

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

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TABLE ND.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 NONDUAL 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	
<b>All</b>	<b>1,290,605</b>	<b>3,324</b>	<b>161,813</b>	<b>426,136</b>	<b>699,332</b>	<b>0</b>	<b>13,048,201</b>	<b>32,499</b>	<b>1,812,195</b>	<b>4,218,948</b>	<b>6,984,559</b>	<b>0</b>	<b>13,048,201</b>	<b>32,499</b>	<b>1,812,195</b>	<b>4,218,948</b>	<b>6,984,559</b>	<b>0</b>	
<b>Age</b>																			
5 and younger	252,256	0	6,314	1	245,941	0	2,441,873	0	70,734	2	2,371,137	0	2,441,873	0	70,734	2	2,371,137	0	
6-14	310,838	0	18,117	5	292,716	0	3,241,053	0	210,699	9	3,030,345	0	3,241,053	0	210,699	9	3,030,345	0	
15-20	174,259	1	14,927	832	158,499	0	1,749,703	12	173,508	2,603	1,573,580	0	1,749,703	12	173,508	2,603	1,573,580	0	
21-44	375,580	7	58,354	315,043	2,176	0	3,699,768	79	654,908	3,035,284	9,497	0	3,699,768	79	654,908	3,035,284	9,497	0	
45-64	173,063	247	62,628	110,188	0	0	1,868,964	2,159	686,047	1,180,758	0	0	1,868,964	2,159	686,047	1,180,758	0	0	
65-74	2,735	1,490	1,194	51	0	0	28,199	14,791	13,152	256	0	0	28,199	14,791	13,152	256	0	0	
75-84	1,223	984	228	11	0	0	12,390	9,831	2,548	11	0	0	12,390	9,831	2,548	11	0	0	
85 and older	650	594	51	5	0	0	6,248	5,624	599	25	0	0	6,248	5,624	599	25	0	0	
Unknown	1	1	0	0	0	3	0	3	0	0	0	0	0	3	0	0	0	0	
<b>Gender</b>																			
Female	743,688	2,070	79,425	309,311	352,882	0	7,522,097	20,465	894,009	3,081,132	3,526,491	0	7,522,097	20,465	894,009	3,081,132	3,526,491	0	
Male	546,916	1,254	82,387	116,825	346,450	0	5,526,096	12,034	918,178	1,137,816	3,458,068	0	5,526,096	12,034	918,178	1,137,816	3,458,068	0	
Unknown	1	0	1	0	0	8	0	0	8	0	0	0	0	0	8	0	0	0	
<b>Race</b>																			
White	824,651	1,794	92,193	308,981	421,683	0	8,267,701	17,053	1,017,296	3,075,123	4,158,229	0	8,267,701	17,053	1,017,296	3,075,123	4,158,229	0	
African American	382,898	548	42,895	104,065	235,390	0	3,985,455	5,063	490,274	1,048,389	2,441,729	0	3,985,455	5,063	490,274	1,048,389	2,441,729	0	
Other/unknown	83,056	982	26,725	13,090	42,259	0	795,045	10,383	304,625	95,436	384,601	0	795,045	10,383	304,625	95,436	384,601	0	
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	1,559	340	1,217	2	0	0	15,558	3,230	12,326	2	0	0	15,558	3,230	12,326	2	0	0	
Part year	1,267	153	1,064	46	4	0	12,803	1,449	10,881	434	39	0	12,803	1,449	10,881	434	39	0	
None	1,287,779	2,831	159,532	426,088	699,328	0	13,019,840	27,820	1,788,988	4,218,512	6,984,520	0	13,019,840	27,820	1,788,988	4,218,512	6,984,520	0	
<b>Maintenance Assistance Status</b>																			
Cash	406,423	733	144,188	74,045	187,457	0	4,442,133	8,374	1,665,607	759,611	2,008,541	0	4,442,133	8,374	1,665,607	759,611	2,008,541	0	
Medically needy	173,077	1,248	8,143	75,191	88,495	0	1,595,065	11,850	56,059	671,866	855,290	0	1,595,065	11,850	56,059	671,866	855,290	0	
Poverty-related	260,690	18	6	22,486	238,180	0	2,371,214	187	50	152,861	2,218,116	0	2,371,214	187	50	152,861	2,218,116	0	
Other/unknown	450,415	1,325	9,476	254,414	185,200	0	4,639,789	12,088	90,479	2,634,610	1,902,612	0	4,639,789	12,088	90,479	2,634,610	1,902,612	0	
<b>Managed Care (MC) Status</b>																			
Fee-for-service (FFS) all year	1,290,605	3,324	161,813	426,136	699,332	0	13,048,201	32,499	1,812,195	4,218,948	6,984,559	0	13,048,201	32,499	1,812,195	4,218,948	6,984,559	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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	69.2 %	14.1	\$727	\$52	\$2,871	25.3 %	1,290,605
<b>Age</b>							
5 and younger	65.9	4.3	182	43	1,510	12.0	252,256
6-14	59.6	4.3	232	54	1,356	17.1	310,838
15-20	64.2	6.3	299	47	2,398	12.5	174,259
21-44	74.5	17.9	939	53	3,469	27.1	375,580
45-64	84.7	44.8	2,355	53	6,601	35.7	173,063
65-74	73.3	38.6	1,807	47	7,830	23.1	2,735
75-84	67.9	37.3	1,607	43	8,742	18.4	1,223
85 and older	61.5	33.9	1,401	41	10,910	12.8	650
Unknown	0.0	0.0	0	0	28	0.0	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	69.7	34.2	1,556	46	7,668	20.3	3,324
Disabled	74.5	35.9	2,156	60	8,223	26.2	161,813
Adults	78.0	21.5	1,064	50	3,201	33.2	426,136
Children	62.6	4.4	187	42	1,408	13.3	699,332
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	73.3	16.6	803	48	3,005	26.7	743,688
Male	63.6	10.6	623	59	2,687	23.2	546,916
Unknown	100.0	12.0	214	18	756	28.3	1
<b>Race</b>							
White	74.2	17.0	878	52	3,121	28.1	824,651
African American	60.5	7.9	379	48	2,137	17.7	382,898
Other/unknown	59.8	13.7	826	61	3,762	22.0	83,056
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.6	89.8	4,482	50	41,224	10.9	1,559
Part year	97.7	79.3	4,059	51	38,462	10.6	1,267
None	69.1	13.9	719	52	2,789	25.8	1,287,779
<b>Maintenance Assistance Status</b>							
Cash	71.1	18.2	999	55	4,094	24.4	406,423
Medically needy	68.3	11.1	518	47	2,164	24.0	173,077
Poverty related	62.6	4.3	172	40	1,382	12.5	260,690
Other/unknown	71.6	17.2	882	51	2,900	30.4	450,415

