STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
TENNESSEE

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FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TENNESSEE, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1,624,483	(A)	311,067	(E)	1,313,416	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,602,106	(B)	289,884	(F)	1,312,222	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1,602,106	(C)	289,884	(G)	1,312,222	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	21,809	(D)	20,247	(H)	1,562	(L)

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Tennessee in 2004 was $2,449,866,729, of which $6,601,093 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

TENNESSEE, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**1,602,106**	**116,587**	**348,467**	**430,595**	**705,594**	**863**	**16,497,773**	**1,219,763**	**3,917,563**	**4,299,311**	**7,054,334**	**6,802**
Age												
5 and younger	257,264	1	7,718	2	249,543	0	2,492,860	4	84,137	6	2,408,713	0
6-14	311,059	0	20,663	4	290,392	0	3,254,009	0	238,072	13	3,015,924	0
15-20	179,522	4	17,357	654	161,484	23	1,801,861	38	199,902	2,006	1,599,795	120
21-44	427,127	12	105,430	317,100	4,175	410	4,313,227	116	1,189,793	3,090,514	29,902	2,902
45-64	268,001	1,010	154,532	112,042	0	417	2,932,224	10,510	1,719,020	1,199,061	0	3,633
65-74	85,277	53,148	31,378	740	0	11	938,681	571,614	359,582	7,362	0	123
75-84	47,663	38,315	9,295	51	0	2	507,173	402,300	104,504	345	0	24
85 and older	26,192	24,096	2,094	2	0	0	257,733	235,176	22,553	4	0	0
Unknown	1	1	0	0	0	0		5	0	0	0	0
Gender												
Female	928,929	80,005	177,649	313,476	356,938	861	9,576,888	844,837	2,008,639	3,144,569	3,572,065	6,778
Male	673,175	36,582	170,817	117,118	348,656	2	5 6,920,861	374,926	1,908,912	1,154,730	3,482,269	24
Unknown	2	0	1	1	0	0	24	0	12	12	0	0
Race												
White	1,040,264	89,828	216,361	309,974	423,486	615	10,643,656	933,766	2,418,093	3,108,399	4,178,544	4,854
African American	445,040	19,471	82,424	106,651	236,365	129	4,682,582	205,918	937,335	1,083,886	2,454,388	1,055
Other/unknown	116,802	7,288	49,682	13,970	45,743	119	1,171,535	80,079	562,135	107,026	421,402	893
Use of Nursing Facilities[c]												
Entire year	21,809	16,676	5,131	2	0	0	218,899	162,961	55,922	16	0	0
Part year	12,750	9,310	3,400	39	1	0	125,980	89,450	36,112	415	3	0
None	1,567,547	90,601	339,936	430,554	705,593	863	16,152,894	967,352	3,825,529	4,298,880	7,054,331	6,802
Maintenance Assistance Status												
Cash	622,501	28,532	298,779	86,592	208,598	0	6,854,538	321,849	3,429,258	884,510	2,218,921	0
Medically needy	210,413	32,635	23,802	71,125	82,851	0	1,929,962	331,891	212,687	615,118	770,266	0
Poverty-related	270,567	5,637	2,375	21,748	239,944	863	2,459,109	56,327	25,378	147,548	2,223,054	6,802
Other/unknown	498,625	49,783	23,511	251,130	174,201	0	5,254,164	509,696	250,240	2,652,135	1,842,093	0
Dual Medicare Status[d]												
Full dual, all year	274,788	102,632	164,584	7,529	24	19	3,045,101	1,078,937	1,886,759	78,935	258	212
Full dual, part year	15,096	10,671	4,229	195	1	0	157,494	109,794	45,605	2,085	10	0
Non-dual, all year	1,312,222	3,284	179,654	422,871	705,569	844	13,295,178	31,032	1,985,199	4,218,291	7,054,066	6,590
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,602,106	116,587	348,467	430,595	705,594	863	16,497,773	1,219,763	3,917,563	4,299,311	7,054,334	6,802
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

