

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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>289,884</b>	<b>113,303</b>	<b>168,813</b>	<b>7,724</b>	<b>25</b>	<b>19</b>	<b>3,202,595</b>	<b>1,188,731</b>	<b>1,932,364</b>	<b>81,020</b>	<b>268</b>	<b>212</b>
<b>Age</b>												
5 and younger	8	0	7	0	1	0	68	0	66	0	2	0
6-14	31	0	29	0	2	0	369	0	345	0	24	0
15-20	312	0	291	0	21	0	3,599	0	3,369	0	230	0
21-44	44,004	2	41,588	2,412	1	1	505,230	24	480,241	24,941	12	12
45-64	91,028	749	85,691	4,583	0	5	1,034,602	8,202	977,680	48,667	0	53
65-74	82,611	51,759	30,147	694	0	11	911,852	557,952	346,678	7,099	0	123
75-84	46,398	37,323	9,038	35	0	2	495,062	392,717	102,008	313	0	24
85 and older	25,492	23,470	2,022	0	0	0	251,813	229,836	21,977	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	171,909	77,887	89,917	4,073	13	19	1,900,423	824,814	1,032,055	43,210	132	212
Male	117,975	35,416	78,896	3,651	12	0	1,302,172	363,917	900,309	37,810	136	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	211,068	88,148	116,387	6,497	23	13	2,316,592	918,286	1,329,551	68,371	244	140
African American	53,823	18,943	33,784	1,091	2	3	600,468	201,194	387,955	11,259	24	36
Other/unknown	24,993	6,212	18,642	136	0	3	285,535	69,251	214,858	1,390	0	36
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	20,247	16,407	3,840	0	0	0	203,034	160,546	42,488	0	0	0
Part year	11,499	9,165	2,330	4	0	0	113,575	88,051	25,477	47	0	0
None	258,138	87,731	162,643	7,720	25	19	2,885,986	940,134	1,864,399	80,973	268	212
<b>Maintenance Assistance Status</b>												
Cash	164,830	27,751	136,439	638	2	0	1,903,223	313,839	1,582,627	6,733	24	0
Medically needy	47,870	31,176	14,384	2,300	10	0	490,313	318,391	148,770	23,042	110	0
Poverty-related	8,032	5,594	2,366	48	5	19	81,965	55,950	25,286	471	46	212
Other/unknown	69,152	48,782	15,624	4,738	8	0	727,094	500,551	175,681	50,774	88	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	289,884	113,303	168,813	7,724	25	19	3,202,595	1,188,731	1,932,364	81,020	268	212
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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
  - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

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
<b>All</b>	<b>91.1 %</b>	<b>69.2</b>	<b>\$4,203</b>	<b>\$61</b>	<b>\$9,764</b>	<b>43.0 %</b>	<b>289,884</b>
<b>Age</b>							
5 and younger	100.0	47.8	6,479	136	37,566	17.2	8
6-14	100.0	87.4	19,223	220	35,604	54.0	31
15-20	79.2	30.7	3,777	123	11,226	33.6	312
21-44	85.1	53.4	4,581	86	9,937	46.1	44,004
45-64	92.0	80.1	5,391	67	10,193	52.9	91,028
65-74	92.1	68.2	3,622	53	6,608	54.8	82,611
75-84	92.0	68.3	3,296	48	10,383	31.7	46,398
85 and older	93.2	63.0	2,827	45	16,980	16.7	25,492
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	92.3	64.0	3,218	50	9,814	32.8	113,303
Disabled	90.2	72.8	4,827	66	9,783	49.3	168,813
Adults	92.8	67.2	5,001	74	8,606	58.1	7,724
Children	92.0	47.1	5,543	118	10,664	52.0	25
Unknown	94.7	62.4	4,181	67	17,017	24.6	19
<b>Gender</b>							
Female	93.3	75.7	4,354	58	10,329	42.2	171,909
Male	87.8	59.8	3,983	67	8,942	44.5	117,975
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	92.1	73.1	4,456	61	10,367	43.0	211,068
African American	88.1	53.7	3,164	59	8,739	36.2	53,823
Other/unknown	88.9	70.1	4,300	61	6,886	62.5	24,993
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.7	90.6	4,437	49	35,167	12.6	20,247
Part year	96.6	80.0	3,884	49	24,117	16.1	11,499
None	90.2	67.1	4,199	63	7,132	58.9	258,138
<b>Maintenance Assistance Status</b>							
Cash	89.2	69.4	4,324	62	8,784	49.2	164,830
Medically needy	93.5	71.7	4,402	61	6,137	71.7	47,870
Poverty related	91.0	45.9	2,409	52	8,344	28.9	8,032
Other/unknown	93.9	69.6	3,984	57	14,777	27.0	69,152

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

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>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>6.3</b>	<b>\$380</b>	<b>43.0 %</b>	<b>8.9 %</b>	<b>9.7 %</b>	<b>7.1 %</b>	<b>24.5 %</b>	<b>32.4 %</b>	<b>17.4 %</b>	<b>\$884</b>	<b>289,884</b>	<b>3,202,595</b>
<b>Age</b>												
5 and younger	5.6	762	17.2	0.0	12.5	0.0	50.0	37.5	0.0	4,420	8	68
6-14	7.3	1,615	54.0	0.0	3.2	0.0	22.6	58.1	16.1	2,991	31	369
15-20	2.7	328	33.6	20.8	29.8	9.9	22.1	13.8	3.5	973	312	3,599
21-44	4.7	399	46.1	14.9	18.1	9.3	23.5	22.9	11.3	865	44,004	505,230
45-64	7.0	474	52.9	8.0	8.0	6.0	22.2	33.2	22.6	897	91,028	1,034,602
65-74	6.2	328	54.8	7.9	9.1	7.6	26.3	33.2	16.0	599	82,611	911,852
75-84	6.4	309	31.7	8.0	7.4	6.6	25.5	35.5	16.9	973	46,398	495,062
85 and older	6.4	286	16.7	6.8	6.8	6.8	26.5	37.5	15.6	1,719	25,492	251,813
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	6.1	307	32.8	7.7	8.6	7.5	27.1	34.3	14.8	935	113,303	1,188,731
Disabled	6.4	422	49.3	9.8	10.4	6.8	22.7	31.0	19.2	855	168,813	1,932,364
Adults	6.4	477	58.1	7.2	10.1	7.6	26.1	32.4	16.6	820	7,724	81,020
Children	4.4	517	52.0	8.0	16.0	12.0	24.0	32.0	8.0	995	25	268
Unknown	5.6	375	24.6	5.3	0.0	26.3	26.3	36.8	5.3	1,525	19	212
<b>Gender</b>												
Female	6.8	394	42.2	6.7	7.4	6.5	24.4	35.0	20.0	934	171,909	1,900,423
Male	5.4	361	44.5	12.2	12.9	8.0	24.7	28.5	13.7	810	117,975	1,302,172
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	6.7	406	43.0	7.9	8.5	6.6	23.8	33.8	19.5	945	211,068	2,316,592
African American	4.8	284	36.2	11.9	13.9	9.4	27.8	27.5	9.4	783	53,823	600,468
Other/unknown	6.1	376	62.5	11.1	10.1	6.9	23.5	30.7	17.7	603	24,993	285,535
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	9.0	443	12.6	1.3	2.3	3.3	18.6	40.7	33.7	3,507	20,247	203,034
Part year	8.1	393	16.1	3.4	3.6	4.6	21.9	40.9	25.5	2,442	11,499	113,575
None	6.0	376	58.9	9.8	10.5	7.5	25.1	31.3	15.8	638	258,138	2,885,986
<b>Maintenance Assistance Status</b>												
Cash	6.0	375	49.2	10.8	11.0	7.1	23.4	30.4	17.3	761	164,830	1,903,223
Medically needy	7.0	430	71.7	6.5	7.4	6.7	24.6	35.9	18.9	599	47,870	490,313
Poverty related	4.5	236	28.9	9.0	19.4	11.4	25.9	22.9	11.5	818	8,032	81,965
Other/unknown	6.6	379	27.0	6.1	6.9	6.8	26.9	35.8	17.5	1,405	69,152	727,094

