0.7	73	3,625	16.2	42,662	0.7	41	8,739	39.1	103,487	0.3	16
45-64	13,064	33.0	151,884	0.7	63	18,701	47.2	217,315	0.7	43	19,008	48.0	223,045	0.4	29
65-74	1,760	18.2	20,245	0.7	43	4,545	47.1	52,889	0.7	39	4,020	41.6	47,292	0.5	30
75-84	275	16.7	3,037	0.7	36	658	39.9	7,430	0.7	33	571	34.6	6,682	0.5	30
85 and older	39	15.5	422	0.7	26	60	23.9	625	0.7	25	67	26.7	762	0.5	30
Other Eligibles	7,147	17.1	77,571	0.7	44	17,730	42.4	194,379	0.7	36	13,483	32.2	151,871	0.4	30
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	3	17.6	34	0.8	117	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	619	41.7	7,018	0.6	60	327	22.0	3,699	0.7	47	732	49.4	8,441	0.3	22
45-64	991	33.3	11,240	0.6	56	1,557	52.3	17,719	0.7	45	1,638	55.0	18,899	0.4	32
65-74	3,176	14.4	35,281	0.7	44	10,456	47.4	116,410	0.7	37	7,260	32.9	82,201	0.4	31
75-84	1,747	15.8	18,138	0.7	37	4,268	38.7	45,492	0.7	32	2,924	26.5	32,490	0.4	28
85 and older	611	14.3	5,860	0.8	31	1,122	26.3	11,059	0.7	26	929	21.8	9,840	0.5	32
Unknown	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 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIASTHMATIC							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months			
All	159,542	56.0 %	1,816,892	0.7	\$25	135,251	47.5 %	1,547,071	0.5	\$29	284,854	3,151,962
Female	98,582	58.2	1,124,171	0.7	26	82,964	49.0	953,105	0.5	29	169,247	1,876,293
Disabled	45,639	55.0	534,076	0.7	26	49,359	59.5	577,299	0.5	30	82,992	957,058
5 and younger	2	200.0	24	0.1	2	0	0.0	0	0.0	0	1	12
6-14	10	66.7	115	0.8	29	1	6.7	12	0.3	28	15	175
15-20	16	13.3	192	0.6	18	37	30.8	444	0.3	17	120	1,415
21-44	3,902	22.9	46,024	0.6	21	7,585	44.4	89,247	0.4	25	17,069	197,830
45-64	23,679	58.5	277,138	0.7	26	27,558	68.1	323,427	0.5	31	40,489	466,544
65-74	12,808	73.1	150,393	0.7	27	11,082	63.3	128,742	0.5	31	17,519	203,261
75-84	4,354	69.3	50,426	0.7	26	2,697	42.9	30,980	0.5	28	6,281	71,486
85 and older	868	57.9	9,764	0.7	25	399	26.6	4,447	0.4	22	1,498	16,335
Other Eligibles	52,943	61.4	590,095	0.7	26	33,605	39.0	375,806	0.4	26	86,255	919,235
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	1	33.3	12	0.2	2	3	100.0	36	0.1	9	3	20
15-20	4	33.3	42	0.6	4	1	8.3	12	0.1	1	12	111
21-44	466	22.4	5,335	0.6	20	1,002	48.1	11,618	0.4	25	2,081	22,322
45-64	1,908	58.0	21,815	0.7	25	2,100	63.8	24,324	0.5	30	3,292	36,150
65-74	22,741	67.8	258,117	0.7	27	14,407	43.0	164,586	0.5	30	33,529	364,847
75-84	17,726	64.8	198,231	0.7	26	9,856	36.0	109,654	0.4	25	27,349	295,102
85 and older	10,097	50.5	106,543	0.7	24	6,236	31.2	65,576	0.4	17	19,988	200,671
Male	60,960	52.7	692,721	0.7	24	52,287	45.2	593,966	0.5	31	115,606	1,275,664
Disabled	36,402	49.4	423,349	0.7	25	33,381	45.3	387,195	0.5	31	73,752	844,664
5 and younger	1	33.3	12	1.0	4	1	33.3	12	0.5	4	3	36
6-14	16	76.2	192	0.8	27	4	19.0	48	0.3	22	21	243
15-20	37	19.3	444	0.5	12	36	18.8	432	0.3	14	192	2,255
21-44	5,985	26.8	70,324	0.6	22	5,456	24.4	64,266	0.4	23	22,364	259,336
45-64	23,066	58.2	267,686	0.7	25	20,291	51.2	235,052	0.5	33	39,611	450,926
65-74	6,230	64.5	72,482	0.7	25	6,570	68.0	75,967	0.6	35	9,659	110,764
75-84	958	58.0	11,036	0.8	24	935	56.6	10,492	0.5	26	1,651	18,471
85 and older	109	43.4	1,173	0.7	17	88	35.1	926	0.5	32	251	2,633
Other Eligibles	24,558	58.7	269,372	0.7	23	18,906	45.2	206,771	0.5	30	41,854	431,000
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	1	50.0	12	1.0	11	2	100.0	24	0.1	8	2	24
15-20	3	17.6	36	0.9	39	1	5.9	12	0.1	2	17	180
21-44	523	35.3	5,919	0.6	26	466	31.4	5,329	0.4	21	1,483	15,638
45-64	2,019	67.8	22,963	0.7	25	1,569	52.7	17,945	0.5	31	2,979	31,726
65-74	13,918	63.1	154,436	0.7	24	9,860	44.7	110,735	0.5	33	22,064	231,811
75-84	6,127	55.5	66,120	0.7	21	5,136	46.5	54,168	0.5	27	11,042	111,692
85 and older	1,967	46.1	19,886	0.7	18	1,872	43.9	18,558	0.5	22	4,266	39,917
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003**