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K 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 ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Benefit Months
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10				
All	1.4	\$72	25.3 %	30.8 %	46.3 %	7.6 %	9.1 %	4.7 %	1.4 %	\$284	1,290,605	13,048,201
<b>Age</b>												
5 and younger	0.4	19	12.0	34.1	60.5	3.9	1.4	0.1	0.0	156	252,256	2,441,873
6-14	0.4	22	17.1	40.4	53.3	3.9	2.2	0.2	0.0	130	310,838	3,241,053
15-20	0.6	30	12.5	35.8	52.7	7.0	4.0	0.5	0.1	239	174,259	1,749,703
21-44	1.8	95	27.1	25.5	41.2	11.9	14.0	6.0	1.5	352	375,580	3,699,768
45-64	4.2	218	35.7	15.3	18.7	11.2	27.0	20.6	7.2	611	173,063	1,868,964
65-74	3.7	175	23.1	26.7	15.0	9.4	22.5	19.4	7.0	759	2,735	28,199
75-84	3.7	159	18.4	32.1	12.6	7.3	21.2	20.6	6.3	863	1,223	12,390
85 and older	3.5	146	12.8	38.5	7.5	6.8	18.6	23.1	5.5	1,135	650	6,248
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	9	1	3
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.5	159	20.3	30.3	14.3	9.6	21.6	18.8	5.3	784	3,324	32,499
Disabled	3.2	193	26.2	25.5	25.3	9.0	18.2	15.1	6.8	734	161,813	1,812,195
Adults	2.2	107	33.2	22.0	38.3	12.4	17.4	8.1	1.7	323	426,136	4,218,948
Children	0.4	19	13.3	37.4	56.2	4.3	1.9	0.2	0.0	141	699,332	6,984,559
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.6	79	26.7	26.7	46.6	8.7	10.4	5.7	1.9	297	743,688	7,522,097
Male	1.0	62	23.2	36.4	46.0	6.1	7.3	3.3	0.8	266	546,916	5,526,096
Unknown	1.5	27	28.3	0.0	0.0	100.0	0.0	0.0	0.0	95	1	8
<b>Race</b>												
White	1.7	88	28.1	25.8	46.4	8.8	11.1	6.0	1.8	311	824,651	8,267,701
African American	0.8	36	17.7	39.5	47.4	5.5	5.1	2.0	0.4	205	382,898	3,985,455
Other/unknown	1.4	86	22.0	40.2	40.7	5.5	7.0	4.5	2.1	393	83,056	795,045
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	9.0	449	10.9	3.4	2.7	3.5	19.4	38.0	33.0	4,131	1,559	15,558
Part year	7.8	402	10.6	2.3	6.9	6.7	23.7	35.6	24.9	3,806	1,267	12,803
None	1.4	71	25.8	30.9	46.4	7.6	9.1	4.7	1.4	276	1,287,779	13,019,840
<b>Maintenance Assistance Status</b>												
Cash	1.7	91	24.4	28.9	45.3	7.3	9.5	6.3	2.7	375	406,423	4,442,133
Medically needy	1.2	56	24.0	31.7	46.2	8.6	9.0	3.7	0.8	235	173,077	1,595,065
Poverty related	0.5	19	12.5	37.4	55.5	4.9	2.0	0.2	0.0	152	260,690	2,371,214
Other/unknown	1.7	86	30.4	28.4	42.0	9.0	12.9	6.3	1.4	282	450,415	4,639,789

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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$
<b>Beneficiary Characteristics</b>		<b>\$72</b>	<b>\$52</b>	<b>\$57</b>	<b>\$95</b>	<b>\$2</b>	<b>\$40</b>	<b>\$13</b>
<b>All</b>	<b>1.4</b>		<b>0.6</b>		<b>0.0</b>		<b>0.7</b>	<b>\$18</b>
<b>Age</b>								
5 and younger	0.4	19	0.2	15	83	1	46	3
6-14	0.4	22	0.2	18	90	1	60	4
15-20	0.6	30	0.2	23	94	1	45	6
21-44	1.8	95	0.7	75	104	2	40	18
45-64	4.2	218	1.9	173	92	4	36	40
65-74	3.7	175	1.6	134	86	4	31	37
75-84	3.7	159	1.5	122	82	4	24	33
85 and older	3.5	146	1.4	108	79	6	29	32
Unknown	0.0	0	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	3.5	159	1.5	124	82	4	26	31
Disabled	3.2	193	1.3	153	113	5	49	35
Adults	2.2	107	0.9	85	90	2	33	20
Children	0.4	19	0.2	14	78	1	46	4
Unknown	0.0	0	0.0	0	0	0	0	0
<b>Gender</b>								
Female	1.6	79	0.7	62	90	2	35	15
Male	1.0	62	0.5	50	107	1	55	10
Unknown	1.5	27	0.4	18	47	0	0	9
<b>Race</b>								
White	1.7	88	0.7	69	94	2	40	16
African American	0.8	36	0.3	28	96	1	41	7
Other/unknown	1.4	86	0.6	69	113	2	47	15
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	9.0	449	3.2	338	105	14	34	97
Part year	7.8	402	3.0	309	105	12	34	80
None	1.4	71	0.6	56	95	2	41	13
<b>Maintenance Assistance Status</b>								
Cash	1.7	91	0.7	72	106	2	48	17
Medically needy	1.2	56	0.5	43	90	1	37	12
Poverty related	0.5	19	0.2	14	78	1	42	4
Other/unknown	1.7	86	0.8	69	90	2	35	15

Nondual Beneficiaries

Table ND5

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 ND.5 includes the beneficiaries represented by Cell K 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months	
																	Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.2	\$15	\$11	\$0	\$4	\$55	\$101	\$68	\$22	2,018,914	\$111,825,210	654,533	50.7 %	7,267,805
Biologicals	0.3	0.3	0.0	0.0	276	267	1	7	973	958	1,600	1,838	10,951	10,650,637	3,817	0.3	38,619
Antineoplastic Agents	0.5	0.2	0.0	0.2	146	130	3	14	283	519	152	55	36,162	10,224,323	6,332	0.5	69,925
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	22	17	2	4	39	64	23	16	1,857,287	72,626,927	291,302	22.6	3,252,975
Cardiovascular Agents	1.3	0.6	0.0	0.7	52	42	1	9	39	65	32	14	2,729,818	106,748,880	183,411	14.2	2,063,597
Respiratory Agents	0.5	0.3	0.0	0.2	23	19	0	3	50	69	57	17	2,155,517	106,910,449	418,799	32.4	4,695,116
Gastrointestinal Agents	0.5	0.3	0.0	0.3	41	33	1	7	76	116	156	30	1,207,552	92,180,265	199,668	15.5	2,246,616
Genitourinary Agents	0.2	0.1	0.0	0.1	9	7	0	2	42	61	36	17	180,796	7,569,703	75,062	5.8	844,438
CNS Drugs	0.9	0.5	0.0	0.4	67	58	1	8	71	120	102	18	2,823,031	201,319,533	268,655	20.8	3,002,218
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	34	30	1	3	82	92	69	43	147,878	12,168,750	31,045	2.4	354,342
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	97	95	0	2	217	313	75	14	12,562	2,723,052	2,457	0.2	28,020
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	17	11	1	6	33	119	81	13	2,677,651	88,999,014	457,436	35.4	5,094,242
Neuromuscular Agents	0.5	0.2	0.0	0.3	28	19	1	8	54	124	38	23	991,501	53,569,634	172,332	13.4	1,946,895
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	4	13	26	16	12	298,458	3,829,983	78,903	6.1	855,808
Hematological Agents	0.6	0.3	0.1	0.3	82	76	2	4	138	302	28	16	199,727	27,478,132	29,870	2.3	334,304
Topical Products	0.2	0.1	0.0	0.1	7	4	0	2	32	69	42	15	715,726	22,652,650	300,642	23.3	3,384,093
Miscellaneous Products	0.2	0.1	0.0	0.1	33	23	5	5	155	178	272	76	23,916	3,704,217	10,005	0.8	113,423
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	33	0	0	0	83,629	2,797,632	52,455	4.1	591,894
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18,171,076	937,978,991	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.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.medispan.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 ND.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						\$ per Rx
ANTIDEPRESSANTS	\$90,827,842	288,215	20.8 %	3,021,980	0.5	\$64
ANTIPSYCHOTICS	88,295,832	79,251	6.1	903,572	0.5	186
ULCER DRUGS	79,162,650	214,572	16.6	2,434,141	0.4	81
ANTIASTHMATIC	59,552,480	292,254	22.6	3,310,709	0.3	59
ANTIHYPERTENSIVE	48,669,110	82,703	6.4	951,260	0.6	90
ANALGESICS - Narcotic	40,557,873	522,621	40.5	5,876,094	0.3	25
ANTICONVULSANT	39,853,089	90,560	7.0	1,032,898	0.5	79
ANTIVIRAL	39,042,592	43,880	3.4	494,868	0.2	346
ANTIDIABETIC	37,596,362	93,447	7.2	1,062,703	0.6	55
ANALGESICS - ANTI-INFLAMMATORY	34,476,555	336,663	26.1	3,804,157	0.2	40
Total	558,034,385	2,024,166		22,892,382	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 ND.7 includes the beneficiaries represented by Cell K 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.