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
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
<b>All</b>	<b>6.3</b>	<b>\$380</b>	<b>\$61</b>	<b>2.5</b>	<b>\$294</b>	<b>\$117</b>	<b>0.3</b>	<b>\$25</b>	<b>\$73</b>	<b>3.4</b>	<b>\$61</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	5.6	762	136	2.3	631	275	0.7	91	127	2.5	39	16
6-14	7.3	1,615	220	3.6	1,443	397	0.7	85	123	3.0	88	29
15-20	2.7	328	123	1.2	264	224	0.2	17	92	1.3	47	36
21-44	4.7	399	86	1.9	315	166	0.3	29	112	2.5	55	22
45-64	7.0	474	67	2.9	364	126	0.4	36	96	3.8	75	20
65-74	6.2	328	53	2.6	257	101	0.3	17	54	3.3	54	17
75-84	6.4	309	48	2.5	238	97	0.4	15	41	3.5	55	16
85 and older	6.4	286	45	2.3	212	93	0.4	19	44	3.7	56	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	6.1	307	50	2.4	238	97	0.3	16	47	3.3	52	16
Disabled	6.4	422	66	2.6	326	128	0.3	29	87	3.5	67	19
Adults	6.4	477	74	2.8	373	133	0.4	37	104	3.2	67	21
Children	4.4	517	118	2.3	441	196	0.3	27	79	1.8	50	28
Unknown	5.6	375	67	2.9	332	113	0.2	3	22	2.5	40	16
<b>Gender</b>												
Female	6.8	394	58	2.7	305	111	0.4	25	65	3.7	65	17
Male	5.4	361	67	2.2	280	127	0.3	25	88	2.9	57	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	6.7	406	61	2.7	313	116	0.4	28	74	3.6	65	18
African American	4.8	284	59	1.9	224	119	0.2	14	62	2.7	46	17
Other/unknown	6.1	376	61	2.5	292	119	0.3	23	75	3.4	61	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	9.0	443	49	3.3	330	101	0.6	31	52	5.1	81	16
Part year	8.1	393	49	3.0	301	99	0.5	22	42	4.5	70	16
None	6.0	376	63	2.4	292	119	0.3	24	78	3.2	60	19
<b>Maintenance Assistance Status</b>												
Cash	6.0	375	62	2.4	289	121	0.3	25	79	3.3	61	18
Medically needy	7.0	430	61	2.9	333	115	0.4	28	71	3.7	68	19
Poverty related	4.5	236	52	1.7	178	106	0.3	14	50	2.5	44	17
Other/unknown	6.6	379	57	2.7	295	108	0.4	24	62	3.5	59	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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Tennessee, 0.3 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 D.6  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$34	\$26	\$3	\$6	\$86	\$163	\$135	\$25	820,721	\$70,636,094	179,992	62.1 %	2,054,050
Biologicals	0.1	0.1	0.0	0.0	80	4	11	66	630	48	3,312	1,683	2,366	1,490,852	1,663	0.6	18,571
Antineoplastic Agents	0.6	0.1	0.0	0.4	87	59	1	27	158	614	128	60	78,275	12,335,946	13,291	4.6	141,136
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	55	45	2	7	49	87	20	15	1,929,576	94,187,399	151,471	52.3	1,719,155
Cardiovascular Agents	2.2	0.9	0.1	1.3	91	71	2	18	41	82	25	14	5,188,463	213,256,007	208,896	72.1	2,349,654
Respiratory Agents	0.9	0.5	0.0	0.3	52	46	0	5	60	87	31	17	1,334,901	80,289,649	136,805	47.2	1,558,715
Gastrointestinal Agents	0.9	0.5	0.0	0.4	72	64	2	6	78	123	53	17	1,667,068	130,631,303	160,167	55.3	1,814,811
Genitourinary Agents	0.5	0.3	0.0	0.2	29	24	2	4	60	78	69	23	266,893	15,977,374	48,413	16.7	551,375
CNS Drugs	1.6	0.6	0.1	0.9	115	93	6	16	73	143	86	19	3,132,800	228,000,809	175,595	60.6	1,979,695
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	85	77	1	7	140	179	81	43	38,641	5,396,137	5,473	1.9	63,281
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	141	140	0	1	177	183	97	27	165,415	29,305,434	19,290	6.7	208,271
Analgesics and Anesthetics	1.1	0.3	0.0	0.8	64	44	4	15	60	163	305	19	2,320,622	138,448,298	191,089	65.9	2,170,848
Neuromuscular Agents	1.0	0.2	0.2	0.6	70	33	24	14	71	145	123	24	1,246,276	88,915,706	110,535	38.1	1,266,104
Nutritional Products	0.7	0.0	0.0	0.6	10	0	1	9	15	27	20	15	526,684	8,113,008	72,177	24.9	806,659
Hematological Agents	0.8	0.3	0.1	0.4	68	59	4	5	80	174	34	12	684,484	54,569,266	72,277	24.9	805,491
Topical Products	0.4	0.2	0.0	0.2	23	17	2	5	54	91	52	22	566,264	30,343,593	116,391	40.2	1,332,894
Miscellaneous Products	0.6	0.3	0.1	0.2	189	143	23	22	320	542	253	96	49,544	15,861,263	7,520	2.6	84,065
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	13	0	0	0	43,802	555,245	8,735	3.0	98,684
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>20,062,795</b>	<b>1,218,313,383</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$116,471,804	73,943	25.5 %	836,596	0.7	\$191	\$139
ULCER DRUGS	108,098,099	174,923	60.3	1,997,835	0.6	86	54
ANTIHYPERTENSIVE	102,343,835	132,544	45.7	1,532,313	0.7	100	67
ANTIDEPRESSANTS	84,526,141	179,497	61.9	2,044,271	0.7	60	41
ANALGESICS - Narcotic	74,911,124	259,459	89.5	2,970,691	0.5	52	25
ANTICONVULSANT	74,265,498	89,372	30.8	1,024,645	0.8	96	72
ANTIDIABETIC	66,179,805	130,457	45.0	1,486,265	0.7	60	45
ANTIASTHMATIC	60,535,654	152,812	52.7	1,746,753	0.5	71	35
ANALGESICS - ANTI-INFLAMMATORY	51,274,186	129,748	44.8	1,505,279	0.4	77	34
ANTIHYPERTENSIVE	51,003,859	173,499	59.9	1,973,779	0.7	37	26
Total	789,610,005	1,496,254		17,118,427	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>10,515,855</b>	<b>\$789,610,005</b>	<b>73,943</b>	<b>25.5 %</b>	<b>836,596</b>	<b>0.7</b>	<b>\$139</b>	<b>174,923</b>	<b>60.3 %</b>	<b>1,997,835</b>	<b>0.6</b>	<b>\$54</b>
<b>Female</b>	6,569,893	481,119,038	44,105	25.7	497,757	0.7	128	113,495	66.0	1,298,251	0.6	54
<b>Disabled</b>	3,921,792	309,682,114	28,172	31.3	329,494	0.7	142	65,286	72.6	764,235	0.6	55
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	214	17,265	1	9.1	12	1.3	377	11	100.0	132	0.5	43
15-20	1,948	157,746	29	26.4	333	0.9	160	49	44.5	579	0.4	37
21-44	642,194	60,494,987	9,210	49.9	108,533	0.7	147	10,670	57.8	125,722	0.5	47
45-64	2,136,083	173,943,631	13,986	32.1	163,734	0.7	147	34,401	79.0	402,636	0.6	58
65-74	834,914	56,410,828	3,160	16.6	36,751	0.7	125	14,246	74.9	167,195	0.6	55
75-84	259,280	15,997,053	1,398	19.8	15,866	0.8	109	4,843	68.6	56,091	0.7	52
85 and older	47,159	2,660,604	388	22.3	4,265	0.7	95	1,066	61.3	11,880	0.7	50
<b>Other Eligibles</b>	2,648,101	171,436,924	15,933	19.4	168,263	0.7	102	48,209	58.8	534,016	0.7	54
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	1,695	0	0.0	0	0.0	0	2	200.0	24	0.9	70
15-20	176	14,392	2	18.2	24	1.0	190	2	18.2	16	0.5	7
21-44	53,634	5,256,582	617	42.8	6,966	0.6	124	934	64.7	10,494	0.5	48
45-64	132,505	10,824,847	666	23.3	7,560	0.6	130	2,194	76.9	24,779	0.6	58
65-74	1,092,017	73,439,840	3,297	10.4	36,516	0.7	103	19,370	60.8	220,433	0.6	54
75-84	857,687	53,222,998	5,661	21.4	59,626	0.8	105	15,383	58.0	171,050	0.7	54
85 and older	512,059	28,676,570	5,690	29.4	57,571	0.8	93	10,324	53.4	107,220	0.7	52
<b>Male</b>	3,945,962	308,490,967	29,838	25.3	338,839	0.7	155	61,428	52.1	699,584	0.6	54
<b>Disabled</b>	2,812,307	233,088,535	23,365	29.6	272,983	0.8	168	42,030	53.3	489,152	0.6	54
5 and younger	54	2,060	0	0.0	0	0.0	0	6	85.7	54	0.4	17
6-14	384	16,750	0	0.0	0	0.0	0	13	72.2	156	0.7	41
15-20	2,043	226,346	54	29.8	645	0.6	147	44	24.3	511	0.4	34
21-44	613,089	61,267,766	9,812	42.4	115,766	0.7	178	9,368	40.5	110,238	0.5	49
45-64	1,711,573	139,772,376	11,567	27.4	134,652	0.8	167	24,660	58.5	286,555	0.6	57
65-74	414,845	27,612,870	1,496	13.4	17,099	0.7	124	6,619	59.5	76,763	0.7	53
75-84	63,811	3,817,461	358	18.1	3,984	0.8	110	1,164	58.9	13,183	0.7	53
85 and older	6,508	372,906	78	27.5	837	0.8	100	156	54.9	1,692	0.7	50
<b>Other Eligibles</b>	1,133,655	75,402,432	6,473	16.6	65,856	0.7	102	19,398	49.6	210,432	0.6	53
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	29	4,294	0	0.0	0	0.0	0	1	100.0	12	0.3	1
15-20	195	20,234	3	30.0	36	1.1	120	1	10.0	12	1.4	52
21-44	31,331	3,098,246	356	36.6	3,974	0.7	137	469	48.2	5,227	0.5	51
45-64	102,773	8,365,632	521	21.0	5,805	0.6	127	1,446	58.2	16,164	0.6	60
65-74	613,930	40,820,808	2,176	10.6	22,981	0.7	100	9,964	48.3	110,738	0.6	53
75-84	292,495	17,825,042	2,177	20.0	21,663	0.8	97	5,468	50.3	58,387	0.6	51
85 and older	92,902	5,268,176	1,240	30.0	11,397	0.8	90	2,049	49.5	19,892	0.7	52
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible Beneficiaries