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				21,529	215,294
All	\$354	7.9	21,529		215,294
Age					
0-64	477	9.2	1,558		17,348
65-74	441	9.2	2,954		30,957
75-84	371	8.1	7,185		72,141
85 and older	291	7.0	9,832		94,848
Unknown	0	0.0	0		0
Gender					
Female	347	7.8	16,213		163,416
Male	378	8.0	5,316		51,878
Unknown	0	0.0	0		0
Race					
White	368	8.2	17,992		178,036
African American	285	6.3	3,370		35,519
Other/unknown	382	7.6	167		1,739
Basis of Eligibility^c					
Aged	342	7.7	18,650		184,725
Disabled	427	8.7	2,879		30,569
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 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 11,607 beneficiaries who were in nursing facilities for part of their enrollment and their 115,234 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 = Centers for Medicare & 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$25	\$20	\$1	\$4	\$58	\$92	\$79	\$21	69,870	\$4,077,145	15,310	71.1 %	160,314
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	20	20	0	25	1,023	20,446	890	4.1	10,258
Antineoplastic Agents	0.5	0.1	0.0	0.5	65	19	2	43	118	316	158	92	13,006	1,536,876	2,493	11.6	23,721
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.5	40	31	2	6	33	61	15	11	131,559	4,335,816	10,584	49.2	108,873
Cardiovascular Agents	2.2	0.5	0.1	1.6	53	29	2	22	24	54	17	14	360,577	8,648,784	16,140	75.0	163,224
Respiratory Agents	0.8	0.3	0.0	0.5	25	17	1	7	32	63	44	14	91,879	2,912,275	11,194	52.0	116,729
Gastrointestinal Agents	1.2	0.5	0.0	0.7	70	53	0	16	58	101	37	24	152,589	8,876,130	12,399	57.6	127,184
Genitourinary Agents	0.6	0.4	0.0	0.2	31	26	0	5	52	70	42	23	32,055	1,669,746	5,013	23.3	53,462
CNS Drugs	2.0	1.1	0.1	0.9	129	114	3	12	64	103	52	14	339,759	21,696,247	16,364	76.0	167,827
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.6	32	23	1	8	37	116	15	14	1,444	53,906	162	0.8	1,673
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	101	100	0	0	119	120	7	27	35,662	4,249,525	4,108	19.1	42,265
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	40	32	1	7	35	88	33	9	147,285	5,136,149	12,478	58.0	127,457
Neuromuscular Agents	1.3	0.5	0.1	0.7	65	39	3	22	50	83	41	30	103,787	5,176,419	7,603	35.3	80,214
Nutritional Products	0.8	0.0	0.1	0.7	13	0	2	11	16	23	27	15	66,947	1,098,500	8,221	38.2	83,611
Hematological Agents	1.1	0.4	0.2	0.5	61	51	4	6	55	144	17	12	84,936	4,705,608	7,534	35.0	76,761
Topical Products	0.5	0.1	0.0	0.3	15	9	1	5	32	58	34	18	56,896	1,810,310	11,495	53.4	123,086
Miscellaneous Products	0.3	0.1	0.0	0.2	8	1	1	5	28	22	139	25	2,918	80,572	1,032	4.8	10,438
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	36	0	0	0	4,280	153,807	1,232	5.7	13,398
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.	1,696,472	76,238,261	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 11,607 beneficiaries who were in nursing facilities for part of their enrollment and their 115,234 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Tennessee, 0.5 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 = Centers for Medicare & 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Top 10 Drug Groups in Nursing Facilities	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$12,269,382	11,224	52.1 %	117,828	0.8	\$127
ANTIDEPRESSANTS	7,902,003	16,143	75.0	168,503	0.9	54
ULCER DRUGS	7,685,508	12,105	56.2	125,556	0.8	74
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,249,525	4,115	19.1	42,376	0.8	119
ANTICONVULSANT	3,707,585	6,700	31.1	71,199	1.0	52
ANALGESICS - Narcotic	2,839,178	12,908	60.0	131,174	0.8	28
ANTIDIABETIC	2,792,109	8,680	40.3	90,695	0.8	38
ANTHYPERTENSIVE	2,625,725	10,388	48.3	106,408	0.8	29
MISC. HEMATOLOGICAL	2,382,504	3,186	14.8	32,806	0.8	90
ANALGESICS - ANTI-INFLAMMATORY	2,065,585	5,044	23.4	54,146	0.6	59
Total	48,519,104	90,493		940,691	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. A total of 11,607 beneficiaries who were in nursing facilities for part of their enrollment and their 115,234 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
All	780,886	\$48,519,104	11,224	52.1 %	117,828	0.8	\$104	16,143	75.0 %	168,503	0.9	\$47
Female	583,877	36,056,602	8,053	49.7	85,274	0.8	104	12,234	75.5	128,545	0.9	47
Disabled	74,133	4,718,052	949	56.0	10,450	0.9	131	1,319	77.9	14,399	0.9	46
64 or younger	38,547	2,475,115	415	55.3	4,738	0.9	150	686	91.3	7,806	0.9	46
65-74	15,163	1,038,078	224	66.1	2,418	0.8	135	269	79.4	2,758	0.8	46
75-84	14,797	886,447	233	62.0	2,489	0.8	104	263	69.9	2,802	0.9	47
85 and older	5,626	318,412	77	33.8	805	0.7	92	101	44.3	1,033	0.8	39