TABLE ND.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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS					
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month
<b>All</b>	<b>8,206,053</b>	<b>\$558,034,385</b>	<b>268,215</b>	<b>20.8 %</b>	<b>3,021,980</b>	<b>0.5</b>	<b>\$30</b>	<b>79,251</b>	<b>6.1 %</b>	<b>903,572</b>	<b>0.5</b>	<b>\$98</b>				
<b>Female</b>	5,437,046	348,890,620	195,102	26.2	2,202,560	0.5	31	47,279	6.4	541,493	0.5	89				
<b>Disabled</b>	1,854,755	135,959,519	50,261	63.3	583,390	0.6	36	20,804	26.2	242,536	0.6	115				
5 and younger	8,788	658,750	23	0.8	275	0.4	15	28	1.0	334	0.6	107				
6-14	27,624	2,432,094	755	11.7	8,932	0.5	26	603	9.3	7,091	0.6	93				
15-20	33,833	2,827,722	1,337	25.3	15,759	0.5	29	827	15.6	9,755	0.5	102				
21-44	577,476	45,099,974	19,326	68.6	225,198	0.5	35	9,164	32.5	107,080	0.6	113				
45-64	1,186,795	83,653,019	28,458	79.5	329,168	0.6	38	9,982	27.9	116,080	0.7	120				
65-74	17,476	1,124,485	316	42.7	3,528	0.6	29	156	21.1	1,718	0.8	120				
75-84	2,452	148,997	40	28.2	460	0.7	31	37	26.1	406	0.6	85				
85 and older	311	14,478	6	18.2	70	0.7	42	7	21.2	72	0.8	66				
<b>Other Eligibles</b>	3,582,291	212,931,101	144,841	21.8	1,619,170	0.4	29	26,475	4.0	298,957	0.4	67				
5 and younger	87,321	3,854,648	173	0.1	1,956	0.2	9	117	0.1	1,342	0.4	45				
6-14	156,161	7,757,745	4,405	3.0	50,260	0.4	20	1,646	1.1	18,696	0.4	66				
15-20	220,920	8,970,504	11,892	13.6	132,832	0.3	19	2,321	2.7	26,150	0.3	49				
21-44	1,803,294	103,184,773	89,564	37.1	990,873	0.4	27	16,843	7.0	189,357	0.4	65				
45-64	1,289,507	87,611,647	38,310	56.1	437,932	0.6	36	5,336	7.8	61,126	0.5	82				
65-74	12,339	787,014	200	21.8	2,222	0.6	30	59	6.4	684	0.7	86				
75-84	7,826	471,834	151	26.2	1,618	0.6	33	82	14.2	900	0.7	86				
85 and older	4,923	292,936	146	34.6	1,477	0.8	42	71	16.8	702	0.7	75				
<b>Male</b>	2,768,999	209,143,592	73,111	13.4	819,404	0.5	29	31,972	5.8	362,079	0.6	111				
<b>Disabled</b>	1,088,313	91,844,978	26,299	31.9	300,884	0.5	31	16,810	20.4	194,788	0.6	134				
5 and younger	13,421	1,117,262	61	1.7	731	0.4	11	106	3.0	1,266	0.4	74				
6-14	60,180	6,068,606	1,895	16.3	22,399	0.5	25	2,098	18.0	24,853	0.6	122				
15-20	52,118	5,323,227	1,867	19.4	22,100	0.5	30	1,825	18.9	21,508	0.6	130				
21-44	352,410	33,686,109	10,307	34.1	117,659	0.5	31	7,534	25.0	87,128	0.6	139				
45-64	599,480	44,985,095	12,036	44.9	136,510	0.6	31	5,172	19.3	59,253	0.7	137				
65-74	8,991	567,903	114	25.1	1,265	0.7	34	59	13.0	625	0.8	127				
75-84	1,560	86,046	15	17.4	172	0.7	27	13	15.1	129	1.1	142				
85 and older	153	10,730	4	22.2	48	1.0	60	3	16.7	26	0.5	68				
<b>Other Eligibles</b>	1,680,686	117,298,614	46,812	10.1	518,520	0.4	27	15,162	3.3	167,291	0.5	85				
5 and younger	119,756	5,808,935	272	0.2	3,147	0.2	7	302	0.2	3,488	0.4	65				
6-14	202,135	12,139,686	6,267	4.2	71,651	0.4	21	3,538	2.4	40,436	0.5	81				
15-20	130,188	7,068,926	5,778	8.0	64,139	0.4	23	2,429	3.4	27,001	0.5	78				
21-44	558,445	42,154,884	20,582	27.2	222,332	0.4	28	6,409	8.5	68,822	0.4	88				
45-64	656,248	49,220,053	13,655	32.4	154,519	0.5	32	2,358	5.6	26,264	0.5	90				
65-74	6,487	467,997	112	18.0	1,246	0.6	31	32	5.1	360	0.6	96				
75-84	5,414	315,721	96	22.9	1,016	0.7	30	54	12.9	546	0.6	73				
85 and older	2,013	122,412	50	28.2	470	0.7	34	40	22.6	374	0.6	81				
<b>Unknown</b>	<b>8</b>	<b>173</b>	<b>2</b>	<b>100.0</b>	<b>16</b>	<b>0.1</b>	<b>5</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>				