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

TENNESSEE, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**74.0 %**	**25.4**	**$1,525**	**$60**	**$4,655**	**32.8 %**	**1,602,106**
Age							
5 and younger	65.6	4.5	253	57	1,689	15.0	257,264
6-14	59.5	5.0	330	65	1,680	19.6	311,059
15-20	65.7	7.2	404	56	2,771	14.6	179,522
21-44	77.9	23.7	1,545	65	4,940	31.3	427,127
45-64	87.8	59.6	3,771	63	8,923	42.3	268,001
65-74	91.6	67.4	3,574	53	6,674	53.6	85,277
75-84	91.3	67.4	3,254	48	10,339	31.5	47,663
85 and older	92.3	62.2	2,790	45	16,792	16.6	26,192
Unknown	0.0	0.0	0	0	486	0.0	1
Basis of Eligibility[e]							
Aged	91.7	63.2	3,177	50	9,760	32.6	116,587
Disabled	82.7	55.6	3,753	68	9,912	37.9	348,467
Adults	80.6	24.4	1,369	56	4,034	33.9	430,595
Children	62.7	4.8	247	51	1,587	15.6	705,594
Unknown	86.3	23.7	1,534	65	10,567	14.5	863
Gender							
Female	78.0	29.0	1,639	57	4,907	33.4	928,929
Male	68.5	20.4	1,368	67	4,307	31.8	673,175
Unknown	100.0	95.0	4,644	49	12,998	35.7	2
Race							
White	78.7	29.9	1,797	60	5,187	34.6	1,040,264
African American	64.9	14.3	821	57	3,298	24.9	445,040
Other/unknown	67.2	27.2	1,786	66	5,088	35.1	116,802
Use of Nursing Facilities[f]							
Entire year	98.6	91.6	4,526	49	36,031	12.6	21,809
Part year	96.7	80.5	3,996	50	26,327	15.2	12,750
None	73.5	24.0	1,463	61	4,042	36.2	1,567,547
Maintenance Assistance Status							
Cash	76.2	33.1	2,084	63	5,967	34.9	622,501
Medically needy	73.1	25.3	1,475	58	3,285	44.9	210,413
Poverty related	63.7	6.0	294	49	1,823	16.1	270,567
Other/unknown	77.2	26.3	1,517	58	5,130	29.6	498,625

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

TENNESSEE, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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]	Number Beneficiaries	Benefit Months
All	**2.5**	**$148**	**32.8 %**	**26.0 %**	**38.6 %**	**8.0 %**	**12.5 %**	**10.2 %**	**4.7 %**	**$452**	**1,602,106**	**16,497,773**
Age												
5 and younger	0.5	26	15.0	34.4	59.4	4.3	1.7	0.2	0.0	174	257,264	2,492,860
6-14	0.5	32	19.6	40.5	51.3	4.6	3.1	0.4	0.0	161	311,059	3,254,009
15-20	0.7	40	14.6	34.3	52.0	7.9	4.9	0.9	0.1	276	179,522	1,801,861
21-44	2.3	153	31.3	22.1	37.9	12.2	16.1	8.6	3.0	489	427,127	4,313,227
45-64	5.5	345	42.3	12.2	14.1	9.0	25.0	25.8	13.8	816	268,001	2,932,224
65-74	6.1	325	53.6	8.4	9.2	7.6	26.3	32.8	15.7	606	85,277	938,681
75-84	6.3	306	31.5	8.7	7.6	6.6	25.4	35.1	16.6	972	47,663	507,173
85 and older	6.3	284	16.6	7.7	6.8	6.8	26.2	37.2	15.4	1,707	26,192	257,733
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	97	1	5
Basis of Eligibility[e]												
Aged	6.0	304	32.6	8.3	8.7	7.6	26.9	34.0	14.6	933	116,587	1,219,763
Disabled	4.9	334	37.9	17.3	17.5	7.8	20.4	23.3	13.7	882	348,467	3,917,563
Adults	2.4	137	33.9	19.4	37.1	13.0	18.5	9.6	2.5	404	430,595	4,299,311
Children	0.5	25	15.6	37.3	54.9	5.0	2.5	0.3	0.0	159	705,594	7,054,334
Unknown	3.0	195	14.5	13.7	30.9	15.8	26.5	10.8	2.3	1,341	863	6,802
Gender												
Female	2.8	159	33.4	22.0	38.3	8.8	13.5	11.6	5.7	476	928,929	9,576,888
Male	2.0	133	31.8	31.5	39.1	6.7	11.1	8.3	3.3	419	673,175	6,920,861
Unknown	7.9	387	35.7	0.0	0.0	0.0	0.0	100.0	0.0	1,083	2	24
Race												
White	2.9	176	34.6	21.3	37.4	8.7	14.4	12.3	5.9	507	1,040,264	10,643,656
African American	1.4	78	24.9	35.1	42.8	6.7	8.4	5.4	1.6	313	445,040	4,682,582
Other/unknown	2.7	178	35.1	32.8	33.4	6.1	11.2	10.6	5.9	507	116,802	1,171,535
Use of Nursing Facilities[f]												
Entire year	9.1	451	12.6	1.4	2.3	3.3	18.4	40.3	34.4	3,590	21,809	218,899
Part year	8.1	404	15.2	3.3	3.7	4.6	22.0	40.3	26.0	2,665	12,750	125,980
None	2.3	142	36.2	26.5	39.4	8.0	12.3	9.6	4.1	392	1,567,547	16,152,894
Maintenance Assistance Status												
Cash	3.0	189	34.9	23.8	34.9	7.6	13.6	13.1	7.0	542	622,501	6,854,538
Medically needy	2.8	161	44.9	26.9	35.2	8.5	13.0	11.3	5.1	358	210,413	1,929,962
Poverty related	0.7	32	16.1	36.3	53.1	5.8	3.5	1.0	0.4	201	270,567	2,459,109
Other/unknown	2.5	144	29.6	22.8	36.8	9.3	15.8	11.2	4.0	487	498,625	5,254,164