Other Eligibles	509,744	31,338,550	7,104	48.9	74,824	0.8	100	10,915	75.2	114,146	0.9	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	71,511	4,527,444	912	65.8	10,152	0.9	120	1,335	96.4	14,570	0.9	49
75-84	201,524	12,744,788	2,826	56.3	29,997	0.8	106	4,120	82.0	43,807	0.9	47
85 and older	236,709	14,066,318	3,366	41.5	34,675	0.8	89	5,460	67.3	55,769	0.9	46
Male	197,009	12,462,502	3,171	59.7	32,554	0.8	105	3,909	73.5	39,958	0.9	47
Disabled	55,265	3,730,742	787	66.4	8,784	0.9	132	916	77.3	10,063	0.9	49
64 or younger	40,215	2,799,558	549	68.1	6,254	0.9	140	658	81.6	7,367	0.9	52
65-74	9,066	597,632	151	74.0	1,575	0.9	125	148	72.5	1,537	0.9	45
75-84	4,413	257,930	68	56.2	759	0.8	99	75	62.0	800	0.8	38
85 and older	1,571	75,622	19	35.2	196	0.8	77	35	64.8	359	0.8	32
Other Eligibles	141,744	8,731,760	2,384	57.7	23,770	0.8	95	2,993	72.5	29,895	0.9	46
64 or younger	2	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	45,750	2,864,255	723	70.5	7,890	0.8	105	840	81.9	9,035	0.9	46
75-84	56,497	3,519,519	960	57.6	9,346	0.8	95	1,252	75.2	12,300	0.9	48
85 and older	39,495	2,347,934	701	48.7	6,534	0.8	84	901	62.7	8,560	0.9	44
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. A total of 11,607 beneficiaries who were in nursing facilities for part of their enrollment and their 15,234 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	12,105	56.2 %	125,556	0.8	\$61	4,115	19.1 %	42,376	0.8	\$100	6,700	31.1 %	71,199	1.0	\$52
Female	9,028	55.7	94,423	0.8	61	3,127	19.3	32,577	0.8	102	4,567	28.2	48,658	1.0	49
Disabled	1,048	61.9	11,150	0.8	60	177	10.4	1,949	0.8	118	927	54.7	10,229	1.1	67
64 or younger	457	60.9	5,164	0.8	58	64	8.5	719	0.7	160	568	75.6	6,420	1.2	74
65-74	227	67.0	2,308	0.8	63	35	10.3	380	0.8	98	176	51.9	1,887	1.1	63
75-84	234	62.2	2,370	0.8	61	58	15.4	638	0.7	84	137	36.4	1,470	1.0	50
85 and older	130	57.0	1,308	0.8	60	20	8.8	212	1.0	114	46	20.2	452	0.9	44
Other Eligibles	7,980	55.0	83,273	0.8	61	2,950	20.3	30,628	0.9	101	3,640	25.1	38,429	0.9	45
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	902	65.1	9,881	0.8	64	258	18.6	2,730	0.9	105	719	51.9	8,002	1.0	55
75-84	2,863	57.0	30,461	0.8	62	1,206	24.0	12,591	0.9	103	1,533	30.5	16,316	0.9	47
85 and older	4,215	52.0	42,931	0.8	59	1,486	18.3	15,307	0.8	98	1,388	17.1	14,111	0.9	36
Male	3,077	57.9	31,133	0.8	63	988	18.6	9,799	0.8	96	2,133	40.1	22,541	1.1	58
Disabled	725	61.2	7,824	0.8	64	115	9.7	1,288	0.8	104	825	69.6	9,228	1.2	71
64 or younger	488	60.5	5,436	0.8	65	65	8.1	730	0.9	112	638	79.2	7,222	1.2	75
65-74	131	64.2	1,304	0.8	66	28	13.7	324	0.8	97	118	57.8	1,295	1.0	58
75-84	70	57.9	712	0.9	61	18	14.9	186	0.7	81	52	43.0	531	0.9	54
85 and older	36	66.7	372	0.8	53	4	7.4	48	1.0	114	17	31.5	180	0.9	31
Other Eligibles	2,352	56.9	23,309	0.8	63	873	21.1	8,511	0.8	95	1,308	31.7	13,313	1.0	50
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2	4
65-74	650	63.4	6,939	0.8	63	156	15.2	1,637	0.8	95	495	48.2	5,422	1.1	59
75-84	929	55.8	9,164	0.8	64	422	25.3	3,961	0.8	93	527	31.6	5,285	1.0	47
85 and older	773	53.8	7,206	0.9	62	295	20.5	2,913	0.8	96	285	19.8	2,594	0.9	36
Unknown	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 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 11,607 beneficiaries who were in nursing facilities for part of their enrollment and their 115,234 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTI-DIABETIC					ANTI-HYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	12,908	60.0 %	131,174	0.8	\$22	8,680	40.3 %	90,695	0.8	\$31	10,388	48.3 %	106,408	0.8	\$25
Female	9,990	61.6	102,447	0.8	22	6,352	39.2	66,996	0.8	31	7,800	48.1	80,198	0.8	26
Disabled	1,137	67.1	11,996	0.8	24	855	50.5	9,071	0.9	32	835	49.3	8,855	0.9	25
64 or younger	564	75.1	6,339	0.9	24	341	45.4	3,841	0.9	35	337	44.9	3,745	0.9	24
65-74	226	66.7	2,253	1.0	40	213	62.8	2,128	0.8	34	175	51.6	1,818	0.9	25
75-84	228	60.6	2,273	0.7	14	225	59.8	2,383	0.9	30	208	55.3	2,121	0.9	28
85 and older	119	52.2	1,131	0.6	9	76	33.3	719	0.7	21	115	50.4	1,171	0.7	21
Other Eligibles	8,853	61.0	90,451	0.8	22	5,497	37.9	57,925	0.8	30	6,965	48.0	71,343	0.8	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,050	75.8	11,323	0.9	28	878	63.4	9,556	0.9	35	806	58.2	8,749	0.9	27
75-84	3,111	61.9	32,585	0.8	26	2,382	47.4	25,287	0.8	31	2,593	51.6	27,023	0.9	26
85 and older	4,692	57.8	46,543	0.7	18	2,237	27.6	23,082	0.8	27	3,566	44.0	35,571	0.8	25
Male	2,918	54.9	28,727	0.7	20	2,328	43.8	23,699	0.8	31	2,588	48.7	26,210	0.8	22