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 ND.7A includes the beneficiaries represented by Cell K 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a,b,c</sup>  
NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTI-ASTHMATIC					ANTI-HYPERLIPIDEMIC				
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>214,572</b>	<b>16.6 %</b>	<b>2,434,141</b>	<b>0.4</b>	<b>\$33</b>	<b>292,254</b>	<b>22.6 %</b>	<b>3,310,709</b>	<b>0.3</b>	<b>\$18</b>	<b>82,703</b>	<b>6.4 %</b>	<b>951,260</b>	<b>0.6</b>	<b>\$51</b>
<b>Female</b>	148,247	19.9	1,689,060	0.4	32	174,709	23.5	1,985,419	0.3	18	50,177	6.7	580,174	0.6	51
<b>Disabled</b>	39,555	49.8	460,569	0.5	40	41,882	52.7	488,659	0.4	26	17,494	22.0	204,461	0.6	54
5 and younger	402	14.5	4,628	0.3	20	1,282	46.1	15,122	0.3	22	5	0.2	53	0.2	8
6-14	475	7.3	5,633	0.3	25	1,627	25.2	19,371	0.3	22	10	0.2	119	0.2	11
15-20	743	14.1	8,771	0.3	25	1,025	19.4	12,120	0.3	16	42	0.8	498	0.4	34
21-44	12,743	45.2	149,155	0.4	34	12,275	43.6	143,703	0.4	22	3,174	11.3	37,269	0.5	46
45-64	24,722	69.1	287,143	0.5	44	25,239	70.5	293,601	0.5	29	13,979	39.0	163,291	0.6	56
65-74	403	54.5	4,470	0.6	43	390	52.7	4,230	0.5	28	239	32.3	2,722	0.6	59
75-84	59	41.5	680	0.6	47	36	25.4	424	0.3	18	42	29.6	479	0.6	58
85 and older	8	24.2	89	0.3	19	8	24.2	88	0.5	11	3	9.1	30	0.4	31
<b>Other Eligibles</b>	108,692	16.4	1,228,491	0.4	29	132,827	20.0	1,496,760	0.3	15	32,683	4.9	375,713	0.5	49
5 and younger	3,294	2.7	33,721	0.2	9	23,266	19.3	257,542	0.2	11	141	0.1	1,559	0.1	4
6-14	5,536	3.8	63,491	0.2	10	22,121	15.3	252,002	0.2	13	47	0.0	527	0.2	11
15-20	8,912	10.2	100,289	0.2	10	12,036	13.8	134,948	0.2	10	200	0.2	2,272	0.2	18
21-44	55,891	23.1	626,272	0.3	25	48,988	20.3	547,571	0.3	15	9,057	3.7	102,271	0.4	38
45-64	34,378	50.3	397,165	0.5	43	25,912	37.9	299,119	0.4	24	22,835	33.4	264,473	0.6	54
65-74	342	37.2	3,875	0.5	39	257	28.0	2,849	0.4	27	272	29.6	3,120	0.6	56
75-84	196	34.0	2,183	0.6	45	161	28.0	1,824	0.4	24	95	16.5	1,072	0.6	51
85 and older	143	33.9	1,495	0.7	52	86	20.4	905	0.4	16	36	8.5	419	0.7	51
<b>Male</b>	66,325	12.1	745,081	0.4	34	117,543	21.5	1,325,274	0.3	18	32,526	5.9	371,086	0.6	52
<b>Disabled</b>	21,860	26.5	249,864	0.5	39	25,620	31.1	295,295	0.4	26	10,772	13.1	123,343	0.6	54
5 and younger	538	15.2	6,129	0.4	39	1,933	54.7	22,681	0.3	24	11	0.3	127	0.1	7
6-14	768	6.6	9,080	0.4	30	3,334	28.6	39,473	0.3	22	22	0.2	232	0.3	23
15-20	812	8.4	9,596	0.3	28	1,541	16.0	18,284	0.3	17	61	0.6	720	0.5	35
21-44	7,231	24.0	83,163	0.4	35	5,336	17.7	61,629	0.4	20	2,345	7.8	27,025	0.5	45
45-64	12,278	45.8	139,309	0.5	43	13,170	49.1	149,957	0.5	31	8,217	30.6	93,895	0.6	57
65-74	202	44.5	2,225	0.6	45	249	54.8	2,607	0.6	34	96	21.1	1,121	0.7	63
75-84	29	33.7	338	0.6	42	52	60.5	604	0.5	30	18	20.9	199	0.7	51
85 and older	2	11.1	24	0.8	114	5	27.8	60	0.2	11	2	11.1	24	0.3	23
<b>Other Eligibles</b>	44,465	9.6	495,217	0.4	32	91,923	19.8	1,029,979	0.3	16	21,754	4.7	247,743	0.6	51
5 and younger	3,992	3.2	40,914	0.2	10	32,615	26.0	359,601	0.2	13	155	0.1	1,663	0.1	4
6-14	5,003	3.4	57,449	0.2	11	29,451	19.9	334,163	0.2	15	70	0.0	836	0.2	14
15-20	4,051	5.6	45,462	0.2	13	8,405	11.7	94,402	0.2	13	148	0.2	1,650	0.3	21
21-44	15,639	20.7	171,403	0.4	34	9,999	13.2	110,618	0.3	17	5,524	7.3	61,465	0.5	41
45-64	15,387	36.5	175,802	0.5	45	11,161	26.5	128,059	0.4	26	15,608	37.1	179,367	0.6	55
65-74	190	30.5	2,068	0.5	38	137	22.0	1,491	0.5	28	144	23.2	1,592	0.6	58
75-84	145	34.6	1,554	0.6	46	114	27.2	1,265	0.5	26	88	21.0	991	0.6	54
85 and older	58	32.8	565	0.7	57	41	23.2	380	0.4	16	17	9.6	179	0.6	54
<b>Unknown</b>	0	0.0	0	0.0	0	2	100.0	16	0.1	4	0	0.0	0	0.0	0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a,b,c</sup>  
NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ANTIVIRAL				
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>522,621</b>	<b>40.5 %</b>	<b>5,876,094</b>	<b>0.3</b>	<b>\$7</b>	<b>90,560</b>	<b>7.0 %</b>	<b>1,032,898</b>	<b>0.5</b>	<b>\$39</b>	<b>43,880</b>	<b>3.4 %</b>	<b>494,868</b>	<b>0.2</b>	<b>\$79</b>
<b>Female</b>	362,797	48.8	4,087,772	0.3	6	58,294	7.8	667,535	0.5	37	27,464	3.7	310,168	0.2	55
<b>Disabled</b>	69,623	87.7	808,818	0.4	13	22,260	28.0	259,390	0.6	44	3,971	5.0	46,210	0.3	114
5 and younger	339	12.2	3,993	0.1	1	235	8.5	2,793	0.6	56	96	3.5	1,123	0.2	21
6-14	989	15.3	11,788	0.1	1	955	14.8	11,332	0.6	65	206	3.2	2,455	0.2	50
15-20	2,138	40.4	25,277	0.2	3	922	17.4	10,895	0.6	59	203	3.8	2,406	0.2	32
21-44	28,157	99.9	328,047	0.4	11	9,030	32.1	105,584	0.6	45	1,806	6.4	20,844	0.3	145
45-64	37,454	104.6	433,753	0.4	15	10,976	30.7	127,215	0.6	40	1,644	4.6	19,203	0.3	105
65-74	470	63.5	5,111	0.5	14	122	16.5	1,364	0.6	35	16	2.2	179	0.3	175
75-84	62	43.7	694	0.4	8	20	14.1	207	0.7	24	0	0.0	0	0.0	0
85 and older	14	42.4	155	0.5	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	293,174	44.1	3,278,954	0.2	4	36,034	5.4	408,145	0.4	33	23,493	3.5	263,958	0.2	45
5 and younger	7,888	6.6	90,217	0.1	1	320	0.3	3,587	0.4	34	2,782	2.3	31,182	0.1	7
6-14	17,538	12.1	200,622	0.1	1	1,310	0.9	15,085	0.4	35	3,455	2.4	39,160	0.1	7
15-20	38,915	44.5	431,642	0.1	1	2,148	2.5	24,251	0.4	34	3,042	3.5	34,153	0.1	10
21-44	180,882	74.9	2,004,542	0.2	4	21,870	9.1	245,682	0.4	31	11,218	4.6	124,790	0.2	60
45-64	47,170	69.0	543,518	0.3	8	10,213	15.0	117,651	0.5	35	2,963	4.3	34,309	0.2	101
65-74	363	39.5	3,998	0.3	10	84	9.1	922	0.5	34	18	2.0	191	0.2	8
75-84	263	45.7	2,850	0.4	10	61	10.6	659	0.6	28	7	1.2	81	0.1	6
85 and older	155	36.7	1,565	0.4	8	28	6.6	308	0.8	35	8	1.9	92	0.1	11
<b>Male</b>	159,822	29.2	1,788,306	0.3	9	32,266	5.9	365,363	0.5	41	16,416	3.0	184,700	0.3	119
<b>Disabled</b>	43,622	52.9	498,441	0.4	16	15,714	19.1	180,989	0.6	47	3,708	4.5	42,229	0.4	187
5 and younger	504	14.3	5,966	0.1	1	344	9.7	4,024	0.6	52	118	3.3	1,375	0.1	15
6-14	1,683	14.4	20,065	0.1	1	1,705	14.6	20,180	0.6	53	336	2.9	3,951	0.2	43
15-20	2,486	25.8	29,594	0.1	2	1,419	14.7	16,739	0.6	60	216	2.2	2,562	0.1	28
21-44	17,835	59.1	204,395	0.3	14	6,432	21.3	73,845	0.6	50	1,766	5.9	19,777	0.5	210
45-64	20,797	77.5	234,930	0.5	20	5,733	21.4	65,300	0.6	39	1,266	4.7	14,492	0.5	240
65-74	272	59.9	2,980	0.5	23	69	15.2	766	0.8	43	4	0.9	48	0.1	7
75-84	43	50.0	497	0.5	5	10	11.6	111	0.8	23	2	2.3	24	0.3	23
85 and older	2	11.1	14	0.9	109	2	11.1	24	1.0	15	0	0.0	0	0.0	0
<b>Other Eligibles</b>	116,200	25.0	1,289,865	0.2	7	16,552	3.6	184,374	0.4	35	12,708	2.7	142,471	0.2	99
5 and younger	9,983	7.9	113,793	0.1	1	537	0.4	6,044	0.4	35	2,972	2.4	33,399	0.1	5
6-14	17,540	11.9	201,019	0.1	1	1,993	1.3	22,633	0.4	35	3,249	2.2	36,796	0.1	9
15-20	18,853	26.2	208,211	0.1	1	1,564	2.2	17,317	0.4	37	1,381	1.9	15,457	0.1	10
21-44	45,317	59.9	488,928	0.3	9	7,606	10.1	82,932	0.4	34	3,266	4.3	35,740	0.4	212
45-64	24,068	57.1	273,255	0.4	13	4,758	11.3	54,316	0.5	36	1,813	4.3	20,769	0.5	280
65-74	203	32.6	2,178	0.3	8	46	7.4	505	0.6	33	14	2.3	156	0.5	301
75-84	160	38.2	1,718	0.4	7	41	9.8	448	0.5	24	10	2.4	118	0.1	5
85 and older	76	42.9	763	0.4	8	17	9.6	179	0.8	34	3	1.7	36	0.1	4
<b>Unknown</b>	2	100.0	16	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 Mo(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 ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Benefit Month
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
<b>All</b>	<b>93,447</b>	<b>7.2 %</b>	<b>1,062,703</b>	<b>0.6</b>	<b>336,663</b>	<b>26.1 %</b>	<b>3,804,157</b>	<b>0.2</b>	<b>\$9</b>	<b>1,290,605</b>	<b>13,048,201</b>
<b>Female</b>	60,350	8.1	690,276	0.6	233,674	31.4	2,642,085	0.2	9	743,688	7,522,097
<b>Disabled</b>	22,512	28.3	261,690	0.7	39,094	49.2	457,627	0.3	17	79,425	894,009
5 and younger	13	0.5	156	0.9	201	7.2	2,387	0.1	5	2,780	31,228
6-14	89	1.4	1,065	0.8	648	10.0	7,716	0.2	8	6,467	75,347
15-20	172	3.3	2,019	0.6	1,350	25.5	15,975	0.2	6	5,288	61,121
21-44	4,632	16.4	54,306	0.6	14,542	51.6	170,488	0.3	12	28,172	318,272
45-64	17,165	47.9	199,246	0.7	22,010	61.5	257,067	0.4	22	35,803	397,852
65-74	385	52.0	4,266	0.7	295	39.9	3,422	0.4	19	740	8,210
75-84	51	35.9	578	0.7	45	31.7	536	0.4	19	142	1,591
85 and older	5	15.2	54	0.6	3	9.1	36	0.2	10	33	388
<b>Other Eligibles</b>	37,838	5.7	428,586	0.6	194,580	29.3	2,184,458	0.2	8	664,263	6,628,088
5 and younger	86	0.1	996	0.6	10,074	8.4	113,649	0.1	1	120,281	1,159,802
6-14	694	0.5	7,821	0.7	14,669	10.1	168,544	0.1	2	144,771	1,499,317
15-20	1,299	1.5	14,526	0.5	25,960	29.7	289,194	0.1	2	87,430	864,542
21-44	14,540	6.0	161,604	0.5	105,171	43.5	1,166,320	0.2	6	241,551	2,347,974
45-64	20,682	30.3	237,765	0.7	38,140	55.8	440,347	0.3	19	68,313	737,541
65-74	319	34.7	3,557	0.7	343	37.3	3,888	0.4	21	919	9,101
75-84	157	27.3	1,683	0.6	161	28.0	1,834	0.4	30	576	5,761
85 and older	61	14.5	634	0.7	62	14.7	682	0.5	33	422	4,050
<b>Male</b>	33,097	6.1	372,427	0.7	102,988	18.8	1,162,064	0.2	9	546,915	5,526,093
<b>Disabled</b>	11,566	14.0	130,797	0.7	23,277	28.3	269,881	0.3	12	82,387	918,178
5 and younger	2	0.1	24	0.7	268	7.6	3,196	0.1	1	3,534	39,506
6-14	72	0.6	839	0.6	1,102	9.5	13,149	0.1	3	11,650	135,352
15-20	182	1.9	2,163	0.6	1,637	17.0	19,460	0.1	2	9,639	112,387
21-44	2,452	8.1	27,949	0.6	8,985	29.8	103,997	0.2	9	30,182	336,636
45-64	8,681	32.4	97,792	0.7	11,129	41.5	128,270	0.4	18	26,824	288,187
65-74	152	33.5	1,747	0.7	130	28.6	1,507	0.4	17	454	4,942
75-84	23	26.7	259	0.8	24	27.9	278	0.4	23	86	957
85 and older	2	11.1	24	0.6	2	11.1	24	0.1	5	18	211
<b>Other Eligibles</b>	21,531	4.6	241,630	0.7	79,711	17.2	892,183	0.2	8	464,528	4,607,915
5 and younger	85	0.1	929	0.7	11,385	9.1	128,869	0.1	1	125,661	1,211,337
6-14	539	0.4	5,953	0.8	12,807	8.7	147,013	0.1	1	147,950	1,531,037
15-20	604	0.8	6,632	0.8	12,670	17.6	140,678	0.1	2	71,902	711,653
21-44	5,766	7.6	62,887	0.6	24,717	32.7	267,461	0.2	9	75,675	696,886
45-64	14,248	33.8	162,146	0.7	17,845	42.4	204,977	0.3	18	42,122	445,376
65-74	143	23.0	1,548	0.7	165	26.5	1,830	0.4	25	622	5,946
75-84	119	28.4	1,230	0.7	89	21.2	1,008	0.4	31	419	4,081
85 and older	27	15.3	305	0.7	33	18.6	347	0.4	19	177	1,599
<b>Unknown</b>	0	0.0	0	0.0	1	50.0	8	0.3	1	2	11

