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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	283,400	101,325	173,933	8,035	35	72	3,135,425	1,050,832	2,003,010	80,372	370	841
Age												
5 and younger	9	0	7	0	2	0	81	0	73	0	8	0
6-14	26	0	21	0	5	0	311	0	252	0	59	0
15-20	349	0	324	0	25	0	3,956	0	3,671	0	285	0
21-44	44,646	3	41,791	2,843	3	6	517,602	36	486,965	30,511	18	72
45-64	92,808	686	87,725	4,359	0	38	1,054,574	7,842	1,003,838	42,450	0	444
65-74	77,265	43,814	32,638	787	0	26	836,204	451,240	377,768	6,895	0	301
75-84	44,101	34,641	9,413	45	0	2	478,509	369,900	108,079	506	0	24
85 and older	24,196	22,181	2,014	1	0	0	244,188	221,814	22,364	10	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	168,058	70,530	93,008	4,431	17	72	1,860,218	741,192	1,073,379	44,635	171	841
Male	115,342	30,795	80,925	3,604	18	0	1,275,207	309,640	929,631	35,737	199	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	205,425	78,669	119,962	6,725	29	40	2,250,890	806,274	1,377,083	66,753	302	478
African American	52,690	16,698	34,787	1,188	5	12	593,108	178,095	402,421	12,398	56	138
Other/unknown	25,285	5,958	19,184	122	1	20	291,427	66,463	223,506	1,221	12	225
Use of Nursing Facilities^c												
Entire year	19,075	15,411	3,664	0	0	0	194,102	152,690	41,412	0	0	0
Part year	11,373	9,363	2,007	3	0	0	113,881	91,992	21,857	32	0	0
None	252,952	76,551	168,262	8,032	35	72	2,827,442	806,150	1,939,741	80,340	370	841
Maintenance Assistance Status												
Cash	168,253	25,587	141,268	1,397	1	0	1,960,249	292,151	1,652,604	15,482	12	0
Medically needy	41,935	26,295	13,412	2,213	15	0	476,058	298,553	152,231	25,104	170	0
Poverty-related	20,063	13,217	6,707	59	8	72	205,500	130,892	73,149	546	72	841
Other/unknown	53,149	36,226	12,546	4,366	11	0	493,618	329,236	125,026	39,240	116	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	283,400	101,325	173,933	8,035	35	72	3,135,425	1,050,832	2,003,010	80,372	370	841
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 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 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 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	91.5	57.6	\$3,569	\$62	\$9,938	35.9	283,400
Age							
5 and younger	77.8	58.3	4,166	71	40,154	10.4	9
6-14	96.2	81.8	18,273	223	36,799	49.7	26
15-20	80.5	26.4	3,239	123	13,075	24.8	349
21-44	85.3	41.4	3,630	88	10,098	35.9	44,646
45-64	92.3	62.8	4,360	69	9,888	44.1	92,808
65-74	92.6	56.9	3,098	55	6,510	47.6	77,265
75-84	92.9	62.2	3,086	50	11,109	27.8	44,101
85 and older	93.5	61.6	2,797	45	18,557	15.1	24,196
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	92.9	57.2	2,910	51	10,789	27.0	101,325
Disabled	90.6	58.2	3,944	68	9,571	41.2	173,933
Adults	94.0	49.4	3,780	77	7,128	53.0	8,035
Children	77.1	30.2	4,099	136	10,050	40.8	35
Unknown	97.2	55.6	3,698	67	10,962	33.7	72
Gender							
Female	93.7	62.8	3,674	59	10,418	35.3	168,058
Male	88.2	49.9	3,416	68	9,239	37.0	115,342
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.6	61.0	3,793	62	10,589	35.8	205,425
African American	88.1	45.0	2,730	61	9,122	29.9	52,690
Other/unknown	89.1	56.1	3,496	62	6,345	55.1	25,285
Use of Nursing Facilities^f							
Entire year	98.8	95.3	4,811	51	38,192	12.6	19,075
Part year	98.4	80.2	3,934	49	25,234	15.6	11,373
None	90.6	53.7	3,459	64	7,119	48.6	252,952
Maintenance Assistance Status							
Cash	89.4	56.0	3,590	64	8,503	42.2	168,253
Medically needy	96.2	68.5	4,289	63	6,344	67.6	41,935
Poverty related	95.2	41.6	2,373	57	6,152	38.6	20,063
Other/unknown	93.1	60.0	3,387	57	18,743	18.1	53,149

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 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 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.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None			More than 0, but 1 or Less			More than 5, but 10 or More than 10		
				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	Beneficiaries	Benefit Months
All	5.2	\$323	35.9	8.5	10.6	8.2	29.5	34.2	9.0	\$898	283,400	3,135,425
Age												
5 and younger	6.5	463	10.4	22.2	0.0	0.0	33.3	33.3	11.1	4,462	9	81
6-14	6.8	1,528	49.7	3.8	3.8	0.0	26.9	50.0	15.4	3,077	26	311
15-20	2.3	286	24.8	19.5	38.4	10.0	17.2	13.5	1.4	1,154	349	3,956
21-44	3.6	313	35.9	14.7	20.7	10.7	28.2	21.9	3.7	871	44,646	517,602
45-64	5.5	384	44.1	7.7	8.8	7.3	28.8	37.3	10.1	870	92,808	1,054,574
65-74	5.3	286	47.6	7.4	9.7	8.6	31.2	35.1	8.1	602	77,265	836,204
75-84	5.7	284	27.8	7.1	7.7	7.3	29.8	36.7	11.4	1,024	44,101	478,509
85 and older	6.1	277	15.1	6.5	6.5	6.9	29.0	37.7	13.4	1,839	24,196	244,188
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.5	281	27.0	7.1	9.0	8.4	30.9	34.1	10.5	1,040	101,325	1,050,832
Disabled	5.1	342	41.2	9.4	11.5	8.0	28.5	34.4	8.2	831	173,933	2,003,010
Adults	4.9	378	53.0	6.0	12.2	9.9	33.0	31.8	7.2	713	8,035	80,372
Children	2.9	388	40.8	22.9	31.4	5.7	22.9	14.3	2.9	951	35	370
Unknown	4.8	317	33.7	2.8	9.7	9.7	40.3	31.9	5.6	939	72	841
Gender												
Female	5.7	332	35.3	6.3	8.4	7.6	29.7	37.6	10.5	941	168,058	1,860,218
Male	4.5	309	37.0	11.8	13.8	9.0	29.3	29.2	6.9	836	115,342	1,275,207
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.6	346	35.8	7.4	9.2	7.6	29.0	36.4	10.5	966	205,425	2,250,890
African American	4.0	243	29.9	11.9	15.9	10.6	31.8	25.6	4.3	810	52,690	593,108
Other/unknown	4.9	303	55.1	10.9	11.1	7.8	29.1	34.6	6.5	551	25,285	291,427
Use of Nursing Facilities^f												
Entire year	9.4	473	12.6	1.2	1.9	2.7	17.0	41.5	35.6	3,753	19,075	194,102
Part year	8.0	393	15.6	1.6	3.2	4.9	23.4	42.7	24.1	2,520	11,373	113,881
None	4.8	310	48.6	9.4	11.6	8.7	30.7	33.3	6.3	637	252,952	2,827,442
Maintenance Assistance Status												
Cash	4.8	308	42.2	10.6	12.1	8.0	29.1	33.3	6.8	730	168,253	1,960,249
Medically needy	6.0	378	67.6	3.8	6.5	6.5	29.8	43.1	10.2	559	41,935	476,058
Poverty related	4.1	232	38.6	4.8	16.4	13.9	35.0	22.8	7.1	601	20,063	205,500
Other/unknown	6.5	365	18.1	6.9	6.9	7.7	28.6	34.1	15.7	2,018	53,149	493,618