Disabled	691	58.3	7,250	0.9	32	538	45.4	5,796	0.8	35	548	46.2	5,904	0.9	24
64 or younger	488	60.5	5,244	0.9	36	344	42.7	3,774	0.9	37	348	43.2	3,801	0.9	25
65-74	116	56.9	1,114	0.9	28	117	57.4	1,191	0.8	29	117	57.4	1,224	0.9	23
75-84	62	51.2	638	0.7	12	58	47.9	639	0.8	33	60	49.6	660	0.9	23
85 and older	25	46.3	254	0.6	10	19	35.2	192	0.8	37	23	42.6	219	0.8	13
Other Eligibles	2,227	53.9	21,477	0.7	16	1,790	43.3	17,903	0.8	30	2,040	49.4	20,306	0.8	21
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	573	55.8	6,072	0.8	21	554	54.0	5,954	0.8	32	607	59.2	6,462	0.8	23
75-84	884	53.1	8,433	0.6	13	770	46.2	7,561	0.8	31	821	49.3	8,010	0.8	21
85 and older	770	53.5	6,972	0.6	14	466	32.4	4,388	0.8	26	612	42.6	5,834	0.9	20
Unknown	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 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 11,607 beneficiaries who were in nursing facilities for part of their enrollment and their 115,234 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL				ANALGESICS - ANTI-INFLAMMATORY				Benefit Months Among All-Year	
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
	Number of Users	%	Mean Number of Rx	Mean Rx \$	Number of Users	%	Mean Number of Rx	Mean Rx \$	2003	2004
All	3,186	14.8 %	0.8	\$73	5,044	23.4 %	0.6	\$38	21,529	215,294
Female	2,318	14.3	0.8	73	3,930	24.2	0.7	38	16,213	163,416
Disabled	198	11.7	0.8	71	478	28.2	0.6	30	1,694	17,831
64 or younger	78	10.4	0.8	73	246	32.8	0.6	26	751	8,385
65-74	47	13.9	0.7	77	97	28.6	0.6	33	339	3,375
75-84	49	13.0	0.8	65	85	22.6	0.6	35	376	3,852
85 and older	24	10.5	0.7	59	50	21.9	0.6	35	228	2,219
Other Eligibles	2,120	14.6	0.8	73	3,452	23.8	0.7	40	14,519	145,585
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0
65-74	226	16.3	0.8	73	403	29.1	0.6	39	1,385	14,855
75-84	787	15.7	0.8	75	1,303	25.9	0.7	40	5,022	51,563
85 and older	1,107	13.6	0.8	71	1,746	21.5	0.7	39	8,112	79,167
Male	868	16.3	0.8	73	1,114	21.0	0.6	37	5,316	51,878
Disabled	165	13.9	0.8	71	254	21.4	0.6	33	1,185	12,738
64 or younger	91	11.3	0.8	75	183	22.7	0.6	33	806	8,951
65-74	41	20.1	0.9	75	35	17.2	0.7	41	204	2,028
75-84	23	19.0	0.8	60	23	19.0	0.5	28	121	1,234
85 and older	10	18.5	0.6	39	13	24.1	0.4	24	54	525
Other Eligibles	703	17.0	0.8	73	860	20.8	0.6	39	4,131	39,140
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	1	12
65-74	175	17.1	0.8	73	232	22.6	0.6	40	1,026	10,699
75-84	286	17.2	0.8	74	348	20.9	0.6	38	1,666	15,492
85 and older	242	16.8	0.8	72	280	19.5	0.7	40	1,438	12,937
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. A total of 11,607 beneficiaries who were in nursing facilities for part of their enrollment and their 115,234 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a,b}
 TENNESSEE, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
								Part D Excluded Rx \$	3.2 %
All	189,420	66.5 %	8.7	2,484,783	\$113	\$32,254,136	\$13		284,854
Age									
5 and younger	4	66.7	10.7	64	201	1,204	19	2.4	6
6-14	37	90.2	13.6	556	212	8,709	16	1.6	41
15-20	146	42.8	4.2	1,419	66	22,399	16	2.7	341
21-44	24,264	56.4	6.4	274,803	111	4,791,229	17	2.9	42,997
45-64	60,691	70.3	9.8	846,742	146	12,603,467	15	3.2	86,371
65-74	53,735	64.9	8.3	684,575	97	8,040,697	12	3.3	82,771
75-84	31,971	69.0	9.3	429,925	96	4,440,044	10	3.5	46,323
85 and older	18,572	71.4	9.5	246,699	90	2,346,387	10	3.8	26,003
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	77,208	65.1	8.0	946,695	86	10,215,235	11	3.2	118,570
Disabled	105,883	67.6	9.4	1,468,180	134	21,001,686	14	3.3	156,744
Adults	6,312	66.4	7.3	69,727	109	1,035,354	15	2.6	9,502
Children	17	44.7	4.8	181	49	1,861	10	0.9	38
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	121,718	71.9	9.9	1,669,680	128	21,667,910	13	3.5	169,247
Male	67,702	58.6	7.1	815,103	92	10,586,226	13	2.8	115,607
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	140,754	67.6	9.0	1,874,859	122	25,502,041	14	3.3	208,337
African American	33,121	62.1	7.4	392,338	74	3,955,036	10	2.9	53,332
Other/unknown	15,545	67.0	9.4	217,586	121	2,797,059	13	3.4	23,185
Use of Nursing Facilities^d									
Entire year	16,823	78.1	12.5	268,563	126	2,703,452	10	3.5	21,529
Part year	9,438	81.3	10.6	122,803	111	1,284,969	10	3.4	11,607
None	163,159	64.8	8.3	2,093,417	112	28,265,715	14	3.2	251,718
Maintenance Assistance Status									
Cash	99,560	66.7	9.3	1,381,984	122	18,262,961	13	3.4	149,352
Medically needy	31,042	69.8	8.7	384,753	117	5,195,273	14	3.1	44,442
Poverty related	2,090	47.2	3.4	14,968	40	176,492	12	3.0	4,424
Other/unknown	56,728	65.5	8.1	703,078	99	8,619,410	12	3.0	86,636