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

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>132,544</b>	<b>45.7 %</b>	<b>1,532,313</b>	<b>0.7</b>	<b>\$67</b>	<b>179,497</b>	<b>61.9 %</b>	<b>2,044,271</b>	<b>0.7</b>	<b>\$41</b>	<b>259,459</b>	<b>89.5 %</b>	<b>2,970,691</b>	<b>0.5</b>	<b>\$25</b>
<b>Female</b>	77,625	45.2	898,962	0.7	67	119,877	69.7	1,365,452	0.7	42	163,466	95.1	1,873,786	0.5	22
<b>Disabled</b>	43,277	48.1	508,668	0.6	65	74,832	83.2	875,008	0.7	44	102,244	113.7	1,197,002	0.5	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	9.1	12	0.9	116	2	18.2	24	0.6	20	6	54.5	72	0.2	2
15-20	7	6.4	84	0.4	40	55	50.0	649	0.5	37	97	88.2	1,131	0.3	3
21-44	3,996	21.7	47,285	0.5	53	16,816	91.2	197,890	0.6	46	22,070	119.7	260,144	0.5	26
45-64	24,370	56.0	285,880	0.6	64	42,412	97.4	495,388	0.7	47	53,593	123.1	626,828	0.5	31
65-74	11,505	60.5	135,689	0.7	71	11,467	60.3	134,138	0.7	36	19,158	100.7	224,432	0.5	16
75-84	3,046	43.1	35,705	0.7	71	3,398	48.1	39,215	0.7	33	6,105	86.4	70,756	0.5	12
85 and older	352	20.3	4,013	0.7	65	682	39.2	7,704	0.7	34	1,215	69.9	13,639	0.5	11
<b>Other Eligibles</b>	34,348	41.9	390,294	0.7	68	45,045	54.9	490,444	0.7	39	61,222	74.7	676,784	0.5	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	10	90.9	110	0.5	26	9	81.8	108	0.2	2
21-44	358	24.8	3,980	0.5	51	1,594	110.5	17,692	0.6	49	2,047	141.9	22,889	0.5	44
45-64	1,772	62.1	20,237	0.6	64	2,960	103.7	33,376	0.7	49	3,438	120.5	38,908	0.5	29
65-74	18,854	59.2	215,132	0.7	69	16,136	50.7	181,730	0.7	37	23,739	74.5	270,046	0.4	13
75-84	10,404	39.3	118,394	0.7	70	13,827	52.2	150,155	0.7	38	19,577	73.9	216,361	0.5	13
85 and older	2,960	15.3	32,551	0.7	68	10,518	54.4	107,381	0.8	40	12,412	64.2	128,472	0.6	14
<b>Male</b>	54,919	46.6	633,351	0.7	67	59,620	50.5	678,819	0.7	39	95,993	81.4	1,096,905	0.5	31
<b>Disabled</b>	36,386	46.1	426,236	0.7	66	44,449	56.3	517,135	0.6	40	71,169	90.2	828,197	0.5	35
5 and younger	1	14.3	12	0.4	53	0	0.0	0	0.0	0	2	28.6	24	0.1	1
6-14	0	0.0	0	0.0	0	1	5.6	12	0.9	6	15	83.3	180	0.1	1
15-20	11	6.1	125	0.5	34	44	24.3	515	0.5	38	89	49.2	1,051	0.2	1
21-44	5,268	22.8	62,411	0.6	55	13,213	57.1	155,067	0.6	40	19,903	86.0	234,007	0.5	34
45-64	24,140	57.3	282,126	0.7	66	26,053	61.8	302,658	0.7	42	40,645	96.4	471,835	0.5	40
65-74	6,180	55.5	72,437	0.7	73	4,326	38.9	49,835	0.7	32	8,923	80.2	103,265	0.5	19
75-84	757	38.3	8,791	0.7	75	712	36.0	7,979	0.7	31	1,430	72.4	16,077	0.5	13
85 and older	29	10.2	334	0.6	57	100	35.2	1,069	0.7	28	162	57.0	1,758	0.5	13
<b>Other Eligibles</b>	18,533	47.4	207,115	0.7	69	15,171	38.8	161,684	0.7	37	24,824	63.5	268,708	0.5	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	12	0.4	25	1	100.0	12	0.1	0
15-20	1	10.0	12	1.1	138	3	30.0	36	0.1	5	4	40.0	48	0.1	1
21-44	324	33.3	3,647	0.5	52	802	82.4	8,821	0.6	43	1,168	120.0	12,878	0.6	52
45-64	1,756	70.7	19,525	0.7	65	1,761	70.9	19,625	0.6	44	2,584	104.1	28,708	0.5	42
65-74	11,911	57.8	133,879	0.7	70	6,555	31.8	71,859	0.7	35	12,417	60.2	136,956	0.4	15
75-84	3,926	36.2	43,598	0.7	68	4,208	38.7	43,673	0.7	36	6,435	59.3	68,512	0.5	12
85 and older	615	14.9	6,454	0.7	68	1,841	44.5	17,658	0.8	38	2,215	53.5	21,594	0.5	12
<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 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>89,372</b>	<b>30.8 %</b>	<b>1,024,645</b>	<b>0.8</b>	<b>\$73</b>	<b>130,457</b>	<b>45.0 %</b>	<b>1,486,265</b>	<b>0.7</b>	<b>\$45</b>	<b>152,812</b>	<b>52.7 %</b>	<b>1,746,753</b>	<b>0.5</b>	<b>\$35</b>
<b>Female</b>	53,973	31.4	619,246	0.8	71	80,197	46.7	915,992	0.7	43	93,800	54.6	1,076,099	0.5	34
<b>Disabled</b>	37,425	41.6	437,156	0.8	79	43,189	48.0	504,086	0.7	46	58,444	65.0	683,653	0.5	35
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	1	9.1	12	0.9	75	0	0.0	0	0.0	0	5	45.5	60	0.3	40
6-14	36	32.7	426	0.7	74	21	19.1	236	0.4	26	36	32.7	425	0.3	21
15-20	10,192	55.3	119,729	0.8	96	4,328	23.5	50,882	0.6	45	9,137	49.5	107,754	0.4	28
21-44	20,426	46.9	238,393	0.8	80	22,791	52.4	266,096	0.7	49	31,991	73.5	374,515	0.5	37
45-64	5,009	26.3	58,503	0.7	52	11,810	62.1	138,211	0.8	45	13,118	69.0	153,055	0.5	36
65-74	1,503	21.3	17,238	0.7	44	3,674	52.0	42,254	0.7	38	3,569	50.5	41,167	0.5	31
75-84	258	14.8	2,855	0.8	36	565	32.5	6,407	0.7	30	588	33.8	6,677	0.4	23
85 and older	16,548	20.2	182,090	0.7	53	37,008	45.1	411,906	0.7	39	35,356	43.1	392,446	0.5	32
<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
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	0
6-14	4	36.4	46	0.6	117	0	0.0	0	0.0	0	3	27.3	36	0.4	29
15-20	928	64.3	10,399	0.8	106	327	22.7	3,588	0.6	46	774	53.6	8,730	0.4	33
21-44	1,339	46.9	15,226	0.7	79	1,558	54.6	17,470	0.7	50	2,016	70.6	22,875	0.5	37
45-64	6,206	19.5	69,965	0.7	52	17,165	53.9	195,001	0.7	42	15,494	48.6	175,901	0.5	36
65-74	5,152	19.4	56,273	0.7	45	12,276	46.3	136,037	0.7	37	10,494	39.6	116,421	0.4	30
75-84	2,919	15.1	30,181	0.8	38	5,682	29.4	59,810	0.7	31	6,574	34.0	68,471	0.4	20
85 and older															
<b>Male</b>	35,399	30.0	405,399	0.8	75	50,260	42.6	570,273	0.7	47	59,012	50.0	670,654	0.5	36
<b>Disabled</b>	28,065	35.6	326,184	0.8	79	31,969	40.5	370,788	0.7	49	39,069	49.5	453,467	0.5	37
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	0.6	7
5 and younger	3	16.7	36	0.5	25	4	22.2	48	0.4	30	5	27.8	60	0.4	26
6-14	58	32.0	680	0.8	107	16	8.8	192	0.3	26	28	15.5	336	0.3	15
15-20	9,561	41.3	112,232	0.8	91	4,091	17.7	47,966	0.7	48	6,004	25.9	70,571	0.4	28
21-44	15,610	37.0	180,786	0.8	77	21,194	50.3	245,482	0.8	51	23,368	55.4	271,433	0.5	39
45-64	2,411	21.7	27,756	0.7	55	5,756	51.7	66,832	0.8	46	8,283	74.4	95,746	0.6	40
65-74	377	19.1	4,193	0.8	43	858	43.4	9,718	0.7	38	1,256	63.6	13,922	0.5	31
75-84	45	15.8	501	0.7	33	50	17.6	550	0.7	33	124	43.7	1,387	0.6	32
85 and older	7,334	18.8	79,215	0.7	56	18,291	46.8	199,485	0.7	42	19,943	51.0	217,187	0.5	36
<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
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	50.0	50	1.2	211	1	10.0	12	1.0	82	5	50.0	60	0.1	7
15-20	495	50.9	5,491	0.7	82	245	25.2	2,718	0.7	59	331	34.0	3,719	0.4	39
21-44	918	37.0	10,182	0.7	82	1,458	58.7	16,333	0.8	57	1,393	56.1	15,575	0.5	37
45-64	3,439	16.7	37,936	0.7	54	10,832	52.5	120,102	0.7	43	10,539	51.1	117,114	0.5	38
65-74	1,869	17.2	19,605	0.7	45	4,563	42.0	48,757	0.7	37	5,692	52.4	61,282	0.5	33
75-84	608	14.7	5,951	0.8	34	1,192	28.8	11,563	0.7	30	1,983	47.9	19,437	0.5	26
85 and older															
<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 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>129,748</b>	<b>44.8 %</b>	<b>1,505,279</b>	<b>0.4</b>	<b>\$34</b>	<b>173,499</b>	<b>59.9 %</b>	<b>1,973,779</b>	<b>0.7</b>	<b>\$26</b>	<b>289,884</b>	<b>3,202,595</b>
<b>Female</b>	84,961	49.4	986,463	0.4	37	106,731	62.1	1,215,311	0.7	26	171,909	1,900,423
<b>Disabled</b>	50,620	56.3	596,580	0.4	35	52,015	57.8	607,922	0.7	26	89,917	1,032,055
0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	1	9.1	12	0.1	1	9	81.8	108	0.5	17	11	132
6-14	37	33.6	435	0.2	7	23	20.9	264	0.5	12	110	1,287
15-20	9,213	49.9	108,866	0.3	22	4,607	25.0	54,191	0.6	21	18,445	213,011
21-44	26,117	60.0	307,327	0.4	38	26,394	60.6	308,172	0.7	27	43,534	498,619
45-64	11,161	58.7	131,936	0.5	39	14,735	77.5	173,051	0.7	28	19,017	219,777
65-74	3,452	48.9	40,604	0.5	36	5,203	73.7	60,318	0.7	27	7,062	80,188