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of Rx per Benefit Month	Benefit Months Among All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	\$449	9.0	1,559	15,558	
<b>All</b>					
<b>Age</b>					
0-64	502	9.7	1,113	11,221	
65-74	352	7.3	127	1,276	
75-84	311	7.5	150	1,473	
85 and older	285	6.7	169	1,588	
Unknown	0	0.0	0	0	
<b>Gender</b>					
Female	459	9.3	850	8,598	
Male	437	8.7	709	6,960	
Unknown	0	0.0	0	0	
<b>Race</b>					
White	460	9.5	1,001	9,967	
African American	404	7.6	431	4,252	
Other/unknown	512	9.8	127	1,339	
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	299	6.9	340	3,230	
Disabled	489	9.5	1,217	12,326	
Adults	43	1.5	2	2	
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,803 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 ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months		
																Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.6	0.3	0.0	0.3	\$46	\$37	\$2	\$7	\$84	\$137	\$113	\$27	6,492	\$545,203	1,122	72.0 %	11,770
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	18	17	0	35	181	3,287	162	10.4	1,854
Antineoplastic Agents	0.5	0.1	0.0	0.4	78	34	3	40	148	424	125	96	769	113,722	144	9.2	1,465
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	44	33	3	9	36	67	24	14	8,936	319,900	699	44.8	7,274
Cardiovascular Agents	2.1	0.6	0.1	1.5	55	33	1	21	26	59	20	14	21,665	559,873	996	63.9	10,106
Respiratory Agents	0.9	0.3	0.0	0.6	28	17	1	10	30	68	41	15	7,902	240,751	823	52.8	8,644
Gastrointestinal Agents	1.3	0.5	0.0	0.8	67	46	1	20	52	97	38	25	12,701	657,354	973	62.4	9,852
Genitourinary Agents	0.6	0.3	0.0	0.3	27	21	0	6	45	77	37	19	2,131	95,394	316	20.3	3,503
CNS Drugs	2.6	1.3	0.1	1.2	185	162	4	19	72	126	55	16	33,120	2,394,502	1,259	80.8	12,959
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.0	0.4	13	7	0	6	28	97	38	15	72	2,021	15	1.0	152
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	87	87	0	0	119	119	0	62	1,201	142,509	153	9.8	1,629
Analgesics and Anesthetics	1.3	0.3	0.0	1.0	42	30	1	10	31	98	31	10	12,813	399,173	935	60.0	9,611
Neuromuscular Agents	1.8	0.6	0.1	1.1	99	66	3	30	54	104	34	27	16,883	919,591	879	56.4	9,268
Nutritional Products	0.8	0.0	0.1	0.7	16	0	2	13	19	21	29	18	4,697	90,101	564	36.2	5,776
Hematological Agents	1.1	0.3	0.2	0.5	65	55	4	6	60	178	16	11	5,850	351,509	549	35.2	5,424
Topical Products	0.5	0.1	0.0	0.3	15	8	1	5	33	62	40	19	4,029	133,406	825	52.9	8,841
Miscellaneous Products	0.3	0.1	0.0	0.2	9	2	0	7	30	30	0	30	259	7,733	89	5.7	872
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	31	0	0	0	352	10,994	95	6.1	1,015
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	140,053	6,987,023	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,803 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 ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Total Medicaid Rx \$	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
Top 10 Drug Groups in Nursing Facilities	\$1,572,342	1,050	67.4 %	11,332		0.9	\$151	\$139
ANTIPTYCHOTICS								
ANTICONVULSANT	771,828	995	63.8	10,663		1.2	59	72
ANTIDEPRESSANTS	661,490	1,268	81.3	13,517		0.9	54	49
ULCER DRUGS	567,773	1,039	66.6	10,646		0.8	66	53
ANALGESICS - Narcotic	251,018	1,045	67.0	10,518		0.9	26	24
ANTI-DIABETIC	244,497	723	46.4	7,600		0.8	39	32
ANTIHYPERTENSIVE	177,055	692	44.4	7,082		0.9	29	25
ANTIHYPERLIPIDEMIC	152,439	234	15.0	2,579		0.8	77	59
ANTICOAGULANTS	148,864	338	21.7	3,298		0.9	51	45
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	142,509	154	9.9	1,641		0.7	119	87
Total	4,689,815	7,538		78,876		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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,803 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 ND.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<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	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 \$
<b>All</b>	<b>72,460</b>	<b>\$4,689,815</b>	<b>1,050</b>	<b>67.4 %</b>	<b>11,332</b>	<b>0.9</b>	<b>\$139</b>	<b>995</b>	<b>63.8 %</b>	<b>10,663</b>	<b>1.2</b>	<b>\$72</b>
<b>Female</b>	40,336	2,594,885	596	70.1	6,510	0.9	135	528	62.1	5,636	1.2	70
<b>Disabled</b>	33,597	2,202,088	492	78.8	5,406	0.9	145	472	75.6	5,074	1.2	73
64 or younger	31,025	2,031,371	444	79.0	4,879	0.9	145	446	79.4	4,812	1.2	74
65-74	2,089	140,497	36	75.0	383	1.1	163	23	47.9	226	1.1	55
75-84	358	22,465	8	72.7	96	1.1	104	3	27.3	36	1.2	70
85 and older	125	7,755	4	133.3	48	0.6	70	0	0.0	0	0.0	0
<b>Other Eligibles</b>	6,739	392,797	104	46.0	1,104	0.8	86	56	24.8	562	0.9	40
64 or younger	42	4,745	3	60.0	36	1.0	128	2	40.0	2	1.0	26
65-74	863	56,400	20	83.3	240	0.7	73	14	58.3	143	0.7	36
75-84	2,528	147,405	35	44.3	383	0.9	88	22	27.8	220	0.9	43
85 and older	3,306	184,247	46	39.0	445	0.8	87	18	15.3	197	1.0	41
<b>Male</b>	32,124	2,094,930	454	64.0	4,822	0.9	144	467	65.9	5,027	1.2	75
<b>Disabled</b>	28,636	1,896,900	389	65.6	4,183	0.9	153	434	73.2	4,697	1.3	78
64 or younger	26,788	1,785,172	358	65.7	3,882	0.9	154	412	75.6	4,486	1.3	79
65-74	1,335	83,320	23	65.7	224	1.1	135	17	48.6	160	0.9	63
75-84	444	24,231	8	66.7	77	1.1	150	4	33.3	39	1.1	23
85 and older	69	4,177	0	0.0	0	0.0	0	1	100.0	12	1.0	10
<b>Other Eligibles</b>	3,488	198,030	65	56.0	639	0.8	87	33	28.4	330	0.8	35
64 or younger	39	2,199	2	200.0	8	2.3	170	3	300.0	12	1.2	30
65-74	499	33,553	10	50.0	106	1.0	140	4	20.0	35	1.2	40
75-84	1,892	99,529	29	60.4	308	0.8	75	16	33.3	188	0.7	34
85 and older	1,058	62,749	24	51.1	217	0.7	76	10	21.3	95	0.9	37
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,803 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 ND.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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	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 \$
<b>All</b>	<b>1,268</b>	<b>81.3 %</b>	<b>13,517</b>	<b>0.9</b>	<b>\$49</b>	<b>1,039</b>	<b>66.6 %</b>	<b>10,646</b>	<b>0.8</b>	<b>\$53</b>	<b>1,045</b>	<b>67.0 %</b>	<b>10,518</b>	<b>0.9</b>	<b>\$24</b>
<b>Female</b>	748	88.0	7,980	0.9	49	561	66.0	5,824	0.8	54	588	69.2	5,947	0.9	23
<b>Disabled</b>	581	93.1	6,305	0.9	49	428	68.6	4,482	0.8	52	464	74.4	4,780	1.0	24
64 or younger	536	95.4	5,821	0.9	50	392	69.8	4,110	0.8	53	431	76.7	4,450	1.0	25
65-74	34	70.8	356	0.9	50	29	60.4	292	0.7	41	27	56.3	262	0.5	6
75-84	7	63.6	80	0.6	27	5	45.5	56	0.6	22	4	36.4	44	0.6	4
85 and older	4	133.3	48	0.7	40	2	66.7	24	0.2	6	2	66.7	24	1.8	89
<b>Other Eligibles</b>	167	73.9	1,675	0.9	49	133	58.8	1,342	0.8	59	124	54.9	1,167	0.6	17
64 or younger	0	0.0	0	0.0	0	1	20.0	1	1.0	40	1	20.0	1	1.0	42
65-74	19	79.2	198	0.8	46	18	75.0	188	0.7	62	9	37.5	84	0.5	5
75-84	56	70.9	561	0.8	43	42	53.2	440	0.9	60	53	67.1	531	0.7	21
85 and older	92	78.0	916	0.9	53	72	61.0	713	0.8	58	61	51.7	551	0.6	16
<b>Male</b>	520	73.3	5,537	0.9	49	478	67.4	4,822	0.8	53	457	64.5	4,571	0.9	25
<b>Disabled</b>	445	75.0	4,796	0.9	50	400	67.5	4,119	0.8	51	388	65.4	3,920	1.0	27
64 or younger	407	74.7	4,394	0.9	49	370	67.9	3,808	0.8	51	366	67.2	3,691	1.0	27
65-74	27	77.1	270	1.0	58	23	65.7	227	0.9	52	17	48.6	174	1.0	25
75-84	9	75.0	108	0.9	37	6	50.0	72	0.7	33	5	41.7	55	0.5	4
85 and older	2	200.0	24	1.8	105	1	100.0	12	1.2	128	0	0.0	0	0.0	0
<b>Other Eligibles</b>	75	64.7	741	0.9	42	78	67.2	703	0.9	64	69	59.5	651	0.7	13
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	17	85.0	173	0.8	44	10	50.0	89	1.0	52	9	45.0	79	0.2	10
75-84	30	62.5	321	0.9	39	41	85.4	393	1.0	72	31	64.6	305	0.9	13
85 and older	28	59.6	247	0.9	44	27	57.4	221	0.8	55	29	61.7	267	0.6	14
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,803 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=09e0ffed-80a9-4487-8bc9-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 ND.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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTHYPERLIPIDEMIC				
	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 \$
<b>All</b>	<b>723</b>	<b>46.4 %</b>	<b>7,600</b>	<b>0.8</b>	<b>\$32</b>	<b>692</b>	<b>44.4 %</b>	<b>7,082</b>	<b>0.9</b>	<b>\$25</b>	<b>234</b>	<b>15.0 %</b>	<b>2,579</b>	<b>0.8</b>	<b>\$59</b>
<b>Female</b>															
<b>Disabled</b>	410	48.2	4,298	0.8	32	354	41.6	3,712	0.9	26	128	15.1	1,437	0.8	57
64 or younger	350	56.1	3,729	0.8	32	260	41.7	2,826	0.9	25	106	17.0	1,174	0.8	63
65-74	304	54.1	3,254	0.8	33	236	42.0	2,555	0.9	24	100	17.8	1,116	0.8	62
75-84	42	87.5	427	0.9	32	19	39.6	211	1.0	37	5	10.4	50	1.0	72
85 and older	2	18.2	24	1.0	20	5	45.5	60	0.7	23	1	9.1	8	1.0	66
<b>Other Eligibles</b>	2	66.7	24	0.5	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	60	26.5	569	0.8	29	94	41.6	886	0.8	27	22	9.7	263	0.6	33
65-74	0	0.0	0	0.0	0	1	20.0	1	1.0	5	0	0.0	0	0.0	0
75-84	12	50.0	122	0.6	21	15	62.5	149	0.9	33	3	12.5	36	0.4	31
85 and older	20	25.3	198	0.8	24	30	38.0	314	0.8	30	8	10.1	95	0.7	39
<b>Male</b>	28	23.7	249	0.9	36	48	40.7	422	0.8	22	11	9.3	132	0.6	29
<b>Disabled</b>	313	44.1	3,302	0.8	33	338	47.7	3,370	0.9	24	106	15.0	1,142	0.8	62
64 or younger	270	45.5	2,880	0.9	34	277	46.7	2,834	0.9	25	96	16.2	1,043	0.8	63
65-74	248	45.5	2,661	0.9	35	258	47.3	2,631	0.9	25	92	16.9	1,004	0.8	64
75-84	16	45.7	156	0.6	33	11	31.4	112	0.8	26	2	5.7	24	0.8	51
85 and older	6	50.0	63	0.5	23	8	66.7	91	0.9	20	2	16.7	15	0.7	17
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	43	37.1	422	0.6	21	61	52.6	536	0.8	21	10	8.6	99	0.6	45
65-74	4	20.0	40	0.4	5	12	60.0	101	0.6	18	2	10.0	18	0.7	73
75-84	26	54.2	228	0.6	23	34	70.8	301	0.8	19	4	8.3	48	0.8	55
85 and older	13	27.7	154	0.5	21	15	31.9	134	0.9	27	4	8.5	33	0.3	15
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,803 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 ND.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<sup>a, b, c, d</sup> NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	ANTICOAGULANTS										MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL											
	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>338</b>	<b>21.7 %</b>	<b>3,298</b>	<b>0.9</b>	<b>\$45</b>	<b>154</b>	<b>9.9 %</b>	<b>1,641</b>	<b>0.7</b>	<b>\$87</b>	<b>154</b>	<b>9.9 %</b>	<b>1,641</b>	<b>0.7</b>	<b>\$87</b>	<b>1,559</b>		<b>15,558</b>				
<b>Female</b>	194	22.8	1,973	0.9	39	94	11.1	983	0.7	91	850	8.598										
<b>Disabled</b>	160	25.6	1,643	0.8	40	54	8.7	577	0.7	94	624	6.384										
64 or younger	148	26.3	1,519	0.8	40	44	7.8	464	0.8	98	562	5.731										
65-74	8	16.7	76	1.0	36	8	16.7	89	0.7	76	48	496										
75-84	3	27.3	36	0.5	55	2	18.2	24	0.7	85	11	121										
85 and older	1	33.3	12	0.3	5	0	0.0	0	0.0	0	3	36										
<b>Other Eligibles</b>	34	15.0	330	1.2	32	40	17.7	406	0.8	88	226	2,214										
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	18										
65-74	1	4.2	5	0.8	23	5	20.8	60	0.6	66	24	256										
75-84	12	15.2	128	1.0	54	19	24.1	196	0.8	92	79	796										
85 and older	21	17.8	197	1.2	17	16	13.6	150	0.8	91	118	1,144										
<b>Male</b>	144	20.3	1,325	0.9	55	60	8.5	658	0.7	80	709	6,960										
<b>Disabled</b>	127	21.4	1,174	0.9	59	37	6.2	419	0.7	81	593	5,942										
64 or younger	119	21.8	1,118	0.9	61	35	6.4	395	0.7	79	545	5,468										
65-74	7	20.0	44	1.6	23	1	2.9	12	1.0	71	35	332										
75-84	1	8.3	12	0.2	1	1	8.3	12	1.1	133	12	130										
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12										
<b>Other Eligibles</b>	17	14.7	151	0.7	21	23	19.8	239	0.7	79	116	1,018										
64 or younger	0	0.0	0	0.0	0	1	100.0	4	1.8	121	1	4										
65-74	3	15.0	19	0.2	11	1	5.0	12	0.6	68	20	192										
75-84	10	20.8	93	1.0	31	13	27.1	137	0.5	66	48	426										
85 and older	4	8.5	39	0.1	2	8	17.0	86	0.8	100	47	396										
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0										