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b}
 TENNESSEE, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.8	\$10	\$13	\$0	\$5	3,151,962
Age						
5 and younger	0.9	17	19	2	0	72
6-14	1.2	19	16	0	0	462
15-20	0.4	6	16	0	2	3,961
21-44	0.6	10	17	0	6	495,126
45-64	0.9	13	15	0	7	985,346
65-74	0.8	9	12	0	4	910,683
75-84	0.9	9	10	0	4	496,751
85 and older	1.0	9	10	0	3	259,556
Unknown	0.0	0	0	0	0	5
Basis of Eligibility^c						
Aged	0.8	8	11	0	3	1,247,888
Disabled	0.8	12	14	0	6	1,801,722
Adults	0.7	10	15	0	6	101,985
Children	0.5	5	10	0	1	367
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.9	12	13	0	6	1,876,293
Male	0.6	8	13	0	4	1,275,669
Unknown	0.0	0	0	0	0	0
Race						
White	0.8	11	14	0	6	2,288,562
African American	0.7	7	10	0	2	596,093
Other/unknown	0.8	10	13	0	5	267,307
Use of Nursing Facilities^d						
Entire year	1.2	13	10	0	5	215,294
Part year	1.1	11	10	0	5	115,234
None	0.7	10	14	0	5	2,821,434
Maintenance Assistance Status						
Cash	0.8	11	13	0	5	1,730,766
Medically needy	0.8	11	14	0	5	459,406
Poverty related	0.3	4	12	0	2	49,374
Other/unknown	0.8	9	12	0	4	912,416