75-84	639	36.8	7,400	0.5	35	1,044	60.1	11,818	0.7	24	1,738	19,041
85 and older	34,341	41.9	389,883	0.5	39	54,716	66.7	607,389	0.7	27	81,992	868,368
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	2	18.2	24	0.1	1	5	45.5	44	0.4	5	11	118
15-20	813	56.3	9,003	0.4	19	395	27.4	4,387	0.6	21	1,443	15,043
21-44	1,753	61.4	19,905	0.5	45	1,792	62.8	20,193	0.7	27	2,854	30,784
45-64	15,919	50.0	182,436	0.5	39	23,285	73.1	263,645	0.7	28	31,849	347,738
65-74	10,514	39.7	120,103	0.5	39	18,715	70.6	208,785	0.7	26	26,500	282,910
75-84	5,340	27.6	58,412	0.5	38	10,524	54.4	110,335	0.8	25	19,333	191,761
85 and older	44,787	38.0	518,816	0.4	29	66,768	56.6	758,468	0.7	25	117,975	1,302,172
<b>Male</b>	31,887	40.4	374,189	0.4	27	41,765	52.9	484,855	0.7	25	78,896	900,309
<b>Disabled</b>	1	14.3	12	0.6	5	1	14.3	12	0.9	30	7	66
5 and younger	0	0.0	0	0.0	0	20	111.1	240	0.8	26	18	213
6-14	38	21.0	455	0.2	7	33	18.2	363	0.5	10	181	2,082
15-20	7,954	34.4	93,915	0.3	16	6,775	29.3	79,361	0.6	23	23,143	267,230
21-44	18,350	43.5	214,984	0.4	30	25,953	61.6	300,663	0.7	26	42,157	479,061
45-64	4,742	42.6	55,618	0.5	35	7,569	68.0	88,109	0.7	26	11,130	126,901
65-74	726	36.7	8,358	0.4	28	1,297	65.6	14,790	0.7	23	1,976	21,820
75-84	76	26.8	847	0.5	31	117	41.2	1,317	0.7	21	284	2,936
85 and older	12,900	33.0	144,627	0.5	35	25,003	64.0	273,613	0.7	24	39,079	401,863
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	1	100.0	12	1.0	327	1	100.0	12	0.6	5	1	12
6-14	2	20.0	24	0.2	1	2	20.0	24	1.3	63	10	112
15-20	450	46.2	5,052	0.3	28	368	37.8	3,958	0.6	37	973	9,946
21-44	1,171	47.2	13,147	0.5	35	1,788	72.0	19,748	0.7	26	2,483	26,138
45-64	7,232	35.1	81,843	0.4	36	14,282	69.3	158,622	0.7	25	20,615	217,436
65-74	3,115	28.7	34,716	0.5	32	6,595	60.7	71,586	0.7	22	10,860	110,144
75-84	929	22.5	9,833	0.5	39	1,967	47.5	19,663	0.7	20	4,137	38,075
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<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 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$443</b>	<b>9.0</b>	<b>20,247</b>	<b>203,034</b>
<b>Age</b>				
0-64	578	10.5	1,575	17,673
65-74	550	10.6	2,794	29,372
75-84	461	9.4	6,825	68,499
85 and older	365	7.9	9,053	87,490
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	432	8.9	15,281	154,018
Male	476	9.3	4,966	49,016
Unknown	0	0.0	0	0
<b>Race</b>				
White	455	9.3	16,864	167,242
African American	383	7.7	3,149	33,329
Other/unknown	431	8.6	234	2,463
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	421	8.8	16,407	160,546
Disabled	524	10.1	3,840	42,488
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 11,499 beneficiaries who were in nursing facilities for part of their enrollment and their 113,575 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE D.9  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.2	\$33	\$20	\$8	\$5	\$73	\$106	\$266	\$20	69,668	\$5,105,936	14,797	73.1 %	154,713
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	21	19	0	27	1,157	23,888	1,005	5.0	11,223
Antineoplastic Agents	0.5	0.0	0.0	0.5	54	9	1	44	100	422	99	86	12,883	1,288,735	2,484	12.3	23,727
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	51	42	3	7	40	73	19	13	139,619	5,625,258	10,543	52.1	109,375
Cardiovascular Agents	2.3	0.5	0.1	1.7	60	35	2	23	26	67	21	13	377,743	9,722,746	15,998	79.0	162,051
Respiratory Agents	0.8	0.3	0.0	0.5	28	21	0	7	37	81	26	14	81,925	3,014,511	10,313	50.9	107,271
Gastrointestinal Agents	1.3	0.5	0.1	0.6	71	59	2	10	57	108	32	16	163,408	9,307,538	12,690	62.7	130,404
Genitourinary Agents	0.6	0.3	0.0	0.3	34	25	2	6	55	77	56	25	35,479	1,936,009	5,405	26.7	57,270
CNS Drugs	2.3	1.1	0.2	1.1	150	123	10	17	66	117	65	16	379,745	25,168,511	16,333	80.7	167,305
Stimulants/Anti-obesity/Anorexia	0.9	0.4	0.0	0.5	56	49	0	7	61	123	19	13	2,064	126,446	217	1.1	2,244
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	125	125	0	0	123	123	0	46	62,468	7,683,985	5,911	29.2	61,482
Analgesics and Anesthetics	1.3	0.4	0.0	0.9	47	38	1	8	36	96	52	9	165,003	5,924,570	12,393	61.2	126,813
Neuromuscular Agents	1.4	0.3	0.3	0.8	76	33	20	23	53	96	75	28	112,540	5,929,537	7,432	36.7	78,075
Nutritional Products	0.8	0.0	0.1	0.7	13	0	2	11	16	19	26	14	67,714	1,061,595	8,056	39.8	81,054
Hematological Agents	1.2	0.4	0.2	0.6	70	60	4	6	60	159	19	10	91,995	5,487,736	7,743	38.2	78,717
Topical Products	0.5	0.2	0.0	0.3	18	11	2	5	37	68	38	19	60,884	2,258,998	11,490	56.7	122,893
Miscellaneous Products	0.3	0.1	0.0	0.2	7	1	1	5	26	21	97	24	2,933	75,047	1,104	5.5	11,345
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	8	0	0	0	13	0	0	0	7,056	94,484	1,151	5.7	12,074
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,834,284	89,835,530	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 11,499 beneficiaries who were in nursing facilities for part of their enrollment and their 113,575 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 2004. 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.medspan.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, 0.3 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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$15,193,725	11,049	54.6 %	115,793	0.9	\$139	\$131
ANTIDEPRESSANTS	8,582,697	16,668	82.3	173,713	0.9	53	49
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	7,683,985	7,137	35.2	74,962	0.8	123	103
ULCER DRUGS	7,564,756	12,152	60.0	125,902	0.9	70	60
ANTICONVULSANT	4,496,655	6,726	33.2	71,560	1.1	57	63
ANTIDIABETIC	3,711,853	9,133	45.1	96,545	0.9	44	38
ANALGESICS - Narcotic	3,211,085	13,061	64.5	132,794	0.9	27	24
MISC. HEMATOLOGICAL	2,935,562	3,428	16.9	34,752	0.8	100	84
ANTIHYPERTENSIVE	2,721,725	10,478	51.8	108,014	0.9	29	25
ANTIHYPERLIPIDEMIC	2,507,233	3,191	15.8	34,158	0.8	89	73
Total	58,609,276	93,023		968,193	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 11,499 beneficiaries who were in nursing facilities for part of their enrollment and their 113,575 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of 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>874,023</b>	<b>\$58,609,276</b>	<b>11,049</b>	<b>54.6 %</b>	<b>115,793</b>	<b>0.9</b>	<b>\$131</b>	<b>16,668</b>	<b>82.3 %</b>	<b>173,713</b>	<b>0.9</b>	<b>\$49</b>
<b>Female</b>	648,432	43,101,559	7,982	52.2	84,176	0.9	129	12,597	82.4	131,800	0.9	50
<b>Disabled</b>	134,729	9,385,229	1,495	62.4	16,992	1.0	156	2,141	89.4	24,221	0.9	51
64 or younger	45,520	3,438,664	443	58.6	5,102	1.0	185	752	99.5	8,618	1.0	54
65-74	39,208	2,659,073	438	72.0	5,035	1.0	157	565	92.9	6,358	1.0	50
75-84	36,384	2,454,997	443	65.3	4,989	1.0	140	580	85.5	6,528	0.9	49
85 and older	13,617	832,495	171	48.6	1,866	0.8	118	244	69.3	2,717	0.8	45
<b>Other Eligibles</b>	513,703	33,716,330	6,487	50.3	67,184	0.9	122	10,456	81.1	107,579	0.9	49
64 or younger	32	2,159	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	59,685	4,189,799	697	67.4	7,376	1.0	149	1,063	102.8	11,219	0.9	53
75-84	205,324	13,858,293	2,521	56.4	26,364	1.0	132	3,912	87.5	40,802	0.9	51
85 and older	248,662	15,666,079	3,269	44.3	33,444	0.9	107	5,481	74.2	55,558	0.9	48
<b>Male</b>	225,591	15,507,717	3,067	61.8	31,617	1.0	139	4,071	82.0	41,913	0.9	49
<b>Disabled</b>	80,317	5,846,099	987	68.3	11,239	1.1	167	1,210	83.7	13,560	0.9	51
64 or younger	48,036	3,676,742	561	68.6	6,400	1.1	187	708	86.6	8,000	1.0	55
65-74	21,773	1,526,447	290	76.1	3,307	1.0	154	333	87.4	3,729	0.9	47
75-84	8,402	514,906	101	55.5	1,166	1.0	115	128	70.3	1,407	0.9	46