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,267 beneficiaries who were in nursing facilities for part of their enrollment and their 12,803 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 ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 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 Part D Excluded Rx	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx \$	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries	
									32.9 %
<b>All</b>	<b>424,533</b>	<b>32.9 %</b>	<b>1.7</b>	<b>2,231,951</b>	<b>\$22</b>	<b>\$27,878,444</b>	<b>\$12</b>	<b>3.0 %</b>	<b>1,290,605</b>
<b>Age</b>									
5 and younger	69,697	27.6	0.7	166,176	4	1,103,817	7	2.4	252,256
6-14	67,994	21.9	0.5	156,493	6	1,743,592	11	2.4	310,838
15-20	43,503	25.0	0.7	114,019	8	1,431,658	13	2.7	174,259
21-44	146,158	38.9	2.2	832,213	31	11,680,010	14	3.3	375,580
45-64	94,899	54.8	5.4	936,666	67	11,673,950	12	2.9	173,063
65-74	1,396	51.0	5.8	15,855	56	153,892	10	3.1	2,735
75-84	584	47.8	5.8	7,107	50	60,835	9	3.1	1,223
85 and older	302	46.5	5.3	3,422	47	30,690	9	3.4	650
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	1,540	46.3	4.7	15,639	43	144,049	9	2.8	3,324
Disabled	77,665	48.0	5.0	813,121	69	11,210,269	14	3.2	161,813
Adults	175,277	41.1	2.4	1,014,122	31	13,249,740	13	2.9	426,136
Children	170,051	24.3	0.6	389,069	5	3,274,386	8	2.5	699,332
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	279,299	37.6	2.1	1,562,825	27	19,817,603	13	3.3	743,688
Male	145,234	26.6	1.2	669,126	15	8,060,841	12	2.4	546,916
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Race</b>									
White	297,727	36.1	2.0	1,672,451	27	22,403,374	13	3.1	824,651
African American	102,037	26.6	1.1	402,531	9	3,329,644	8	2.3	382,898
Other/unknown	24,769	29.8	1.9	156,969	26	2,145,426	14	3.1	83,056
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,243	79.7	14.0	21,897	173	270,349	12	3.9	1,559
Part year	1,074	84.8	11.5	14,577	144	182,048	12	3.5	1,267
None	422,216	32.8	1.7	2,195,477	21	27,426,047	12	3.0	1,287,779
<b>Maintenance Assistance Status</b>									
Cash	155,548	38.3	2.6	1,040,522	33	13,297,653	13	3.3	406,423
Medically needy	54,717	31.6	1.3	232,659	17	2,872,540	12	3.2	173,077
Poverty related	63,731	24.4	0.6	145,122	4	1,153,589	8	2.6	260,690
Other/unknown	150,537	33.4	1.8	813,648	23	10,554,662	13	2.7	450,415