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b,c}
TENNESSEE, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	335,124	\$96	\$32,254,136	100.0 %	2,484,783	\$13	100.0 %	2,484,783	100.0 %
Anorexia or weight loss/gain	3	379	1,138	0.0	9	126	0.0	9	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0	0	0.0
Drugs for cosmetic purposes	48	20	940	0.0	110	9	0.0	110	0.0
Cough and cold medications	37,128	78	2,882,888	8.9	108,468	27	8.9	108,468	4.4
Vitamins and minerals	64,520	112	7,257,202	22.5	458,004	16	22.5	458,004	18.4
Non-prescription drugs	128,652	36	4,630,729	14.4	1,029,796	4	14.4	1,029,796	41.4
Barbiturates	2,548	56	141,929	0.4	27,641	5	0.4	27,641	1.1
Benzodiazepines	91,482	172	15,693,517	48.7	814,235	19	48.7	814,235	32.8
Other Part D Excl Rx Drugs	10,743	153	1,645,793	5.1	46,520	35	5.1	46,520	1.9

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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^{a, b}
 TENNESSEE, 2003

Total Number of Dual Eligible Beneficiaries 284,854
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$999,584,789
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$3,509

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	31,522	11.1 %	\$0	0.0 %
1-500	33,709	11.8	7,259,410	0.7
501-1,000	23,686	8.3	17,610,657	1.8
1,001-1,500	21,027	7.4	26,237,525	2.6
1,501-2,000	19,812	7.0	34,635,699	3.5
2,001-2,500	18,333	6.4	41,214,502	4.1
2,501-3,000	16,735	5.9	46,000,214	4.6
3,001-3,500	14,969	5.3	48,603,752	4.9
3,501-4,000	13,813	4.8	51,738,192	5.2
4,001-4,500	12,217	4.3	51,882,099	5.2
4,501-5,000	10,621	3.7	50,386,543	5.0
5,001-5,500	9,227	3.2	48,387,878	4.8
5,501-6,000	7,866	2.8	45,179,577	4.5
6,001-6,500	6,791	2.4	42,400,310	4.2
6,501-7,000	5,786	2.0	39,038,460	3.9
7,001-7,500	4,969	1.7	36,007,342	3.6
7,501-8,000	4,367	1.5	33,820,759	3.4
8,001-8,500	3,568	1.3	29,419,244	2.9
8,501-9,000	3,121	1.1	27,304,265	2.7
9,001-9,500	2,698	0.9	24,946,808	2.5
9,501-10,000	2,332	0.8	22,724,788	2.3
10,001+	17,685	6.2	274,786,765	27.5

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003.