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 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 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 D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.2	\$323	\$62	2.0	\$245	\$123	0.2	\$15	\$83	3.0	\$63	\$21
Age												
5 and younger	6.5	463	71	1.9	322	166	0.7	72	110	3.9	69	18
6-14	6.8	1,528	223	3.2	1,365	430	0.4	53	149	3.3	109	33
15-20	2.3	286	123	1.0	245	239	0.1	10	99	1.2	30	25
21-44	3.6	313	88	1.4	242	178	0.1	17	138	2.1	54	26
45-64	5.5	384	69	2.1	287	134	0.2	21	119	3.2	76	24
65-74	5.3	286	55	2.1	220	107	0.2	10	59	3.0	56	18
75-84	5.7	284	50	2.1	217	102	0.2	9	44	3.4	58	17
85 and older	6.1	277	45	2.1	205	98	0.3	10	39	3.7	62	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.5	281	51	2.1	215	103	0.2	10	47	3.2	56	17
Disabled	5.1	342	68	1.9	259	135	0.2	17	105	3.0	67	22
Adults	4.9	378	77	2.0	285	140	0.2	22	134	2.7	71	26
Children	2.9	388	136	1.2	328	272	0.1	20	165	1.5	39	26
Unknown	4.8	317	67	2.0	247	125	0.1	9	77	2.7	61	23
Gender												
Female	5.7	332	59	2.1	252	117	0.2	14	71	3.3	66	20
Male	4.5	309	68	1.7	234	134	0.1	16	108	2.6	59	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.6	346	62	2.1	261	122	0.2	17	85	3.2	69	21
African American	4.0	243	61	1.5	191	128	0.1	8	71	2.4	44	18
Other/unknown	4.9	303	62	1.8	230	125	0.1	13	90	2.9	60	21
Use of Nursing Facilities^e												
Entire year	9.4	473	51	3.3	356	107	0.4	18	44	5.6	99	18
Part year	8.0	393	49	2.9	295	103	0.3	14	44	4.8	83	17
None	4.8	310	64	1.9	235	127	0.2	15	94	2.8	60	21
Maintenance Assistance Status												
Cash	4.8	308	64	1.8	233	129	0.2	14	96	2.9	61	21
Medically needy	6.0	378	63	2.4	286	121	0.2	17	85	3.5	74	22
Poverty related	4.1	232	57	1.6	178	111	0.2	11	68	2.3	43	19
Other/unknown	6.5	365	57	2.5	280	112	0.3	15	58	3.7	69	19

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

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$27	\$20	\$3	\$5	\$80	\$208	\$83	\$21	673,366	\$53,559,529	173,123	61.1	1,965,482
Biologicals	0.1	0.1	0.0	0.0	55	3	24	28	481	45	4,045	853	2,018	971,624	1,550	0.5	17,638
Antineoplastic Agents	0.5	0.1	0.0	0.4	93	68	1	24	185	629	167	61	66,383	12,311,662	12,534	4.4	132,849
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	51	41	3	7	52	103	33	14	1,617,816	84,848,260	147,844	52.2	1,663,155
Cardiovascular Agents	1.9	0.7	0.0	1.1	79	61	1	17	42	84	20	15	4,320,101	180,964,087	204,671	72.2	2,285,004
Respiratory Agents	0.7	0.4	0.0	0.3	47	41	1	4	65	97	54	16	1,071,196	69,099,341	131,129	46.3	1,483,445
Gastrointestinal Agents	0.8	0.4	0.0	0.3	59	54	0	5	77	126	46	15	1,336,888	103,245,340	154,777	54.6	1,740,938
Genitourinary Agents	0.4	0.3	0.0	0.2	27	23	1	4	62	81	71	26	225,246	13,925,239	45,261	16.0	510,960
CNS Drugs	1.3	0.5	0.0	0.7	95	80	1	15	74	149	98	20	2,485,734	183,264,651	171,409	60.5	1,925,560
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	93	86	1	6	170	216	95	45	33,280	5,661,693	5,294	1.9	61,079
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	143	142	0	1	171	175	91	32	174,658	29,903,222	19,437	6.9	209,311
Analgesics and Anesthetics	0.9	0.1	0.0	0.7	53	23	10	20	62	184	324	28	1,769,607	110,346,097	183,081	64.6	2,071,550
Neuromuscular Agents	0.8	0.2	0.0	0.6	55	28	3	24	67	163	83	39	1,023,198	68,639,710	109,432	38.6	1,247,844
Nutritional Products	0.6	0.0	0.0	0.5	9	0	1	8	16	28	23	15	426,551	6,761,491	68,064	24.0	757,764
Hematological Agents	0.7	0.3	0.1	0.4	60	52	2	5	80	164	31	15	588,407	47,086,208	71,200	25.1	790,104
Topical Products	0.4	0.2	0.0	0.2	22	17	1	5	60	103	55	24	444,483	26,798,267	106,578	37.6	1,212,036
Miscellaneous Products	0.5	0.2	0.1	0.2	167	134	15	18	333	548	256	93	41,620	13,872,924	7,472	2.6	83,038
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	5	0	0	0	15	0	0	0	17,793	264,478	4,478	1.6	49,720
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.	16,318,345	1,011,523,823	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 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.medspan.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.medspan.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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

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	\$99,778,370	67,462	23.8	761,071	0.6	\$209	\$131
ANTIHYPERTENSIVE	86,208,988	139,069	49.1	1,579,657	0.5	99	55
ULCER DRUGS	83,294,524	181,957	64.2	2,069,225	0.5	83	40
ANALGESICS - Narcotic	69,061,066	235,314	83.0	2,682,810	0.4	58	26
ANTIDEPRESSANTS	62,294,774	171,474	60.5	1,941,897	0.6	57	32
ANTIDIABETIC	60,216,441	134,654	47.5	1,519,564	0.6	64	40
ANTICONVULSANT	56,228,916	85,989	30.3	981,206	0.6	89	57
ANTIASTHMATIC	53,756,350	151,469	53.4	1,714,157	0.4	76	31
ANTIHYPERTENSIVE	43,285,891	172,796	61.0	1,947,789	0.6	37	22
ANALGESICS - ANTI-INFLAMMATORY	31,468,359	100,205	35.4	1,152,378	0.4	76	27
Total	645,593,679	1,440,389		16,349,754	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 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 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; n.a. = not applicable.