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 TENNESSEE, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$2	\$12	\$0	\$1	13,048,201
<b>Age</b>						
5 and younger	0.1	0	7	0	0	2,441,873
6-14	0.0	1	11	0	0	3,241,053
15-20	0.1	1	13	0	0	1,749,703
21-44	0.2	3	14	0	2	3,699,768
45-64	0.5	6	12	0	3	1,868,964
65-74	0.6	5	10	0	2	28,199
75-84	0.6	5	9	0	2	12,390
85 and older	0.5	5	9	0	1	6,248
Unknown	0.0	0	0	0	0	3
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.5	4	9	0	2	32,499
Disabled	0.4	6	14	0	3	1,812,195
Adults	0.2	3	13	0	1	4,218,948
Children	0.1	0	8	0	0	6,984,559
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	3	13	0	1	7,522,097
Male	0.1	1	12	0	1	5,526,096
Unknown	0.0	0	0	0	0	8
<b>Race</b>						
White	0.2	3	13	0	1	8,267,701
African American	0.1	1	8	0	0	3,985,455
Other/unknown	0.2	3	14	0	1	795,045
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.4	17	12	0	9	15,558
Part year	1.1	14	12	0	6	12,803
None	0.2	2	12	0	1	13,019,840
<b>Maintenance Assistance Status</b>						
Cash	0.2	3	13	0	1	4,442,133
Medically needy	0.1	2	12	0	1	1,595,065
Poverty related	0.1	0	8	0	0	2,371,214
Other/unknown	0.2	2	13	0	1	4,639,789