85 and older	2,106	128,004	35	53.8	366	1.0	110	41	63.1	424	0.8	39
<b>Other Eligibles</b>	145,274	9,661,618	2,080	59.1	20,378	0.9	123	2,861	81.3	28,353	0.9	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	39,699	2,695,461	516	66.9	5,337	1.0	135	698	90.5	7,287	0.9	48
75-84	65,070	4,326,056	934	62.5	9,256	0.9	122	1,289	86.2	12,829	0.9	48
85 and older	40,505	2,640,101	630	50.2	5,785	0.9	113	874	69.7	8,237	0.9	48
<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 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 11,499 beneficiaries who were in nursing facilities for part of their enrollment and their 113,575 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.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>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>7,137</b>	<b>35.2 %</b>	<b>74,962</b>	<b>0.8</b>	<b>\$103</b>	<b>12,152</b>	<b>60.0 %</b>	<b>125,902</b>	<b>0.9</b>	<b>\$60</b>	<b>6,726</b>	<b>33.2 %</b>	<b>71,560</b>	<b>1.1</b>	<b>\$63</b>
<b>Female</b>	5,434	35.6	57,520	0.8	103	9,055	59.3	94,487	0.9	60	4,583	30.0	48,894	1.1	59
<b>Disabled</b>	553	23.1	6,322	0.8	133	1,671	69.8	18,820	0.8	59	1,306	54.6	14,712	1.2	73
64 or younger	116	15.3	1,351	0.8	262	496	65.6	5,620	0.8	59	569	75.3	6,537	1.3	87
65-74	138	22.7	1,581	0.8	97	448	73.7	5,117	0.8	58	399	65.6	4,490	1.1	69
75-84	209	30.8	2,372	0.8	100	490	72.3	5,511	0.8	61	260	38.3	2,862	1.0	57
85 and older	90	25.6	1,018	0.8	95	237	67.3	2,572	0.8	56	78	22.2	823	1.1	45
<b>Other Eligibles</b>	4,881	37.9	51,198	0.8	99	7,384	57.3	75,667	0.9	60	3,277	25.4	34,182	1.0	53
64 or younger	0	0.0	0	0.0	0	1	100.0	6	1.0	15	0	0.0	0	0.0	0
65-74	385	37.2	4,080	0.8	106	655	63.3	7,002	0.9	66	568	54.9	6,126	1.1	65
75-84	1,912	42.8	20,096	0.8	102	2,718	60.8	28,584	0.9	61	1,380	30.9	14,483	1.0	55
85 and older	2,584	35.0	27,022	0.8	97	4,010	54.3	40,075	0.9	58	1,329	18.0	13,573	1.0	44
<b>Male</b>	1,703	34.3	17,442	0.8	101	3,097	62.4	31,415	0.9	62	2,143	43.2	22,666	1.2	72
<b>Disabled</b>	296	20.5	3,381	0.8	108	931	64.4	10,440	0.9	62	980	67.8	11,000	1.3	84
64 or younger	124	15.2	1,422	0.8	124	521	63.7	5,914	0.9	62	678	82.9	7,605	1.3	91
65-74	110	28.9	1,264	0.8	88	245	64.3	2,767	0.9	64	213	55.9	2,414	1.2	73
75-84	47	25.8	523	0.9	110	121	66.5	1,321	0.9	63	73	40.1	810	1.2	57
85 and older	15	23.1	172	0.9	106	44	67.7	438	0.9	55	16	24.6	171	0.9	48
<b>Other Eligibles</b>	1,407	40.0	14,061	0.8	99	2,166	61.5	20,975	0.9	61	1,163	33.0	11,666	1.1	60
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	245	31.8	2,564	0.8	98	552	71.6	5,702	0.9	62	379	49.2	3,986	1.2	70
75-84	670	44.8	6,691	0.8	98	917	61.3	8,862	0.9	61	511	34.2	5,100	1.0	62
85 and older	492	39.2	4,806	0.9	101	697	55.6	6,411	0.9	61	273	21.8	2,580	0.9	40
<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 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 11,499 beneficiaries who were in nursing facilities for part of their enrollment and their 113,575 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					MISC. HEMATOLOGICAL				
	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>9,133</b>	<b>45.1 %</b>	<b>96,545</b>	<b>0.9</b>	<b>\$38</b>	<b>13,061</b>	<b>64.5 %</b>	<b>132,794</b>	<b>0.9</b>	<b>\$24</b>	<b>3,428</b>	<b>16.9 %</b>	<b>34,752</b>	<b>0.8</b>	<b>\$85</b>
<b>Female</b>	6,689	43.8	71,253	0.9	38	10,132	66.3	103,710	0.9	24	2,501	16.4	25,582	0.8	85
<b>Disabled</b>	1,449	60.5	16,347	0.9	44	1,790	74.8	19,989	1.0	29	385	16.1	4,234	0.9	85
64 or younger	438	57.9	5,028	0.9	46	599	79.2	6,808	1.0	28	91	12.0	1,047	0.8	82
65-74	447	73.5	5,080	1.0	47	500	82.2	5,598	1.2	34	112	18.4	1,241	0.8	90
75-84	416	61.4	4,601	0.9	41	471	69.5	5,202	1.0	29	132	19.5	1,431	0.9	86
85 and older	148	42.0	1,638	0.8	34	220	62.5	2,381	0.9	19	50	14.2	515	0.9	78
<b>Other Eligibles</b>	5,240	40.7	54,906	0.9	36	8,342	64.7	83,721	0.9	23	2,116	16.4	21,348	0.8	85
64 or younger	1	100.0	6	1.0	56	0	0.0	0	0.0	0	1	100.0	6	1.0	123
65-74	673	65.1	7,297	0.9	40	833	80.6	8,654	1.0	36	197	19.1	2,077	0.9	90
75-84	2,260	50.6	23,724	0.9	38	2,981	66.7	30,573	0.9	26	768	17.2	8,002	0.8	86
85 and older	2,306	31.2	23,879	0.8	34	4,528	61.3	44,494	0.8	19	1,150	15.6	11,263	0.8	83
<b>Male</b>	2,444	49.2	25,292	0.9	40	2,929	59.0	29,084	0.9	24	927	18.7	9,170	0.8	84
<b>Disabled</b>	801	55.4	9,023	0.9	43	858	59.3	9,412	1.0	31	199	13.8	2,133	0.8	85
64 or younger	420	51.3	4,722	0.9	44	532	65.0	5,921	1.1	41	93	11.4	1,023	0.8	90
65-74	261	68.5	2,955	0.9	40	212	55.6	2,326	0.9	18	72	18.9	798	0.8	82
75-84	102	56.0	1,142	0.9	44	88	48.4	914	0.8	10	28	15.4	278	0.9	80
85 and older	18	27.7	204	0.8	46	26	40.0	251	0.9	10	6	9.2	34	0.6	59
<b>Other Eligibles</b>	1,643	46.7	16,269	0.9	38	2,071	58.8	19,672	0.8	20	728	20.7	7,037	0.8	84
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	433	56.2	4,428	0.8	41	541	70.2	5,356	0.9	30	169	21.9	1,701	0.8	81
75-84	771	51.6	7,748	0.9	37	843	56.4	8,093	0.8	17	318	21.3	3,109	0.8	83
85 and older	439	35.0	4,093	0.8	36	687	54.8	6,223	0.7	15	241	19.2	2,227	0.9	86
<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 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 11,499 beneficiaries who were in nursing facilities for part of their enrollment and their 113,575 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIHYPERTENSIVE					Benefit Months	
	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	Among All-Year Nursing Facility Residents
<b>All</b>	<b>10,478</b>	<b>51.8 %</b>	<b>108,014</b>	<b>0.9</b>	<b>\$25</b>	<b>3,191</b>	<b>15.8 %</b>	<b>34,158</b>	<b>0.8</b>	<b>\$73</b>	<b>20,247</b>	<b>203,034</b>
<b>Female</b>	7,792	51.0	80,556	0.9	26	2,296	15.0	24,611	0.8	74	15,281	154,018
<b>Disabled</b>	1,310	54.7	14,670	0.9	26	528	22.1	6,013	0.8	74	2,394	26,440
64 or younger	347	45.9	3,955	0.9	26	193	25.5	2,243	0.8	72	756	8,538
65-74	374	61.5	4,239	0.9	26	162	26.6	1,818	0.8	76	608	6,784
75-84	415	61.2	4,558	0.9	27	130	19.2	1,486	0.9	78	678	7,371
85 and older	174	49.4	1,918	0.9	25	43	12.2	466	0.7	57	352	3,747
<b>Other Eligibles</b>	6,482	50.3	65,886	0.9	26	1,768	13.7	18,598	0.8	74	12,887	127,578
64 or younger	1	100.0	6	1.2	35	1	100.0	6	1.2	131	1	6
65-74	644	62.3	6,894	0.9	28	272	26.3	2,873	0.9	77	1,034	10,585
75-84	2,409	53.9	24,927	0.9	27	834	18.7	8,802	0.8	77	4,470	45,063
85 and older	3,428	46.4	34,059	0.9	25	661	9.0	6,917	0.8	69	7,382	71,924
<b>Male</b>	2,686	54.1	27,458	0.9	23	895	18.0	9,547	0.8	72	4,966	49,016
<b>Disabled</b>	756	52.3	8,505	0.9	24	321	22.2	3,666	0.8	74	1,446	16,048
64 or younger	390	47.7	4,393	0.9	24	192	23.5	2,186	0.8	74	818	9,129
65-74	230	60.4	2,633	0.9	26	100	26.2	1,154	0.8	73	381	4,256
75-84	105	57.7	1,141	0.9	20	27	14.8	302	0.9	81	182	1,993
85 and older	31	47.7	338	0.8	17	2	3.1	24	0.8	48	65	670
<b>Other Eligibles</b>	1,930	54.8	18,953	0.9	22	574	16.3	5,881	0.8	71	3,520	32,968
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	501	65.0	5,250	0.9	23	173	22.4	1,848	0.8	75	771	7,747
75-84	849	56.8	8,344	0.9	22	299	20.0	3,063	0.8	70	1,495	14,072
85 and older	580	46.3	5,359	0.9	22	102	8.1	970	0.8	68	1,254	11,149
<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 2004 file for Tennessee, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 11,499 beneficiaries who were in nursing facilities for part of their enrollment and their 113,575 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
TENNESSEE, 2004