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTIHYPERTENSIVE				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Benefit Month	
All	8,497,139	\$645,593,679	67,462	23.8	761,071	0.6	\$131	139,069	49.1	1,579,657	0.5	\$55	
Female													
All Females	5,305,571	390,490,723	40,141	23.9	452,178	0.6	122	81,440	48.5	928,964	0.5	54	
Female, Disabled													
All Ages	3,192,789	255,776,145	25,833	27.8	302,231	0.6	132	47,664	51.2	558,910	0.5	52	
5 and younger	12	638	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	202	12,037	1	11.1	12	0.2	57	1	11.1	12	0.8	71	
15-20	1,550	159,251	28	21.5	331	0.5	146	4	3.1	48	0.5	56	
21-44	484,543	47,316,475	8,227	44.1	97,119	0.5	133	4,114	22.1	48,657	0.4	42	
45-64	1,705,602	141,846,632	13,123	29.2	153,135	0.6	134	26,293	58.5	306,680	0.5	50	
65-74	726,229	49,646,513	2,891	14.2	33,810	0.7	126	13,277	65.3	156,794	0.6	57	
75-84	229,537	14,288,179	1,221	16.9	13,997	0.7	115	3,541	49.1	41,679	0.6	60	
85 and older	45,114	2,506,420	342	19.7	3,827	0.7	93	434	25.0	5,040	0.6	61	
Female, Other Eligibles													
All Ages	2,112,782	134,714,578	14,308	19.1	149,947	0.7	102	33,776	45.0	370,054	0.6	58	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	33	1,116	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	105	11,438	4	33.3	45	0.4	115	0	0.0	0	0.0	0	
21-44	49,594	4,686,453	689	38.8	7,838	0.5	105	456	25.7	5,198	0.4	39	
45-64	94,173	7,776,886	575	20.5	6,035	0.5	111	1,799	64.2	18,559	0.5	51	
65-74	759,964	50,951,684	2,770	10.1	29,718	0.6	105	17,098	62.3	183,558	0.6	57	
75-84	734,205	45,066,376	5,044	20.5	53,330	0.7	106	10,928	44.4	124,182	0.6	60	
85 and older	474,708	26,220,625	5,226	28.4	52,981	0.7	97	3,495	19.0	38,557	0.7	63	
Male													
All Males	3,191,568	255,102,956	27,321	23.7	308,893	0.6	145	57,629	50.0	650,693	0.6	55	
Male, Disabled													
All Ages	2,333,504	198,047,999	21,787	26.9	253,384	0.6	154	40,053	49.5	466,216	0.5	53	
5 and younger	56	2,494	0	0.0	0	0.0	0	1	20.0	12	0.4	57	
6-14	163	7,009	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	2,358	243,940	53	27.3	630	0.7	177	10	5.2	120	0.4	34	
21-44	479,967	49,967,719	9,044	39.1	106,996	0.6	160	5,526	23.9	65,453	0.5	45	
45-64	1,391,044	116,881,719	10,820	25.3	124,635	0.6	154	25,675	60.0	297,182	0.5	53	
65-74	390,912	26,696,175	1,449	11.8	16,502	0.7	130	7,785	63.3	91,060	0.6	59	
75-84	62,603	3,883,971	345	15.7	3,808	0.7	114	1,005	45.8	11,802	0.6	64	
85 and older	6,401	364,972	76	27.0	813	0.6	73	51	18.1	587	0.6	56	

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIHYPERTENSIVE				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean	Mean \$ per Benefit Month	
						Number of Rx per Benefit Month				Number of Rx per Benefit Month		
Male, Other Eligibles												
All Ages	858,064	57,054,957	5,534	16.1	55,509	0.7	101	17,576	51.1	184,477	0.6	59
5 and younger	10	1,216	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	90	4,211	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	183	14,491	3	23.1	36	0.5	114	2	15.4	24	0.2	16
21-44	27,009	2,648,279	321	29.8	3,498	0.5	130	395	36.6	4,445	0.4	39
45-64	70,022	5,954,061	383	16.8	3,942	0.5	109	1,639	71.8	16,961	0.5	52
65-74	427,034	28,457,621	1,737	10.1	18,217	0.7	105	10,708	62.4	110,704	0.6	59
75-84	250,908	15,312,784	2,024	20.0	20,039	0.7	95	4,129	40.9	44,894	0.6	60
85 and older	82,808	4,662,294	1,066	28.3	9,777	0.7	91	703	18.6	7,449	0.7	66
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	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
All	181,957	64.2	2,069,225	0.5	\$40	235,314	83.0	2,682,810	0.4	\$26	171,474	60.5	1,941,897	0.6	\$32
Female															
All Females	117,911	70.2	1,343,659	0.5	40	147,644	87.9	1,684,198	0.4	22	115,309	68.6	1,305,939	0.6	33
Female, Disabled															
All Ages	69,992	75.3	820,039	0.5	40	94,960	102.1	1,111,405	0.4	26	73,449	79.0	858,419	0.5	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	100.0	108	0.8	57	5	55.6	60	0.1	1	1	11.1	12	1.0	20
15-20	46	35.4	525	0.4	31	88	67.7	1,003	0.2	2	47	36.2	549	0.4	28
21-44	10,589	56.8	125,270	0.4	34	19,953	107.0	235,697	0.4	26	15,733	84.4	185,580	0.5	33
45-64	36,446	81.1	425,459	0.5	42	49,437	110.0	576,739	0.5	32	42,024	93.5	489,310	0.5	35
65-74	16,153	79.4	190,158	0.5	40	18,529	91.1	217,397	0.4	16	11,634	57.2	136,608	0.6	27
75-84	5,566	77.1	64,916	0.5	38	5,795	80.3	67,240	0.4	12	3,332	46.2	38,661	0.6	27
85 and older	1,183	68.3	13,603	0.5	37	1,153	66.5	13,269	0.5	12	678	39.1	7,699	0.7	31
Female, Other Eligibles															
All Ages	47,919	63.8	523,620	0.5	41	52,684	70.2	572,793	0.5	15	41,860	55.8	447,520	0.6	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	100.0	24	0.9	43	2	100.0	23	0.2	1	0	0.0	0	0.0	0
15-20	3	25.0	35	0.2	18	9	75.0	105	0.2	20	4	33.3	47	0.3	5
21-44	1,089	61.3	12,489	0.4	35	2,329	131.1	26,528	0.4	33	1,910	107.5	21,593	0.5	34
45-64	2,115	75.5	22,418	0.5	45	2,950	105.3	31,663	0.4	31	2,801	100.0	29,222	0.5	36
65-74	17,381	63.3	188,843	0.5	42	18,304	66.7	199,857	0.4	14	13,551	49.4	145,321	0.6	30
75-84	16,039	65.2	179,347	0.5	40	17,329	70.5	191,810	0.5	13	13,140	53.4	143,603	0.7	33
85 and older	11,290	61.3	120,464	0.6	40	11,761	63.9	122,807	0.5	13	10,454	56.8	107,734	0.8	36
Male															
All Males	64,046	55.5	725,566	0.5	40	87,670	76.0	998,612	0.5	31	56,165	48.7	635,958	0.5	31
Male, Disabled															
All Ages	45,756	56.5	532,386	0.5	40	67,283	83.1	782,776	0.5	35	42,574	52.6	495,137	0.5	31
5 and younger	5	100.0	51	0.6	33	1	20.0	12	0.1	0	0	0.0	0	0.0	0
6-14	8	66.7	96	0.5	27	6	50.0	72	0.1	1	1	8.3	12	0.7	7
15-20	69	35.6	802	0.5	36	84	43.3	986	0.1	1	53	27.3	616	0.5	28
21-44	9,603	41.5	113,496	0.4	36	17,939	77.5	211,609	0.4	32	12,099	52.3	142,941	0.5	30
45-64	26,537	62.0	307,369	0.5	41	38,382	89.7	444,545	0.5	40	25,097	58.6	290,247	0.5	31
65-74	7,969	64.8	92,584	0.5	39	9,232	75.1	106,972	0.4	21	4,493	36.5	51,874	0.6	26
75-84	1,369	62.4	15,853	0.5	39	1,469	66.9	16,748	0.4	12	738	33.6	8,475	0.6	27
85 and older	196	69.8	2,135	0.5	37	170	60.5	1,832	0.4	11	93	33.1	972	0.7	31

