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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
TENNESSEE

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TENNESSEE, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1594249 (A)	310953 (E)	1283296 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1564814 (B)	283400 (F)	1281414 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1564814 (C)	283400 (G)	1281414 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	20766 (D)	19075 (H)	1691 (L)

Source: Data for this table are from the MAX 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Tennessee in 2005 was $1,956,215,432, of which $5,565,323 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and N+B18D.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2

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

TENNESSEE, 2005

	Number of Beneficiaries						Number of Benefit Months					
Beneficiary Characteristics	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**1,564,814**	**104,253**	**349,628**	**403,288**	**705,643**	**2,002**	**16,114,677**	**1,080,251**	**3,986,806**	**3,770,396**	**7,258,165**	**19,059**
Age												
5 and younger	261,267	0	7,718	2	253,547	0	2,590,263	0	84,553	5	2,505,705	0
6-14	305,702	1	20,197	13	285,491	0	3,294,888	7	234,896	49	3,059,936	0
15-20	180,227	6	17,358	670	162,146	47	1,867,518	64	201,874	1,912	1,663,304	364
21-44	409,007	14	103,126	300,554	4,459	854	4,077,617	154	1,185,388	2,855,486	29,220	7,369
45-64	257,675	837	155,413	100,352	0	1,073	2,673,490	9,468	1,753,579	899,442	0	11,001
65-74	80,648	45,003	33,986	1,633	0	26	868,396	463,431	391,728	12,936	0	301
75-84	45,423	35,633	9,729	59	0	2	492,168	380,093	111,500	551	0	24
85 and older	24,864	22,758	2,101	5	0	0	250,329	227,026	23,288	15	0	0
Unknown	1	1	0	0	0	0	8	8	0	0	0	0
Gender												
Female	909,991	72,328	178,639	299,789	357,239	1,996	9,366,677	759,215	2,045,271	2,872,980	3,670,196	19,015
Male	654,822	31,925	170,989	103,499	348,403	6	6,747,988	321,036	1,941,535	897,416	3,587,957	44
Unknown	1	0	0	0	1	0	12	0	0	0	12	0
Race												
White	996,981	80,022	215,301	284,612	416,080	966	10,140,826	818,989	2,444,279	2,628,684	4,238,982	9,892
African American	443,122	17,303	82,428	104,879	238,331	181	4,709,180	184,074	947,585	1,046,417	2,529,323	1,781
Other/unknown	124,711	6,928	51,899	13,797	51,232	855	1,264,671	77,188	594,942	95,295	489,860	7,386
Use of Nursing Facilities[c]												
Entire year	20,766	15,705	5,059	2	0	0	211,091	155,405	55,684	2	0	0
Part year	12,668	9,510	3,118	36	1	3	126,656	93,289	32,989	343	12	23
None	1,531,380	79,038	341,451	403,250	705,642	1,999	15,776,930	831,557	3,898,133	3,770,051	7,258,153	19,036
Maintenance Assistance Status												
Cash	688,206	26,354	303,922	112,601	245,329	0	7,610,143	300,658	3,522,133	1,156,680	2,630,672	0
Medically needy	150,694	27,499	20,237	48,493	54,465	0	1,556,783	311,561	215,170	496,945	533,107	0
Poverty-related	282,223	13,332	6,749	23,857	236,283	2,002	2,665,098	131,848	73,563	173,298	2,267,330	19,059
Other/unknown	443,691	37,068	18,720	218,337	169,566	0	4,282,653	336,184	175,940	1,943,473	1,827,056	0
Dual Medicare Status[d]												
Full dual, all year	260,791	86,268	166,533	7,883	35	72	2,900,249	898,578	1,921,814	78,646	370	841
Full dual, part year	22,609	15,057	7,400	152	0	0	235,176	152,254	81,196	1,726	0	0
Non-dual, all year	1,281,414	2,928	175,695	395,253	705,608	1,930	12,979,252	29,419	1,983,796	3,690,024	7,257,795	18,218
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,564,814	104,253	349,628	403,288	705,643	2,002	16,114,677	1,080,251	3,986,806	3,770,396	7,258,165	19,059
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

Source: Data for this table are from the MAX 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