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	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>202,756</b>	<b>69.9 %</b>	<b>10.3</b>	<b>2,983,096</b>	<b>\$111</b>	<b>\$32,248,544</b>	<b>\$11</b>	<b>2.6 %</b>	<b>289,884</b>
<b>Age</b>									
5 and younger	7	87.5	13.9	111	279	2,231	20	4.3	8
6-14	30	96.8	20.5	634	329	10,186	16	1.7	31
15-20	136	43.6	4.0	1,245	172	53,690	43	4.6	312
21-44	26,125	59.4	7.5	331,075	116	5,113,830	15	2.5	44,004
45-64	66,536	73.1	11.4	1,041,022	135	12,276,961	12	2.5	91,028
65-74	56,836	68.8	10.0	825,971	95	7,880,096	10	2.6	82,611
75-84	33,901	73.1	10.9	507,098	97	4,509,746	9	2.9	46,398
85 and older	19,185	75.3	10.8	275,940	94	2,401,804	9	3.3	25,492
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	78,394	69.2	9.4	1,067,742	87	9,902,348	9	2.7	113,303
Disabled	119,150	70.6	11.0	1,853,021	127	21,502,379	12	2.6	168,813
Adults	5,182	67.1	8.0	62,063	109	840,802	14	2.2	7,724
Children	19	76.0	7.7	193	95	2,384	12	1.7	25
Unknown	11	57.9	4.1	77	33	631	8	0.8	19
<b>Gender</b>									
Female	129,802	75.5	11.6	1,996,023	125	21,521,002	11	2.9	171,909
Male	72,954	61.8	8.4	987,073	91	10,727,542	11	2.3	117,975
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	149,619	70.9	10.6	2,240,738	119	25,073,534	11	2.7	211,068
African American	35,649	66.2	8.7	470,369	79	4,228,914	9	2.5	53,823
Other/unknown	17,488	70.0	10.9	271,989	118	2,946,096	11	2.7	24,993
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	16,892	83.4	14.6	295,586	135	2,742,876	9	3.1	20,247
Part year	9,764	84.9	12.4	142,133	117	1,346,071	9	3.0	11,499
None	176,100	68.2	9.9	2,545,377	109	28,159,597	11	2.6	258,138
<b>Maintenance Assistance Status</b>									
Cash	115,283	69.9	10.9	1,800,585	119	19,593,819	11	2.7	164,830
Medically needy	34,771	72.6	10.1	482,953	114	5,441,073	11	2.6	47,870
Poverty related	5,309	66.1	7.0	56,280	70	560,551	10	2.9	8,032
Other/unknown	47,393	68.5	9.3	643,278	96	6,653,101	10	2.4	69,152