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	18,290	53.1	193,180	0.5	41	20,387	59.2	215,836	0.4	20	13,591	39.5	140,821	0.6	32
5 and younger	1	100.0	7	0.9	117	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	0.8	63	3	100.0	36	0.1	1	3	100.0	36	0.7	39
15-20	4	30.8	48	0.5	43	8	61.5	95	0.3	2	5	38.5	60	0.4	21
21-44	566	52.5	6,403	0.4	39	1,237	114.7	13,839	0.5	44	787	73.0	8,738	0.5	34
45-64	1,376	60.3	14,330	0.5	45	2,113	92.6	22,162	0.5	51	1,606	70.4	16,874	0.5	35
65-74	8,783	51.1	92,582	0.5	42	9,258	53.9	98,945	0.4	16	5,395	31.4	56,619	0.6	30
75-84	5,471	54.2	58,679	0.5	40	5,785	57.3	61,042	0.4	13	3,974	39.4	40,954	0.7	32
85 and older	2,088	55.4	21,119	0.6	39	1,983	52.6	19,717	0.5	12	1,821	48.3	17,540	0.7	34
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTICONVULSANT					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
All	134,654	47.5	1,519,564	0.6	\$40	85,989	30.3	981,206	0.6	\$57	151,469	53.4	1,714,157	0.4	\$31
Female															
All Females	82,711	49.2	937,599	0.6	38	52,174	31.0	595,568	0.6	55	93,555	55.7	1,063,677	0.4	30
Female, Disabled															
All Ages	47,044	50.6	549,880	0.6	40	36,645	39.4	427,934	0.6	61	59,871	64.4	699,379	0.4	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	20	0.6	32
6-14	0	0.0	0	0.0	0	2	22.2	24	0.8	43	3	33.3	36	0.1	10
15-20	10	7.7	118	0.7	23	36	27.7	432	0.9	118	23	17.7	259	0.4	27
21-44	4,611	24.7	54,457	0.5	38	9,620	51.6	113,495	0.6	76	8,782	47.1	104,017	0.3	23
45-64	24,649	54.9	286,872	0.6	42	20,039	44.6	232,940	0.6	60	32,722	72.8	381,563	0.4	32
65-74	13,220	65.0	155,702	0.6	40	5,203	25.6	60,986	0.6	42	14,082	69.2	164,356	0.4	32
75-84	3,936	54.5	45,653	0.7	36	1,499	20.8	17,269	0.6	36	3,648	50.5	42,287	0.4	29
85 and older	618	35.7	7,078	0.7	32	246	14.2	2,788	0.7	32	609	35.1	6,841	0.4	27
Female, Other Eligibles															
All Ages	35,667	47.5	387,719	0.7	36	15,529	20.7	167,634	0.7	41	33,684	44.9	364,298	0.4	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.6	6
15-20	0	0.0	0	0.0	0	3	25.0	36	0.3	47	6	50.0	70	0.4	23
21-44	496	27.9	5,628	0.5	36	1,047	58.9	11,931	0.6	72	911	51.3	10,417	0.3	26
45-64	1,586	56.6	16,533	0.6	44	1,228	43.8	12,879	0.6	58	1,902	67.9	20,164	0.4	35
65-74	15,820	57.6	170,463	0.6	38	5,431	19.8	58,561	0.6	40	13,559	49.4	146,223	0.4	35
75-84	12,145	49.4	135,398	0.7	35	4,968	20.2	54,285	0.7	36	10,484	42.6	115,645	0.4	29
85 and older	5,620	30.5	59,697	0.7	32	2,852	15.5	29,942	0.8	33	6,821	37.0	71,767	0.4	21
Male															
All Males	51,943	45.0	581,965	0.6	42	33,815	29.3	385,638	0.7	61	57,914	50.2	650,480	0.4	33
Male, Disabled															
All Ages	34,746	42.9	402,340	0.6	43	27,117	33.5	315,658	0.7	64	39,940	49.4	462,059	0.4	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.7	6
6-14	1	8.3	12	2.0	144	0	0.0	0	0.0	0	6	50.0	72	0.2	9
15-20	7	3.6	84	0.6	45	57	29.4	674	0.8	87	38	19.6	444	0.3	25
21-44	4,277	18.5	50,436	0.6	43	8,874	38.4	104,817	0.7	78	5,879	25.4	69,383	0.3	23
45-64	22,513	52.6	259,538	0.6	44	15,166	35.4	175,309	0.6	60	23,323	54.5	269,367	0.4	34
65-74	6,943	56.5	80,728	0.6	41	2,552	20.7	29,471	0.6	44	9,078	73.8	104,541	0.5	36
75-84	933	42.5	10,767	0.7	39	418	19.0	4,835	0.7	39	1,456	66.3	16,489	0.4	31
85 and older	72	25.6	775	0.7	37	50	17.8	552	0.6	32	159	56.6	1,751	0.4	28