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<sup>a,b,c</sup>  
TENNESSEE, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
			Total Rx \$	Excluded Rx \$			Excluded Rx	Excluded Rx
<b>All</b>	<b>576,623</b>	<b>\$48</b>	<b>\$27,878,444</b>	<b>100.0 %</b>	<b>2,231,951</b>	<b>\$12</b>	<b>100.0 %</b>	
Anorexia or weight loss/gain	7	102	717	0.0	15	48	0.0	
Fertility drugs	4	263	1,053	0.0	6	176	0.0	
Drugs for cosmetic purposes	263	13	3,366	0.0	423	8	0.0	
Cough and cold medications	85,906	56	4,815,234	17.3	157,929	30	7.1	
Vitamins and minerals	31,236	83	2,588,343	9.3	167,177	15	7.5	
Non-prescription drugs	325,469	18	5,725,586	20.5	1,071,977	5	48.0	
Barbiturates	2,871	46	130,915	0.5	24,406	5	1.1	
Benzodiazepines	100,412	127	12,716,724	45.6	717,581	18	32.2	
Other Part D Excl Rx Drugs	30,455	62	1,896,506	6.8	92,437	21	4.1	

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.
- 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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, TENNESSEE, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>1,290,605</b>	<b>3,324</b>	<b>161,813</b>	<b>426,136</b>	<b>699,332</b>	<b>0</b>	<b>32,499</b>	<b>1,812,195</b>	<b>4,218,948</b>	<b>6,984,559</b>	<b>0</b>
<b>Age</b>											
5 and younger	252,256	0	6,314	1	245,941	0	0	70,734	2	2,371,137	0
6-14	310,838	0	18,117	5	292,716	0	0	210,699	9	3,030,345	0
15-20	174,259	1	14,927	832	158,499	0	12	173,508	2,603	1,573,580	0
21-44	375,580	7	58,354	315,043	2,176	0	79	654,908	3,035,284	9,497	0
45-64	173,063	247	62,628	110,188	0	0	2,159	686,047	1,180,758	0	0
65-74	2,735	1,490	1,194	51	0	0	14,791	13,152	256	0	0
75-84	1,223	984	228	11	0	0	9,831	2,548	11	0	0
85 and older	650	594	51	5	0	0	5,624	599	25	0	0
Unknown	1	1	0	0	3	0	3	0	0	0	0
<b>Gender</b>											
Female	743,688	2,070	79,425	309,311	352,882	0	20,465	894,009	3,081,132	3,526,491	0
Male	546,916	1,254	82,387	116,825	346,450	0	12,034	918,178	1,137,816	3,458,068	0
Unknown	1	0	1	0	0	8	0	8	0	0	0
<b>Race</b>											
White	824,651	1,794	92,193	308,981	421,683	0	17,053	1,017,296	3,075,123	4,158,229	0
African American	382,898	548	42,895	104,065	235,390	0	5,063	490,274	1,048,389	2,441,729	0
Other/unknown	83,056	982	26,725	13,090	42,259	0	10,383	304,625	95,436	384,601	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	1,559	340	1,217	2	0	0	3,230	12,326	2	0	0
Part year	1,267	153	1,064	46	4	0	1,449	10,881	434	39	0
None	1,287,779	2,831	159,532	426,088	699,328	0	27,820	1,788,988	4,218,512	6,984,520	0
<b>Maintenance Assistance Status</b>											
Cash	406,423	733	144,188	74,045	187,457	0	8,374	1,665,607	759,611	2,008,541	0
Medically needy	173,077	1,248	8,143	75,191	88,495	0	11,850	56,059	671,866	855,290	0
Poverty related	260,690	18	6	22,486	238,180	0	187	50	152,861	2,218,116	0
Other/unknown	450,415	1,325	9,476	254,414	185,200	0	12,088	90,479	2,634,610	1,902,612	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	1,290,605	3,324	161,813	426,136	699,332	0	32,499	1,812,195	4,218,948	6,984,559	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	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	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.1 includes the beneficiaries represented by Cell J 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.

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.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, TENNESSEE, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
	Benefit Months	Benefit Months	Benefit Months
<b>All</b>	<b>1,290,605</b>	<b>1,290,605</b>	<b>0</b>
Fee-for-service (FFS) all year	13,048,201	13,048,201	0
FFS part year, with Rx claims	0	0	0
FFS part year, with no Rx claims	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0
MC all year, with no Rx claims	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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.