Table D11

Dual Eligible Beneficiaries

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
TENNESSEE, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.9</b>	<b>\$10</b>	<b>\$11</b>	<b>\$0</b>	<b>\$4</b>	<b>3,202,595</b>
<b>Age</b>						
5 and younger	1.6	33	20	2	0	68
6-14	1.7	28	16	0	1	369
15-20	0.3	15	43	0	3	3,599
21-44	0.7	10	15	0	5	505,230
45-64	1.0	12	12	0	5	1,034,602
65-74	0.9	9	10	0	3	911,852
75-84	1.0	9	9	0	2	495,062
85 and older	1.1	10	9	0	2	251,813
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.9	8	9	0	2	1,188,731
Disabled	1.0	11	12	0	5	1,932,364
Adults	0.8	10	14	0	5	81,020
Children	0.7	9	12	0	3	268
Unknown	0.4	3	8	0	2	212
<b>Gender</b>						
Female	1.1	11	11	0	4	1,900,423
Male	0.8	8	11	0	3	1,302,172
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	1.0	11	11	0	4	2,316,592
African American	0.8	7	9	0	1	600,468
Other/unknown	1.0	10	11	0	4	285,535
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.5	14	9	0	4	203,034
Part year	1.3	12	9	0	4	113,575
None	0.9	10	11	0	4	2,885,986
<b>Maintenance Assistance Status</b>						
Cash	0.9	10	11	0	4	1,903,223
Medically needy	1.0	11	11	0	4	490,313
Poverty related	0.7	7	10	0	2	81,965
Other/unknown	0.9	9	10	0	3	727,094

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
TENNESSEE, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>350,686</b>	<b>\$92</b>	<b>\$32,248,544</b>	<b>100.0 %</b>	<b>2,983,096</b>	<b>\$11</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	16	110	1,758	0.0	33	53	0.0
Drugs for cosmetic purposes	107	106	11,379	0.0	348	33	0.0
Cough and cold medications	19,234	53	1,024,908	3.2	42,579	24	1.4
Vitamins and minerals	69,527	112	7,813,333	24.2	505,390	15	16.9
Non-prescription drugs	150,226	59	8,917,208	27.7	1,424,981	6	47.8
Barbiturates	2,530	58	147,458	0.5	28,764	5	1.0
Benzodiazepines	98,556	124	12,230,451	37.9	935,088	13	31.3
Other Part D Excl Rx Drugs	10,490	200	2,102,049	6.5	45,913	46	1.5

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 TENNESSEE, 2004

Total Number of Dual Eligible Beneficiaries	289,884
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$1,218,313,383
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$4,203

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	25,856	8.9 %	\$0	0.0 %
1-500	30,633	10.6	6,590,690	0.5
501-1,000	21,708	7.5	16,183,037	1.3
1,001-1,500	19,501	6.7	24,337,269	2.0
1,501-2,000	18,436	6.4	32,210,593	2.6
2,001-2,500	17,464	6.0	39,247,674	3.2
2,501-3,000	16,346	5.6	44,876,799	3.7
3,001-3,500	15,055	5.2	48,906,915	4.0
3,501-4,000	14,055	4.8	52,671,249	4.3
4,001-4,500	12,714	4.4	53,980,399	4.4
4,501-5,000	11,440	3.9	54,311,693	4.5
5,001-5,500	10,240	3.5	53,702,477	4.4
5,501-6,000	8,840	3.0	50,770,704	4.2
6,001-6,500	7,836	2.7	48,936,227	4.0
6,501-7,000	6,909	2.4	46,602,711	3.8
7,001-7,500	6,075	2.1	44,010,664	3.6
7,501-8,000	5,191	1.8	40,198,110	3.3
8,001-8,500	4,535	1.6	37,396,373	3.1
8,501-9,000	4,057	1.4	35,479,613	2.9
9,001-9,500	3,556	1.2	32,871,286	2.7
9,501-10,000	3,093	1.1	30,148,489	2.5
10,001+	26,344	9.1	424,880,411	34.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 TENNESSEE, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	127,606
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$652,454,578
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$5,113

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,406	10.5 %	0	0.0 %
1-500	13,483	10.6	2,692,518	0.4
501-1,000	8,066	6.3	6,006,200	0.9
1,001-1,500	6,923	5.4	8,647,454	1.3
1,501-2,000	6,428	5.0	11,232,407	1.7
2,001-2,500	6,085	4.8	13,694,822	2.1
2,501-3,000	5,894	4.6	16,187,623	2.5
3,001-3,500	5,545	4.3	18,022,965	2.8
3,501-4,000	5,319	4.2	19,932,283	3.1
4,001-4,500	4,906	3.8	20,838,668	3.2
4,501-5,000	4,570	3.6	21,707,067	3.3
5,001-5,500	4,152	3.3	21,784,723	3.3
5,501-6,000	3,756	2.9	21,587,266	3.3
6,001-6,500	3,486	2.7	21,787,317	3.3
6,501-7,000	3,133	2.5	21,136,912	3.2
7,001-7,500	2,969	2.3	21,515,820	3.3
7,501-8,000	2,614	2.0	20,247,521	3.1
8,001-8,500	2,386	1.9	19,682,536	3.0
8,501-9,000	2,172	1.7	18,999,802	2.9
9,001-9,500	2,012	1.6	18,605,630	2.9
9,501-10,000	1,800	1.4	17,545,323	2.7
10,001+	18,501	14.5	310,599,721	47.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 TENNESSEE, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	154,501
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$524,232,344
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$3,393