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTICONVULSANT					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	17,197	50.0	179,625	0.6	38	6,698	19.5	69,980	0.7	45	17,974	52.2	188,421	0.5	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	300.0	21	0.2	19
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.8	65
15-20	1	7.7	12	0.2	1	6	46.2	72	0.6	81	2	15.4	24	0.1	1
21-44	320	29.7	3,604	0.5	44	474	44.0	5,330	0.6	65	401	37.2	4,510	0.4	34
45-64	1,351	59.2	13,795	0.6	49	822	36.0	8,548	0.6	61	1,267	55.5	13,264	0.4	37
65-74	9,865	57.4	102,319	0.6	38	2,968	17.3	31,093	0.7	44	8,971	52.2	94,174	0.5	36
75-84	4,559	45.2	48,899	0.7	36	1,828	18.1	19,025	0.7	38	5,486	54.3	58,026	0.4	31
85 and older	1,101	29.2	10,996	0.7	34	600	15.9	5,912	0.7	32	1,842	48.9	18,378	0.4	28
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					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		
All	172,796	61.0	1,947,789	0.6	\$22	100,205	35.4	1,152,378	0.4	\$27	283,400	3,135,425
Female												
All Females	106,036	63.1	1,198,279	0.6	23	65,106	38.7	749,142	0.4	29	168,058	1,860,218
Female, Disabled												
All Ages	55,112	59.3	644,195	0.6	22	41,035	44.1	482,848	0.3	29	93,008	1,073,379
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22
6-14	9	100.0	108	0.6	25	0	0.0	0	0.0	0	9	108
15-20	21	16.2	233	0.5	14	32	24.6	371	0.2	29	130	1,456
21-44	4,723	25.3	55,687	0.5	17	7,609	40.8	90,201	0.3	19	18,652	217,088
45-64	27,406	61.0	318,839	0.6	22	21,176	47.1	247,999	0.4	32	44,925	515,777
65-74	16,125	79.3	189,874	0.6	23	9,069	44.6	107,328	0.4	30	20,339	236,453
75-84	5,716	79.2	66,741	0.6	23	2,668	37.0	31,387	0.4	29	7,218	83,121
85 and older	1,112	64.2	12,713	0.7	24	481	27.8	5,562	0.4	25	1,733	19,354
Female, Other Eligibles												
All Ages	50,924	67.9	554,084	0.6	24	24,071	32.1	266,294	0.4	30	75,050	786,839
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
15-20	1	8.3	12	0.1	4	3	25.0	36	0.1	1	12	137
21-44	498	28.0	5,664	0.5	17	861	48.5	9,772	0.3	19	1,777	19,268
45-64	1,717	61.3	17,863	0.6	23	1,370	48.9	14,425	0.4	36	2,801	28,248
65-74	20,315	74.0	218,345	0.6	24	10,174	37.1	110,664	0.4	30	27,454	285,940
75-84	17,970	73.1	201,282	0.6	24	7,611	31.0	86,922	0.4	30	24,591	266,826
85 and older	10,423	56.6	110,918	0.7	23	4,052	22.0	44,475	0.5	29	18,412	186,396
Male												
All Males	66,760	57.9	749,510	0.6	21	35,099	30.4	403,236	0.3	24	115,342	1,275,207
Male, Disabled												
All Ages	44,295	54.7	514,039	0.6	21	26,342	32.6	308,952	0.3	23	80,925	929,631
5 and younger	1	20.0	12	0.2	1	1	20.0	12	0.7	5	5	51
6-14	7	58.3	84	0.7	22	0	0.0	0	0.0	0	12	144
15-20	32	16.5	368	0.6	19	38	19.6	450	0.2	3	194	2,215
21-44	6,827	29.5	80,414	0.5	20	6,593	28.5	78,282	0.3	15	23,139	269,877
45-64	26,824	62.7	309,808	0.6	22	14,803	34.6	172,681	0.4	25	42,800	488,061
65-74	9,010	73.3	104,924	0.6	22	4,225	34.4	49,609	0.4	27	12,299	141,315
75-84	1,458	66.4	16,916	0.7	21	618	28.2	7,213	0.4	24	2,195	24,958
85 and older	136	48.4	1,513	0.7	21	64	22.8	705	0.4	23	281	3,010

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					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		
Male, Other Eligibles												
All Ages	22,465	65.3	235,471	0.6	21	8,757	25.4	94,284	0.4	27	34,417	345,576
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
6-14	5	166.7	60	0.6	8	0	0.0	0	0.0	0	3	36
15-20	6	46.2	71	0.5	8	2	15.4	24	0.1	1	13	148
21-44	429	39.8	4,768	0.5	29	389	36.1	4,341	0.3	17	1,078	11,369
45-64	1,558	68.3	15,919	0.6	23	841	36.9	8,749	0.4	27	2,282	22,488
65-74	12,256	71.4	127,327	0.6	22	4,579	26.7	48,969	0.4	29	17,173	172,496
75-84	6,324	62.6	68,201	0.6	20	2,238	22.2	24,806	0.4	26	10,097	103,604
85 and older	1,887	50.1	19,125	0.7	19	708	18.8	7,395	0.4	27	3,770	35,428
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

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
All	\$473	9.4	19,075	194,102
Age				
0-64	616	10.7	1,590	17,875
65-74	592	11.0	2,690	28,701
75-84	495	9.7	6,411	65,263
85 and older	383	8.3	8,384	82,263
Unknown	0	0.0	0	0
Gender				
Female	459	9.3	14,271	146,185
Male	516	9.6	4,804	47,917
Unknown	0	0.0	0	0
Race				
White	484	9.6	15,876	160,080
African American	415	8.1	2,955	31,604
Other/unknown	462	8.9	244	2,418
Basis of Eligibility^c				
Aged	447	9.1	15,411	152,690
Disabled	567	10.4	3,664	41,412
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 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 11,373 beneficiaries who were in nursing facilities for part of their enrollment and their 113,881 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.