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

TENNESSEE, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**74.7**	**20.4**	**$1,247**	**$61**	**$4,682**	**26.6**	**1,564,814**
Age							
5 and younger	67.4	4.2	259	61	1,926	13.4	261,267
6-14	62.2	4.9	355	72	1,867	19.0	305,702
15-20	67.2	6.8	375	56	2,874	13.1	180,227
21-44	77.2	18.3	1,187	65	4,969	23.9	409,007
45-64	87.9	45.7	2,984	65	8,583	34.8	257,675
65-74	92.2	55.8	3,038	54	6,564	46.3	80,648
75-84	92.4	61.6	3,052	50	11,068	27.6	45,423
85 and older	92.9	61.0	2,767	45	18,415	15.0	24,864
Unknown	100.0	15.0	968	65	2,189	44.2	1
Basis of Eligibility[e]							
Aged	92.4	56.5	2,876	51	10,733	26.8	104,253
Disabled	83.2	44.8	3,117	70	10,059	31.0	349,628
Adults	79.8	17.3	947	55	3,598	26.3	403,288
Children	64.9	4.7	249	53	1,725	14.4	705,643
Unknown	86.6	25.9	1,606	62	10,855	14.8	2,002
Gender							
Female	78.5	23.1	1,310	57	4,893	26.8	909,991
Male	69.5	16.6	1,159	70	4,387	26.4	654,822
Unknown	100.0	7.0	487	70	1,358	35.9	1
Race							
White	79.7	24.2	1,470	61	5,164	28.5	996,981
African American	65.4	11.7	682	58	3,453	19.8	443,122
Other/unknown	68.0	20.9	1,467	70	5,190	28.3	124,711
Use of Nursing Facilities[f]							
Entire year	98.7	96.4	4,919	51	39,148	12.6	20,766
Part year	98.4	80.1	3,987	50	27,454	14.5	12,668
None	74.2	18.9	1,174	62	4,026	29.2	1,531,380
Maintenance Assistance Status							
Cash	76.7	25.5	1,640	64	5,791	28.3	688,206
Medically needy	76.1	27.3	1,622	59	3,748	43.3	150,694
Poverty related	67.5	7.3	388	53	2,171	17.9	282,223
Other/unknown	75.8	18.3	1,055	58	4,875	21.6	443,691

Source: Data for this table are from the MAX 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 4

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

TENNESSEE, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number: Beneficiaries	Number: Benefit Months
All	**2.0**	**$121**	**26.6**	**25.3**	**41.5**	**8.1**	**13.2**	**9.7**	**2.2**	**$455**	**1,564,814**	**16,114,677**
Age												
5 and younger	0.4	26	13.4	32.6	62.4	3.7	1.2	0.1	0.0	194	261,267	2,590,263
6-14	0.5	33	19.0	37.8	54.5	4.5	2.8	0.3	0.0	173	305,702	3,294,888
15-20	0.7	36	13.1	32.8	54.9	7.4	4.2	0.6	0.0	277	180,227	1,867,518
21-44	1.8	119	23.9	22.8	41.1	12.3	16.1	6.8	0.9	498	409,007	4,077,617
45-64	4.4	288	34.8	12.1	15.6	10.5	29.4	26.4	6.1	827	257,675	2,673,490
65-74	5.2	282	46.3	7.8	10.0	8.7	31.1	34.4	7.9	610	80,648	868,396
75-84	5.7	282	27.6	7.6	7.9	7.3	29.7	36.2	11.3	1,022	45,423	492,168
85 and older	6.1	275	15.0	7.1	6.6	6.9	28.9	37.3	13.3	1,829	24,864	250,329
Unknown	1.9	121	44.2	0.0	0.0	100.0	0.0	0.0	0.0	274	1	8
Basis of Eligibility[e]												
Aged	5.5	278	26.8	7.6	9.2	8.4	30.8	33.6	10.4	1,036	104,253	1,080,251
Disabled	3.9	273	31.0	16.8	19.0	8.7	24.7	25.0	5.8	882	349,628	3,986,806
Adults	1.9	101	26.3	20.2	40.6	13.3	18.2	6.9	0.9	385	403,288	3,770,396
Children	0.5	24	14.4	35.1	58.0	4.6	2.1	0.2	0.0	168	705,643	7,258,165
Unknown	2.7	169	14.8	13.4	32.0	14.0	27.8	11.8	0.9	1,140	2,002	19,059
Gender												
Female	2.2	127	26.8	21.5	41.5	8.8	14.4	11.2	2.7	475	909,991	9,366,677
Male	1.6	112	26.4	30.5	41.6	7.0	11.6	7.7	1.6	426	654,822	6,747,988
Unknown	0.6	41	35.9	0.0	100.0	0.0	0.0	0.0	0.0	113	1	12
Race												
White	2.4	145	28.5	20.3	40.2	9.1	15.6	11.9	2.9	508	996,981	10,140,826
African American	1.1	64	19.8	34.6	45.8	6.3	8.2	4.5	0.7	325	443,122	4,709,180
Other/unknown	2.1	145	28.3	32.0	37.0	6.2	12.1	10.7	2.0	512	124,711	1,264,671
Use of Nursing Facilities[f]												
Entire year	9.5	484	12.6	1.3	1.9	2.7	16.9	40.9	36.4	3,851	20,766	211,091
Part year	8.0	399	14.5	1.6	3.5	4.9	23.7	41.8	24.3	2,746	12,668	126,656
None	1.8	114	29.2	25.8	42.4	8.2	13.1	9.0	1.6	391	1,531,380	15,776,930
Maintenance Assistance Status												
Cash	2.3	148	28.3	23.3	38.5	8.0	15.1	12.6	2.5	524	688,206	7,610,143
Medically needy	2.6	157	43.3	23.9	34.8	8.2	15.4	14.5	3.2	363	150,694	1,556,783
Poverty related	0.8	41	17.9	32.5	54.4	6.0	4.8	1.8	0.5	230	282,223	2,665,098
Other/unknown	1.9	109	21.6	24.2	40.3	9.5	15.0	8.5	2.5	505	443,691	4,282,653