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

TENNESSEE, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**2.5**	**$148**	**$60**	**1.0**	**$115**	**$116**	**0.1**	**$9**	**$71**	**1.3**	**$24**	**$18**
Age												
5 and younger	0.5	26	57	0.2	21	115	0.0	1	42	0.2	4	15
6-14	0.5	32	65	0.2	26	106	0.0	1	60	0.2	4	19
15-20	0.7	40	56	0.3	31	117	0.0	2	56	0.4	7	16
21-44	2.3	153	65	0.9	118	135	0.1	10	83	1.3	25	18
45-64	5.5	345	63	2.3	267	118	0.3	23	87	2.9	55	19
65-74	6.1	325	53	2.5	254	101	0.3	17	54	3.3	54	17
75-84	6.3	306	48	2.4	236	97	0.4	15	41	3.5	55	16
85 and older	6.3	284	45	2.2	210	93	0.4	18	44	3.6	55	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	6.0	304	50	2.4	236	97	0.3	16	47	3.3	52	16
Disabled	4.9	334	68	2.0	260	131	0.3	22	87	2.7	52	19
Adults	2.4	137	56	1.0	106	110	0.1	8	70	1.4	23	17
Children	0.5	25	51	0.2	20	96	0.0	1	47	0.3	4	16
Unknown	3.0	195	65	1.1	157	137	0.1	6	48	1.7	32	18
Gender												
Female	2.8	159	57	1.1	123	110	0.2	10	64	1.5	27	17
Male	2.0	133	67	0.8	105	127	0.1	8	87	1.1	20	19
Unknown	7.9	387	49	3.2	279	87	0.8	22	29	4.0	86	22
Race												
White	2.9	176	60	1.2	136	115	0.2	11	73	1.6	28	18
African American	1.4	78	57	0.5	61	119	0.1	4	61	0.8	13	16
Other/unknown	2.7	178	66	1.1	141	127	0.1	10	76	1.5	27	19
Use of Nursing Facilities[e]												
Entire year	9.1	451	49	3.3	336	102	0.6	32	52	5.2	83	16
Part year	8.1	404	50	3.0	309	102	0.5	23	44	4.5	72	16
None	2.3	142	61	0.9	111	117	0.1	9	74	1.3	23	18
Maintenance Assistance Status												
Cash	3.0	189	63	1.2	147	124	0.2	12	79	1.7	31	18
Medically needy	2.8	161	58	1.1	124	112	0.1	10	68	1.5	27	18
Poverty related	0.7	32	49	0.3	25	99	0.0	2	46	0.4	6	16
Other/unknown	2.5	144	58	1.0	113	108	0.1	9	65	1.3	23	17