Dual Eligible Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.1	0.3	\$22	\$12	\$5	\$5	\$51	\$102	\$104	\$19	65,172	\$3,334,326	14,343	75.2	151,912
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	22	18	0	34	1,076	23,462	931	4.9	10,712
Antineoplastic Agents	0.5	0.0	0.0	0.5	59	15	1	44	109	437	86	88	11,469	1,255,322	2,180	11.4	21,131
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.6	60	46	6	7	44	84	30	12	144,651	6,385,212	10,209	53.5	106,880
Cardiovascular Agents	2.4	0.6	0.0	1.8	69	43	1	25	29	72	18	14	379,099	10,823,911	15,231	79.8	156,300
Respiratory Agents	0.8	0.3	0.0	0.5	31	24	1	6	40	87	49	13	80,202	3,232,465	9,907	51.9	104,080
Gastrointestinal Agents	1.3	0.5	0.0	0.7	70	58	1	11	54	114	24	15	164,365	8,930,229	12,266	64.3	127,469
Genitourinary Agents	0.6	0.4	0.0	0.3	37	29	1	7	58	80	53	28	36,794	2,130,496	5,373	28.2	57,455
CNS Drugs	2.2	1.1	0.0	1.1	152	131	1	20	68	122	49	18	361,006	24,674,950	15,701	82.3	162,402
Stimulants/Anti-obesity/Anorexia	1.0	0.5	0.0	0.4	78	72	0	5	80	146	10	12	2,042	162,385	193	1.0	2,095
Miscellaneous Psychological/Neurological Agents	1.2	1.2	0.0	0.0	154	154	0	0	131	131	0	43	76,290	9,974,450	6,218	32.6	64,613
Analgesics and Anesthetics	1.3	0.2	0.1	1.0	42	19	5	19	33	94	101	18	157,516	5,265,228	11,998	62.9	124,479
Neuromuscular Agents	1.4	0.3	0.1	1.0	72	37	3	32	52	111	52	33	109,003	5,705,225	7,440	39.0	79,009
Nutritional Products	0.8	0.0	0.1	0.7	13	0	2	11	16	33	27	15	66,661	1,064,102	7,781	40.8	80,198
Hematological Agents	1.2	0.4	0.1	0.7	76	67	2	7	64	167	16	11	91,592	5,849,725	7,452	39.1	76,480
Topical Products	0.5	0.2	0.0	0.3	22	15	1	6	43	76	39	21	62,808	2,694,310	11,347	59.5	121,841
Miscellaneous Products	0.3	0.1	0.0	0.2	15	10	0	5	55	106	132	28	3,681	201,021	1,295	6.8	13,618
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	6	0	0	0	13	0	0	0	4,560	61,197	944	4.9	9,964
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.	1,817,987	91,768,016	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 11,373 beneficiaries who were in nursing facilities for part of their enrollment and their 113,881 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 2005. 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$15,067,991	10,273	53.9	107,873	0.9	\$152	\$140
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	9,974,450	7,932	41.6	82,596	0.9	131	121
ANTIDEPRESSANTS	8,128,320	16,656	87.3	175,094	0.9	52	46
ULCER DRUGS	6,741,961	13,708	71.9	146,157	0.7	62	46
ANTIDIABETIC	4,310,884	8,999	47.2	96,339	0.9	48	45
ANTICONVULSANT	4,263,843	6,630	34.8	71,171	1.1	56	60
ANTIHYPERLIPIDEMIC	3,349,551	3,908	20.5	42,022	0.9	91	80
ANALGESICS - Narcotic	3,089,818	12,699	66.6	131,242	0.9	26	24
MISC. HEMATOLOGICAL	3,038,520	3,291	17.3	33,953	0.9	103	89
ANTIHYPERTENSIVE	2,803,316	10,198	53.5	106,129	0.9	30	26
Total	60,768,654	94,294		992,576	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 11,373 beneficiaries who were in nursing facilities for part of their enrollment and their 113,881 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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 \$
All	884,643	\$60,768,654	10,273	53.9	107,873	0.9	\$140	7,932	41.6	82,596	0.9	\$121
Female												
All Females	653,510	44,363,345	7,320	51.3	77,547	0.9	137	6,003	42.1	63,329	0.9	121
Female, Disabled												
All Ages	135,312	9,758,785	1,400	62.5	16,217	1.0	171	582	26.0	6,683	0.9	155
64 or younger	46,248	3,547,614	442	58.6	5,110	1.0	199	123	16.3	1,410	0.9	270
65-74	40,634	2,925,749	415	71.9	4,877	1.0	174	135	23.4	1,592	0.9	138
75-84	33,400	2,342,152	377	65.1	4,314	1.0	158	202	34.9	2,299	1.0	120
85 and older	15,030	943,270	166	50.5	1,916	0.8	118	122	37.1	1,382	0.9	114
Female, Other Eligibles												
All Ages	518,198	34,604,560	5,920	49.2	61,330	0.9	128	5,421	45.1	56,646	0.9	117
64 or younger	34	1,442	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	62,172	4,375,499	653	65.6	7,053	0.9	158	437	43.9	4,560	0.9	125
75-84	206,924	14,202,923	2,319	55.5	24,338	0.9	135	2,170	51.9	22,968	0.9	118
85 and older	249,068	16,024,696	2,948	43.0	29,939	0.8	114	2,814	41.1	29,118	0.9	115
Male												
All Males	231,133	16,405,309	2,953	61.5	30,326	0.9	147	1,929	40.2	19,267	0.9	121
Male, Disabled												
All Ages	83,831	6,371,348	1,028	72.1	11,557	1.0	175	329	23.1	3,709	0.9	143
64 or younger	51,047	4,042,839	608	72.9	6,812	1.0	195	136	16.3	1,521	0.8	179
65-74	21,646	1,545,768	260	73.0	2,935	1.0	165	113	31.7	1,311	0.9	115
75-84	9,060	648,567	119	65.7	1,353	0.9	135	62	34.3	675	1.0	122
85 and older	2,078	134,174	41	75.9	457	0.7	77	18	33.3	202	1.0	123
Male, Other Eligibles												
All Ages	147,302	10,033,961	1,925	57.0	18,769	0.9	130	1,600	47.4	15,558	0.9	116
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	42,062	2,910,179	501	65.7	5,287	1.0	152	303	39.8	3,144	0.9	117
75-84	66,984	4,581,815	891	60.6	8,692	0.9	128	751	51.1	7,360	0.9	117
85 and older	38,256	2,541,967	533	46.5	4,790	0.8	111	546	47.6	5,054	0.9	113
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. A total of 11,373 beneficiaries who were in nursing facilities for part of their enrollment and their 113,881 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 2005. 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 2005 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	16,656	87.3	175,094	0.9	\$46	13,708	71.9	146,157	0.7	\$46	8,999	47.2	96,339	0.9	\$45	
Female																
All Females	12,533	87.8	132,473	0.9	46	10,173	71.3	108,995	0.7	46	6,554	45.9	70,534	0.9	44	
Female, Disabled																
All Ages	2,138	95.5	24,711	0.9	48	1,832	81.8	21,181	0.8	47	1,397	62.4	16,139	1.0	48	
64 or younger	797	105.7	9,115	0.9	49	570	75.6	6,566	0.7	44	442	58.6	5,018	1.0	50	
65-74	591	102.4	6,955	0.9	50	512	88.7	5,999	0.8	49	440	76.3	5,170	1.0	52	
75-84	509	87.9	5,862	0.9	48	486	83.9	5,598	0.8	50	360	62.2	4,137	0.9	44	
85 and older	241	73.3	2,779	0.9	43	264	80.2	3,018	0.7	42	155	47.1	1,814	0.9	40	
Female, Other Eligibles																
All Ages	10,395	86.4	107,762	0.9	46	8,341	69.3	87,814	0.7	46	5,157	42.9	54,395	0.9	43	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	7	1.6	78	
65-74	1,053	105.8	11,210	0.9	49	771	77.5	8,302	0.7	49	709	71.3	7,644	1.0	49	
75-84	3,917	93.7	41,106	0.9	48	3,065	73.3	32,590	0.7	47	2,204	52.7	23,534	0.9	45	
85 and older	5,425	79.1	55,446	0.9	44	4,505	65.7	46,922	0.7	45	2,243	32.7	23,210	0.9	40	
Male																
All Males	4,123	85.8	42,621	0.9	47	3,535	73.6	37,162	0.7	46	2,445	50.9	25,805	0.9	46	
Male, Disabled																
All Ages	1,252	87.9	14,133	0.9	49	1,155	81.1	13,076	0.7	47	808	56.7	9,089	1.0	50	
64 or younger	767	92.0	8,682	0.9	51	686	82.3	7,779	0.7	45	435	52.2	4,930	1.0	51	
65-74	324	91.0	3,654	0.9	47	282	79.2	3,193	0.7	50	273	76.7	3,059	1.0	49	
75-84	126	69.6	1,411	0.9	48	143	79.0	1,617	0.7	51	85	47.0	944	1.1	54	
85 and older	35	64.8	386	0.9	43	44	81.5	487	0.8	47	15	27.8	156	0.9	56	
Male, Other Eligibles																
All Ages	2,871	85.0	28,488	0.9	45	2,380	70.4	24,086	0.7	45	1,637	48.4	16,716	0.9	44	
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	711	93.3	7,511	0.9	48	610	80.1	6,584	0.7	45	479	62.9	5,131	0.9	46	
75-84	1,296	88.1	12,790	0.9	44	1,022	69.5	10,246	0.7	46	767	52.1	7,858	0.9	45	
85 and older	864	75.4	8,187	0.9	45	748	65.3	7,256	0.7	44	391	34.1	3,727	0.9	41	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