Source: Data for this table are from the MAX 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

TABLE 5

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

TENNESSEE, 2005

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**2.0**	**$121**	**$61**	**0.8**	**$93**	**$124**	**0.1**	**$5**	**$78**	**1.2**	**$23**	**$20**
Age												
5 and younger	0.4	26	61	0.2	21	128	0.0	1	44	0.2	4	17
6-14	0.5	33	72	0.2	28	124	0.0	1	68	0.2	4	19
15-20	0.7	36	56	0.2	28	125	0.0	2	56	0.4	6	16
21-44	1.8	119	65	0.6	90	144	0.1	6	92	1.1	23	20
45-64	4.4	288	65	1.7	218	126	0.1	14	101	2.5	56	22
65-74	5.2	282	54	2.0	217	107	0.2	10	59	3.0	55	18
75-84	5.7	282	50	2.1	215	102	0.2	9	44	3.4	58	17
85 and older	6.1	275	45	2.1	203	98	0.3	10	39	3.7	62	17
Unknown	1.9	121	65	0.9	111	127	0.0	0	0	1.0	10	10
Basis of Eligibility[d]												
Aged	5.5	278	51	2.1	213	102	0.2	10	47	3.2	55	17
Disabled	3.9	273	70	1.5	210	140	0.1	13	102	2.3	51	22
Adults	1.9	101	55	0.7	77	113	0.1	4	72	1.1	20	18
Children	0.5	24	53	0.2	19	105	0.0	1	54	0.3	4	16
Unknown	2.7	169	62	1.0	134	129	0.1	6	64	1.6	30	18
Gender												
Female	2.2	127	57	0.8	97	117	0.1	5	69	1.3	25	19
Male	1.6	112	70	0.6	88	136	0.1	5	99	0.9	20	22
Unknown	0.6	41	70	0.5	39	79	0.0	0	0	0.1	1	15
Race												
White	2.4	145	61	0.9	110	121	0.1	7	79	1.4	28	20
African American	1.1	64	58	0.4	50	127	0.0	2	67	0.7	12	18
Other/unknown	2.1	145	70	0.8	115	142	0.1	6	86	1.2	25	21
Use of Nursing Facilities[e]												
Entire year	9.5	484	51	3.3	365	109	0.4	18	44	5.7	101	18
Part year	8.0	399	50	2.8	299	105	0.3	15	46	4.8	85	18
None	1.8	114	62	0.7	88	125	0.1	5	83	1.1	21	20
Maintenance Assistance Status												
Cash	2.3	148	64	0.9	113	133	0.1	7	89	1.4	29	21
Medically needy	2.6	157	59	1.0	118	118	0.1	7	80	1.5	31	20
Poverty related	0.8	41	53	0.3	32	108	0.0	2	57	0.5	8	17
Other/unknown	1.9	109	58	0.8	85	112	0.1	4	63	1.1	20	18