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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, 0.3 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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

TENNESSEE, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$21	$15	$2	$4	$69	$139	$96	$23	2,906,398	$199,371,429	833,146	52.0 %	9,283,283
Biologicals	0.3	0.3	0.0	0.0	303	270	6	28	1053	1,000	2,559	1,718	21,398	22,523,246	7,142	0.4	74,218
Antineoplastic Agents	0.5	0.1	0.0	0.4	100	74	2	24	183	647	140	57	119,546	21,823,306	20,250	1.3	217,577
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.3	36	28	2	5	47	85	26	16	3,964,107	186,895,067	463,798	28.9	5,190,062
Cardiovascular Agents	1.8	0.7	0.0	1.0	76	60	1	14	42	82	26	14	8,214,031	346,123,898	408,322	25.5	4,580,081
Respiratory Agents	0.6	0.3	0.0	0.2	33	29	0	4	57	84	31	17	3,501,313	201,052,963	551,148	34.4	6,182,279
Gastrointestinal Agents	0.7	0.4	0.0	0.3	57	51	1	5	81	125	61	17	3,040,427	246,152,450	382,573	23.9	4,300,575
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	1	3	55	77	56	22	488,562	26,846,634	134,025	8.4	1,508,732
CNS Drugs	1.2	0.5	0.1	0.6	93	76	4	12	75	139	87	19	6,371,173	477,256,422	461,200	28.8	5,155,248
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	65	60	1	5	97	110	67	40	390,007	37,941,344	51,406	3.2	579,277
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	145	144	0	1	203	212	98	26	195,693	39,712,151	25,176	1.6	274,149
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	34	22	2	9	47	162	231	16	5,393,050	251,774,185	666,281	41.6	7,438,187
Neuromuscular Agents	0.8	0.2	0.1	0.5	55	29	16	10	70	144	124	22	2,638,196	184,941,409	299,300	18.7	3,386,775
Nutritional Products	0.5	0.0	0.0	0.5	7	0	1	6	15	27	21	14	867,197	12,908,053	159,513	10.0	1,745,188
Hematological Agents	0.8	0.3	0.1	0.4	75	67	4	5	97	215	34	13	940,858	91,663,331	109,989	6.9	1,222,692
Topical Products	0.3	0.1	0.0	0.2	14	10	1	3	50	94	53	20	1,489,646	73,760,028	459,951	28.7	5,179,102
Miscellaneous Products	0.3	0.2	0.0	0.1	85	63	11	11	252	364	258	90	85,917	21,654,292	22,714	1.4	254,604
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	5	0	0	0	13	0	0	0	67,272	865,428	15,306	1.0	174,012
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.	40,694,791	2,443,265,636	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table 6 includes the beneficiaries represented by Cell C 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, 0.3 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 2004.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

TENNESSEE, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$231,971,845	164,127	10.2 %	1,863,475	0.6	$197	$124
ULCER DRUGS	200,987,389	405,111	25.3	4,591,708	0.5	86	44
ANTIDEPRESSANTS	190,841,039	465,561	29.1	5,255,257	0.6	64	36
ANTIHYPERLIPIDEMIC	169,820,421	237,375	14.8	2,733,899	0.6	100	62
ANTICONVULSANT	157,545,360	207,882	13.0	2,369,067	0.7	99	67
ANTIASTHMATIC	141,567,636	473,983	29.6	5,367,649	0.4	70	26
ANALGESICS - Narcotic	129,085,906	835,009	52.1	9,419,352	0.4	39	14
ANTIDIABETIC	114,606,461	232,222	14.5	2,638,100	0.7	61	43
ANTIHYPERTENSIVE	86,159,015	313,305	19.6	3,552,059	0.7	37	24
ANALGESICS - ANTI-INFLAMMATORY	84,970,603	443,513	27.7	5,030,201	0.3	55	17
Total	1,507,555,675	3,778,088		42,820,767	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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.