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

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 2005. A total of 11,373 beneficiaries who were in nursing facilities for part of their enrollment and their 113,881 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	6,630	34.8	71,171	1.1	\$60	3,908	20.5	42,022	0.9	\$80	12,699	66.6	131,242	0.9	\$24
Female															
All Females	4,466	31.3	48,125	1.0	56	2,762	19.4	29,827	0.9	80	9,787	68.6	101,853	0.9	23
Female, Disabled															
All Ages	1,256	56.1	14,457	1.2	77	587	26.2	6,854	0.9	84	1,705	76.2	19,550	1.0	29
64 or younger	565	74.9	6,451	1.3	88	196	26.0	2,281	0.9	83	613	81.3	6,974	1.0	30
65-74	375	65.0	4,377	1.2	80	174	30.2	2,039	0.9	94	473	82.0	5,490	1.1	34
75-84	242	41.8	2,779	1.1	56	164	28.3	1,922	0.9	76	397	68.6	4,573	0.9	26
85 and older	74	22.5	850	1.0	39	53	16.1	612	0.9	82	222	67.5	2,513	0.9	19
Female, Other Eligibles															
All Ages	3,210	26.7	33,668	1.0	47	2,175	18.1	22,973	0.9	79	8,082	67.2	82,303	0.9	22
64 or younger	2	100.0	14	0.2	14	1	50.0	7	0.6	48	1	50.0	7	0.4	3
65-74	553	55.6	5,924	1.1	58	357	35.9	3,849	0.9	81	824	82.8	8,622	1.1	35
75-84	1,384	33.1	14,588	1.0	50	997	23.9	10,557	0.9	82	2,900	69.4	29,878	0.9	24
85 and older	1,271	18.5	13,142	0.9	40	820	12.0	8,560	0.8	75	4,357	63.6	43,796	0.8	18
Male															
All Males	2,164	45.0	23,046	1.1	68	1,146	23.9	12,195	0.9	78	2,912	60.6	29,389	0.9	25
Male, Disabled															
All Ages	1,008	70.7	11,379	1.2	81	419	29.4	4,877	0.9	78	876	61.5	9,752	1.1	33
64 or younger	708	84.9	7,986	1.2	89	245	29.4	2,834	0.9	80	544	65.2	6,043	1.1	42
65-74	200	56.2	2,238	1.2	60	125	35.1	1,476	0.9	78	216	60.7	2,443	0.9	19
75-84	85	47.0	991	1.0	72	43	23.8	495	0.9	77	92	50.8	1,005	0.9	14
85 and older	15	27.8	164	0.9	47	6	11.1	72	0.7	35	24	44.4	261	0.7	9
Male, Other Eligibles															
All Ages	1,156	34.2	11,667	1.0	55	727	21.5	7,318	0.9	78	2,036	60.3	19,637	0.8	21
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	383	50.3	4,063	1.1	65	234	30.7	2,430	0.9	80	502	65.9	5,226	0.9	25
75-84	520	35.4	5,206	1.0	54	357	24.3	3,607	0.9	78	883	60.0	8,432	0.8	20
85 and older	253	22.1	2,398	0.9	43	136	11.9	1,281	0.8	73	651	56.8	5,979	0.8	18
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. A total of 11,373 beneficiaries who were in nursing facilities for part of their enrollment and their 113,881 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL						ANTIHYPERTENSIVE						Benefit Months Among All-Year Nursing Facility Residents
	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		
All	3,291	17.3	33,953	0.9	\$90	10,198	53.5	106,129	0.9	\$26	19,075	194,102	
Female													
All Females	2,365	16.6	24,678	0.9	89	7,560	53.0	78,789	0.9	27	14,271	146,185	
Female, Disabled													
All Ages	350	15.6	4,030	0.9	91	1,204	53.8	13,813	0.9	28	2,239	25,468	
64 or younger	93	12.3	1,041	0.9	95	336	44.6	3,866	0.9	27	754	8,514	
65-74	100	17.3	1,173	0.9	95	342	59.3	3,989	0.9	28	577	6,678	
75-84	100	17.3	1,161	0.9	93	340	58.7	3,908	0.9	29	579	6,599	
85 and older	57	17.3	655	0.8	77	186	56.5	2,050	0.9	28	329	3,677	
Female, Other Eligibles													
All Ages	2,015	16.7	20,648	0.9	89	6,356	52.8	64,976	0.9	27	12,032	120,717	
64 or younger	1	50.0	7	0.6	39	2	100.0	14	0.6	5	2	8	
65-74	199	20.0	2,109	0.9	96	679	68.2	7,063	0.9	30	995	10,243	
75-84	721	17.2	7,584	0.9	91	2,350	56.2	24,222	0.9	27	4,180	42,639	
85 and older	1,094	16.0	10,948	0.9	87	3,325	48.5	33,677	0.9	27	6,855	67,827	
Male													
All Males	926	19.3	9,275	0.9	90	2,638	54.9	27,340	0.9	24	4,804	47,917	
Male, Disabled													
All Ages	215	15.1	2,383	0.9	90	756	53.1	8,600	0.9	24	1,425	15,944	
64 or younger	102	12.2	1,136	0.9	92	414	49.6	4,732	0.9	23	834	9,353	
65-74	73	20.5	821	0.9	89	217	61.0	2,432	0.9	26	356	3,995	
75-84	35	19.3	372	0.9	82	100	55.2	1,136	1.0	26	181	2,008	
85 and older	5	9.3	54	0.9	116	25	46.3	300	0.9	23	54	588	
Male, Other Eligibles													
All Ages	711	21.0	6,892	0.9	90	1,882	55.7	18,740	0.9	24	3,379	31,973	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	163	21.4	1,625	0.9	86	492	64.6	5,088	0.9	25	762	7,785	
75-84	325	22.1	3,189	0.9	89	851	57.9	8,583	0.9	24	1,471	14,017	
85 and older	223	19.5	2,078	0.9	93	539	47.0	5,069	0.9	22	1,146	10,171	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	