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^{a, b, c}
 TENNESSEE, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 119,885
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$520,005,871
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$4,338

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,659	12.2 %	0	0.0 %
1-500	13,306	11.1	2,707,985	0.5
501-1,000	8,284	6.9	6,137,494	1.2
1,001-1,500	7,101	5.9	8,877,743	1.7
1,501-2,000	6,776	5.7	11,859,631	2.3
2,001-2,500	6,365	5.3	14,323,876	2.8
2,501-3,000	5,982	5.0	16,443,222	3.2
3,001-3,500	5,387	4.5	17,494,776	3.4
3,501-4,000	5,222	4.4	19,572,998	3.8
4,001-4,500	4,781	4.0	20,313,481	3.9
4,501-5,000	4,261	3.6	20,215,913	3.9
5,001-5,500	3,908	3.3	20,515,323	3.9
5,501-6,000	3,493	2.9	20,055,813	3.9
6,001-6,500	3,119	2.6	19,471,840	3.7
6,501-7,000	2,766	2.3	18,665,936	3.6
7,001-7,500	2,538	2.1	18,393,799	3.5
7,501-8,000	2,267	1.9	17,558,248	3.4
8,001-8,500	1,984	1.7	16,362,473	3.1
8,501-9,000	1,791	1.5	15,675,512	3.0
9,001-9,500	1,591	1.3	14,709,292	2.8
9,501-10,000	1,424	1.2	13,874,288	2.7
10,001+	12,880	10.7	206,776,228	39.8

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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^{a, b}
 TENNESSEE, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	155,097
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$436,472,964
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,814

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	15,977	10.3 %	0	0.0 %
1-500	19,329	12.5	4,317,269	1.0
501-1,000	14,688	9.5	10,937,936	2.5
1,001-1,500	13,265	8.6	16,536,322	3.8
1,501-2,000	12,456	8.0	21,755,609	5.0
2,001-2,500	11,403	7.4	25,616,973	5.9
2,501-3,000	10,202	6.6	28,039,821	6.4
3,001-3,500	9,093	5.9	29,515,906	6.8
3,501-4,000	8,139	5.2	30,469,772	7.0
4,001-4,500	6,985	4.5	29,657,304	6.8
4,501-5,000	6,002	3.9	28,468,339	6.5
5,001-5,500	4,983	3.2	26,113,211	6.0
5,501-6,000	4,066	2.6	23,358,158	5.4
6,001-6,500	3,411	2.2	21,296,998	4.9
6,501-7,000	2,781	1.8	18,759,315	4.3
7,001-7,500	2,227	1.4	16,134,345	3.7
7,501-8,000	1,901	1.2	14,721,308	3.4
8,001-8,500	1,423	0.9	11,730,131	2.7
8,501-9,000	1,183	0.8	10,342,212	2.4
9,001-9,500	981	0.6	9,071,070	2.1
9,501-10,000	795	0.5	7,748,110	1.8
10,001+	3,807	2.5	51,882,855	11.9

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 TENNESSEE, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 82,771
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$247,237,429
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,987

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		10.4 %	0	0.0 %
\$0	8,619			
1-500	10,025	12.1	2,190,908	0.9
501-1,000	7,310	8.8	5,444,513	2.2
1,001-1,500	6,643	8.0	8,296,832	3.4
1,501-2,000	6,390	7.7	11,178,188	4.5
2,001-2,500	5,918	7.1	13,306,075	5.4
2,501-3,000	5,296	6.4	14,561,001	5.9
3,001-3,500	4,871	5.9	15,816,505	6.4
3,501-4,000	4,408	5.3	16,495,517	6.7
4,001-4,500	3,786	4.6	16,071,325	6.5
4,501-5,000	3,259	3.9	15,457,717	6.3
5,001-5,500	2,727	3.3	14,290,330	5.8
5,501-6,000	2,257	2.7	12,974,255	5.2
6,001-6,500	1,872	2.3	11,685,144	4.7
6,501-7,000	1,608	1.9	10,847,268	4.4
7,001-7,500	1,294	1.6	9,375,912	3.8
7,501-8,000	1,136	1.4	8,795,739	3.6
8,001-8,500	887	1.1	7,311,559	3.0
8,501-9,000	703	0.8	6,145,575	2.5
9,001-9,500	587	0.7	5,430,150	2.2
9,501-10,000	516	0.6	5,030,340	2.0
10,001+	2,659	3.2	36,532,576	14.8

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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^{a, b}
 TENNESSEE, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 46,323
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$127,995,048
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,763

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84 10.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,878		0	0.0 %
1-500	5,481	11.8	1,239,326	1.0
501-1,000	4,426	9.6	3,306,296	2.6
1,001-1,500	4,028	8.7	5,019,770	3.9
1,501-2,000	3,747	8.1	6,546,571	5.1
2,001-2,500	3,420	7.4	7,678,784	6.0
2,501-3,000	3,133	6.8	8,620,250	6.7
3,001-3,500	2,722	5.9	8,831,336	6.9
3,501-4,000	2,457	5.3	9,202,025	7.2
4,001-4,500	2,142	4.6	9,096,126	7.1
4,501-5,000	1,852	4.0	8,791,122	6.9
5,001-5,500	1,526	3.3	7,995,338	6.2
5,501-6,000	1,240	2.7	7,121,669	5.6
6,001-6,500	1,076	2.3	6,723,242	5.3
6,501-7,000	833	1.8	5,619,329	4.4
7,001-7,500	676	1.5	4,897,838	3.8
7,501-8,000	536	1.2	4,151,576	3.2
8,001-8,500	390	0.8	3,217,437	2.5
8,501-9,000	359	0.8	3,138,925	2.5
9,001-9,500	301	0.6	2,780,855	2.2
9,501-10,000	206	0.4	2,006,484	1.6
10,001+	894	1.9	12,010,749	9.4

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003.