Source: Data for this table are from the MAX 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies

other than the original patent holder. In Tennessee, 0.2 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)

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

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

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

TENNESSEE, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users: Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Benefit Month Among Users: Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	$ per Rx: Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Users[e]: Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$17	$11	$2	$4	$61	$163	$72	$21	2,489,240	$150,881,734	821,815	52.5	9,082,526
Biologicals	0.3	0.3	0.0	0.0	314	293	11	11	1127	1,107	2,988	1,025	22,067	24,877,642	7,546	0.5	79,228
Antineoplastic Agents	0.5	0.1	0.0	0.4	99	77	1	21	204	653	150	58	97,941	19,947,124	18,982	1.2	201,348
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.3	33	25	2	5	50	98	37	16	3,168,882	159,927,254	448,207	28.6	4,907,187
Cardiovascular Agents	1.5	0.6	0.0	0.9	65	52	0	13	43	84	21	15	6,489,079	276,029,687	390,887	25.0	4,230,517
Respiratory Agents	0.5	0.3	0.0	0.2	29	25	1	3	60	91	47	15	2,852,280	172,350,827	540,363	34.5	5,992,092
Gastrointestinal Agents	0.6	0.3	0.0	0.3	46	42	0	4	78	126	50	15	2,319,278	180,531,565	359,677	23.0	3,935,861
Genitourinary Agents	0.3	0.2	0.0	0.1	17	13	1	3	57	81	66	23	399,245	22,677,795	122,926	7.9	1,358,456
CNS Drugs	1.0	0.4	0.0	0.6	77	65	1	11	76	147	95	20	4,727,402	359,749,631	429,748	27.5	4,702,533
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	67	63	0	4	110	123	80	41	349,461	38,354,065	50,514	3.2	571,492
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	141	140	0	1	192	197	84	32	200,846	38,546,663	25,424	1.6	274,034
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	28	12	4	11	48	181	295	22	3,982,937	192,102,224	630,432	40.3	6,925,803
Neuromuscular Agents	0.7	0.2	0.0	0.5	44	25	2	17	67	162	86	35	2,038,475	136,550,284	282,287	18.0	3,123,817
Nutritional Products	0.4	0.0	0.0	0.4	7	1	0	6	16	29	21	15	688,341	10,782,527	148,894	9.5	1,611,052
Hematological Agents	0.7	0.3	0.1	0.3	71	65	2	5	107	224	32	15	786,382	84,114,692	108,085	6.9	1,180,948
Topical Products	0.2	0.1	0.0	0.1	13	10	0	3	54	103	56	22	1,184,501	63,386,347	434,708	27.8	4,852,299
Miscellaneous Products	0.3	0.2	0.0	0.1	70	55	6	8	260	355	260	94	74,724	19,423,696	24,685	1.6	277,457
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	16	0	0	0	25,996	416,352	7,534	0.5	82,878
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.	31,897,077	1,950,650,109	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than

the original patent holder. In Tennessee, 0.2 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 2005.

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

TABLE 7

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

TENNESSEE, 2005

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$191,181,621	145,832	9.3	1,632,585	0.5	$216	$117
ULCER DRUGS	146,110,182	394,256	25.2	4,361,429	0.4	83	34
ANTIHYPERLIPIDEMIC	133,208,950	236,953	15.1	2,597,107	0.5	99	51
ANTIDEPRESSANTS	127,700,394	408,610	26.1	4,498,100	0.5	60	28
ANTIASTHMATIC	125,042,388	471,802	30.2	5,266,488	0.3	74	24
ANTICONVULSANT	114,968,478	188,414	12.0	2,103,005	0.6	95	55
ANALGESICS - Narcotic	114,602,948	749,901	47.9	8,321,879	0.3	44	14
ANTIDIABETIC	98,324,985	235,804	15.1	2,582,317	0.6	65	38
ANTIHYPERTENSIVE	69,084,096	303,412	19.4	3,317,407	0.6	37	21
ANTIVIRAL	61,376,334	55,213	3.5	612,406	0.3	380	100
Total	1,181,600,376	3,190,197		35,292,723	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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