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,941	7.7 %	0	0.0 %
1-500	16,402	10.6	3,730,823	0.7
501-1,000	13,149	8.5	9,808,753	1.9
1,001-1,500	12,128	7.8	15,127,089	2.9
1,501-2,000	11,552	7.5	20,185,272	3.9
2,001-2,500	10,996	7.1	24,691,907	4.7
2,501-3,000	10,064	6.5	27,623,767	5.3
3,001-3,500	9,147	5.9	29,704,365	5.7
3,501-4,000	8,409	5.4	31,510,390	6.0
4,001-4,500	7,490	4.8	31,792,251	6.1
4,501-5,000	6,563	4.2	31,144,521	5.9
5,001-5,500	5,821	3.8	30,518,458	5.8
5,501-6,000	4,806	3.1	27,584,570	5.3
6,001-6,500	4,112	2.7	25,659,220	4.9
6,501-7,000	3,576	2.3	24,117,597	4.6
7,001-7,500	2,903	1.9	21,024,998	4.0
7,501-8,000	2,429	1.6	18,803,591	3.6
8,001-8,500	1,982	1.3	16,334,141	3.1
8,501-9,000	1,766	1.1	15,437,137	2.9
9,001-9,500	1,405	0.9	12,982,824	2.5
9,501-10,000	1,186	0.8	11,559,514	2.2
10,001+	6,674	4.3	94,891,156	18.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 TENNESSEE, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	82,611
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$299,213,324
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,622

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,491	7.9 %	0	0.0 %
1-500	8,285	10.0	1,839,454	0.6
501-1,000	6,485	7.9	4,842,412	1.6
1,001-1,500	6,075	7.4	7,601,736	2.5
1,501-2,000	5,940	7.2	10,376,620	3.5
2,001-2,500	5,647	6.8	12,700,609	4.2
2,501-3,000	5,275	6.4	14,477,977	4.8
3,001-3,500	4,869	5.9	15,815,810	5.3
3,501-4,000	4,430	5.4	16,604,260	5.5
4,001-4,500	3,995	4.8	16,962,037	5.7
4,501-5,000	3,602	4.4	17,099,122	5.7
5,001-5,500	3,164	3.8	16,590,402	5.5
5,501-6,000	2,696	3.3	15,477,712	5.2
6,001-6,500	2,265	2.7	14,132,058	4.7
6,501-7,000	2,019	2.4	13,614,870	4.6
7,001-7,500	1,645	2.0	11,911,405	4.0
7,501-8,000	1,432	1.7	11,086,357	3.7
8,001-8,500	1,182	1.4	9,737,537	3.3
8,501-9,000	1,051	1.3	9,185,934	3.1
9,001-9,500	845	1.0	7,809,046	2.6
9,501-10,000	746	0.9	7,275,154	2.4
10,001+	4,472	5.4	64,072,812	21.4

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 TENNESSEE, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	46,398
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$152,947,401
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,296

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,722	8.0 %	0	0.0 %
1-500	4,703	10.1	1,081,627	0.7
501-1,000	4,001	8.6	2,981,301	1.9
1,001-1,500	3,642	7.8	4,530,948	3.0
1,501-2,000	3,463	7.5	6,043,445	4.0
2,001-2,500	3,387	7.3	7,589,347	5.0
2,501-3,000	3,051	6.6	8,382,126	5.5
3,001-3,500	2,773	6.0	9,010,035	5.9
3,501-4,000	2,585	5.6	9,683,165	6.3
4,001-4,500	2,322	5.0	9,854,922	6.4
4,501-5,000	2,008	4.3	9,532,471	6.2
5,001-5,500	1,809	3.9	9,476,918	6.2
5,501-6,000	1,457	3.1	8,360,267	5.5
6,001-6,500	1,289	2.8	8,042,235	5.3
6,501-7,000	1,063	2.3	7,171,522	4.7
7,001-7,500	893	1.9	6,470,275	4.2
7,501-8,000	715	1.5	5,534,378	3.6
8,001-8,500	566	1.2	4,666,848	3.1
8,501-9,000	522	1.1	4,567,274	3.0
9,001-9,500	402	0.9	3,713,604	2.4
9,501-10,000	313	0.7	3,045,952	2.0
10,001+	1,712	3.7	23,208,741	15.2

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 TENNESSEE, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	25,492
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$72,071,619
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,827

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,728	6.8 %	0	0.0 %
1-500	3,414	13.4	809,742	1.1
501-1,000	2,663	10.4	1,985,040	2.8
1,001-1,500	2,411	9.5	2,994,405	4.2
1,501-2,000	2,149	8.4	3,765,207	5.2
2,001-2,500	1,962	7.7	4,401,951	6.1
2,501-3,000	1,738	6.8	4,763,664	6.6
3,001-3,500	1,505	5.9	4,878,520	6.8
3,501-4,000	1,394	5.5	5,222,965	7.2
4,001-4,500	1,173	4.6	4,975,292	6.9
4,501-5,000	953	3.7	4,512,928	6.3
5,001-5,500	848	3.3	4,451,138	6.2
5,501-6,000	653	2.6	3,746,591	5.2
6,001-6,500	558	2.2	3,484,927	4.8
6,501-7,000	494	1.9	3,331,205	4.6
7,001-7,500	365	1.4	2,643,318	3.7
7,501-8,000	282	1.1	2,182,856	3.0
8,001-8,500	234	0.9	1,929,756	2.7
8,501-9,000	193	0.8	1,683,929	2.3
9,001-9,500	158	0.6	1,460,174	2.0
9,501-10,000	127	0.5	1,238,408	1.7
10,001+	490	1.9	7,609,603	10.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>289,884</b>	<b>113,303</b>	<b>168,813</b>	<b>7,724</b>	<b>25</b>	<b>19</b>	<b>3,206,103</b>	<b>1,191,449</b>	<b>1,933,103</b>	<b>81,071</b>	<b>268</b>	<b>212</b>
<b>Age</b>												
5 and younger	8	0	7	0	1	0	68	0	66	0	2	0
6-14	31	0	29	0	2	0	369	0	345	0	24	0
15-20	312	0	291	0	21	0	3,599	0	3,369	0	230	0
21-44	44,004	2	41,588	2,412	1	1	505,347	24	480,334	24,965	12	12
45-64	91,028	749	85,691	4,583	0	5	1,035,143	8,209	978,197	48,684	0	53
65-74	82,611	51,759	30,147	694	0	11	912,823	558,830	346,761	7,109	0	123
75-84	46,398	37,323	9,038	35	0	2	496,115	393,744	102,034	313	0	24
85 and older	25,492	23,470	2,022	0	0	0	252,639	230,642	21,997	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	171,909	77,887	89,917	4,073	13	19	1,902,717	826,723	1,032,420	43,230	132	212
Male	117,975	35,416	78,896	3,651	12	0	1,303,386	364,726	900,683	37,841	136	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	211,068	88,148	116,387	6,497	23	13	2,319,479	920,543	1,330,138	68,414	244	140
African American	53,823	18,943	33,784	1,091	2	3	601,053	201,631	388,096	11,266	24	36
Other/unknown	24,993	6,212	18,642	136	0	3	285,571	69,275	214,869	1,391	0	36
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	20,247	16,407	3,840	0	0	0	203,461	160,945	42,516	0	0	0
Part year	11,499	9,165	2,330	4	0	0	114,105	88,540	25,518	47	0	0
None	258,138	87,731	162,643	7,720	25	19	2,888,537	941,964	1,865,069	81,024	268	212
<b>Maintenance Assistance Status</b>												
Cash	164,830	27,751	136,439	638	2	0	1,903,262	313,867	1,582,630	6,741	24	0
Medically needy	47,870	31,176	14,384	2,300	10	0	491,685	319,401	149,089	23,085	110	0
Poverty related	8,032	5,594	2,366	48	5	19	83,893	57,476	25,688	471	46	212
Other/unknown	69,152	48,782	15,624	4,738	8	0	727,263	500,705	175,696	50,774	88	0
<b>Dual Status<sup>d</sup></b>												
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	161,002	112,512	46,344	2,136	10	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	289,884	113,303	168,813	7,724	25	19	3,206,103	1,191,449	1,933,103	81,071	268	212
FFS part year, with Rx claims	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
MC all year, with Rx claims	0	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	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>289,884</b>	<b>3,206,103</b>	<b>289,884</b>	<b>3,202,595</b>	<b>0</b>	<b>3,508</b>
Fee-for-service (FFS) all year	289,884	3,206,103	289,884	3,202,595	0	3,508
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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