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^{a, b}
 TENNESSEE, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 26,003
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$61,240,487
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,355

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 9.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,480		0	0.0 %
1-500	3,823	14.7	887,035	1.4
501-1,000	2,952	11.4	2,187,127	3.6
1,001-1,500	2,594	10.0	3,219,720	5.3
1,501-2,000	2,319	8.9	4,030,850	6.6
2,001-2,500	2,065	7.9	4,632,114	7.6
2,501-3,000	1,773	6.8	4,858,570	7.9
3,001-3,500	1,500	5.8	4,868,065	7.9
3,501-4,000	1,274	4.9	4,772,230	7.8
4,001-4,500	1,057	4.1	4,489,853	7.3
4,501-5,000	891	3.4	4,219,500	6.9
5,001-5,500	730	2.8	3,827,543	6.3
5,501-6,000	569	2.2	3,262,234	5.3
6,001-6,500	463	1.8	2,888,612	4.7
6,501-7,000	340	1.3	2,292,718	3.7
7,001-7,500	257	1.0	1,860,595	3.0
7,501-8,000	229	0.9	1,773,993	2.9
8,001-8,500	146	0.6	1,201,135	2.0
8,501-9,000	121	0.5	1,057,712	1.7
9,001-9,500	93	0.4	860,065	1.4
9,501-10,000	73	0.3	711,286	1.2
10,001+	254	1.0	3,339,530	5.5

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	284,854	118,570	156,744	9,502	0	3,151,962	1,247,888	1,801,722	101,985	0
Age										
5 and younger	6	0	4	0	0	72	0	48	0	0
6-14	41	0	36	0	0	462	0	418	0	0
15-20	341	0	312	0	0	3,961	0	3,670	0	0
21-44	42,997	1	39,433	3,561	2	495,126	12	457,166	37,940	8
45-64	86,371	669	80,100	5,602	0	985,346	7,203	917,470	60,673	0
65-74	82,771	55,289	27,178	304	0	910,683	593,627	314,025	3,031	0
75-84	46,323	38,358	7,932	33	0	496,751	406,463	89,957	331	0
85 and older	26,003	24,252	1,749	2	0	259,556	240,578	18,968	10	0
Unknown	1	1	0	0	0	5	0	0	0	0
Gender										
Female	169,247	81,260	82,992	4,978	17	1,876,293	864,899	957,058	54,190	146
Male	115,607	37,310	73,752	4,524	21	1,275,669	382,989	844,664	47,795	221
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	208,337	91,993	108,584	7,728	32	2,288,562	960,910	1,244,370	82,971	311
African American	53,332	20,192	31,540	1,596	4	596,093	215,276	363,645	17,140	32
Other/unknown	23,185	6,385	16,620	178	2	267,307	71,702	193,707	1,874	24
Use of Nursing Facilities^c										
Entire year	21,529	18,650	2,879	0	0	215,294	184,725	30,569	0	0
Part year	11,607	9,513	2,086	8	0	115,234	92,987	22,166	81	0
None	251,718	90,407	151,779	9,494	38	2,821,434	970,176	1,748,987	101,904	367
Maintenance Assistance Status										
Cash	149,352	27,544	120,818	989	1	1,730,766	311,004	1,408,710	11,040	12
Medically needy	44,442	28,646	13,224	2,552	20	459,406	293,741	138,890	26,578	197
Poverty related	4,424	3,072	1,293	56	3	49,374	34,524	14,260	560	30
Other/unknown	86,636	59,308	21,409	5,905	14	912,416	608,619	239,862	63,807	128
Dual Status^d										
Full dual, all year	273,649	110,365	153,917	9,329	38	3,025,984	1,155,364	1,770,190	100,063	367
Full dual, part year	11,205	8,205	2,827	173	0	125,978	92,524	31,532	1,922	0
Managed Care (MC) Status										
Fee-for-service (FFS) all year	284,854	118,570	156,744	9,502	38	3,151,962	1,247,888	1,801,722	101,985	367
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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^a
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Beneficiaries and			
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries
All	284,854	3,151,962	284,854	3,151,962
Fee-for-service (FFS) all year	284,854	3,151,962	284,854	3,151,962
FFS part year, with Rx claims	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0
MC all year, with no Rx claims	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Tennessee, released by CMS in 07/2007. This table was produced on 11/01/2007.

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

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