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

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 2005. A total of 11,373 beneficiaries who were in nursing facilities for part of their enrollment and their 113,881 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 2005. 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 2005 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
TENNESSEE, 2005

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 of 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
All	192,306	67.9	7.6	2,147,414	\$87	\$24,689,196	\$11	2.4	283,400
Age									
5 and younger	6	66.7	13.9	125	461	4,153	33	11.1	9
6-14	25	96.2	18.0	467	249	6,481	14	1.4	26
15-20	154	44.1	4.0	1,384	55	19,101	14	1.7	349
21-44	25,011	56.0	5.4	239,146	85	3,779,956	16	2.3	44,646
45-64	65,868	71.0	8.1	753,028	101	9,351,541	12	2.3	92,808
65-74	51,907	67.2	7.4	569,937	76	5,859,288	10	2.4	77,265
75-84	31,600	71.7	8.4	370,855	82	3,608,938	10	2.7	44,101
85 and older	17,735	73.3	8.8	212,472	85	2,059,738	10	3.0	24,196
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	68,206	67.3	7.3	742,871	74	7,480,306	10	2.5	101,325
Disabled	118,868	68.3	7.8	1,358,972	95	16,510,248	12	2.4	173,933
Adults	5,172	64.4	5.6	44,991	86	692,412	15	2.3	8,035
Children	13	37.1	5.9	208	67	2,343	11	1.6	35
Unknown	47	65.3	5.2	372	54	3,887	10	1.5	72
Gender									
Female	123,287	73.4	8.5	1,434,047	98	16,538,486	12	2.7	168,058
Male	69,019	59.8	6.2	713,367	71	8,150,710	11	2.1	115,342
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	141,876	69.1	8.0	1,637,020	94	19,287,956	12	2.5	205,425
African American	33,402	63.4	6.0	318,578	61	3,231,974	10	2.2	52,690
Other/unknown	17,028	67.3	7.6	191,816	86	2,169,266	11	2.5	25,285
Use of Nursing Facilities^d									
Entire year	15,577	81.7	12.9	246,325	131	2,501,868	10	2.7	19,075
Part year	9,529	83.8	10.4	118,651	108	1,227,426	10	2.7	11,373
None	167,200	66.1	7.0	1,782,438	83	20,959,902	12	2.4	252,952
Maintenance Assistance Status									
Cash	112,966	67.1	7.7	1,290,038	89	14,973,353	12	2.5	168,253
Medically needy	31,132	74.2	8.4	351,908	100	4,189,984	12	2.3	41,935
Poverty related	13,448	67.0	5.6	111,442	58	1,156,180	10	2.4	20,063
Other/unknown	34,760	65.4	7.4	394,026	82	4,369,679	11	2.4	53,149

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 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 2005.

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

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
TENNESSEE, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.7	\$8	\$11	\$0	\$3	3,135,425
Age						
5 and younger	1.5	51	33	0	0	81
6-14	1.5	21	14	0	0	311
15-20	0.3	5	14	0	2	3,956
21-44	0.5	7	16	0	4	517,602
45-64	0.7	9	12	0	4	1,054,574
65-74	0.7	7	10	0	2	836,204
75-84	0.8	8	10	0	2	478,509
85 and older	0.9	8	10	0	2	244,188
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	7	10	0	2	1,050,832
Disabled	0.7	8	12	0	4	2,003,010
Adults	0.6	9	15	0	5	80,372
Children	0.6	6	11	0	0	370
Unknown	0.4	5	10	0	2	841
Gender						
Female	0.8	9	12	0	4	1,860,218
Male	0.6	6	11	0	3	1,275,207
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	9	12	0	4	2,250,890
African American	0.5	5	10	0	1	593,108
Other/unknown	0.7	7	11	0	3	291,427
Use of Nursing Facilities^d						
Entire year	1.3	13	10	0	4	194,102
Part year	1.0	11	10	0	4	113,881
None	0.6	7	12	0	3	2,827,442
Maintenance Assistance Status						
Cash	0.7	8	12	0	3	1,960,249
Medically needy	0.7	9	12	0	3	476,058
Poverty related	0.5	6	10	0	2	205,500
Other/unknown	0.8	9	11	0	3	493,618

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 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 2005.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
TENNESSEE, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	Total Number Rx.
All	319,774	\$77	\$24,689,196	100.0	2,147,414	\$11	100.0	2,147,414
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0
Fertility drugs	0	0	0	0.0	0	0	0.0	0
Drugs for cosmetic purposes	104	105	10,885	0.0	324	34	0.0	324
Cough and cold medications	14,719	45	663,893	2.7	27,488	24	1.3	27,488
Vitamins and minerals	65,272	99	6,442,164	26.1	406,809	16	18.9	406,809
Non-prescription drugs	132,336	47	6,166,060	25.0	887,537	7	41.3	887,537
Barbiturates	2,310	55	127,235	0.5	24,123	5	1.1	24,123
Benzodiazepines	96,940	103	10,003,644	40.5	771,466	13	35.9	771,466
Other Part D Excl Rx Drugs	8,093	158	1,275,315	5.2	29,667	43	1.4	29,667

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 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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 TENNESSEE, 2005

Total Number of Dual Eligible Beneficiaries: 283,400
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,011,523,823
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,569

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	24,150	8.5	\$0	0.0
1-500	31,261	11.0	6,752,592	0.7
501-1,000	22,707	8.0	16,989,819	1.7
1,001-1,500	21,461	7.6	26,758,958	2.6
1,501-2,000	20,695	7.3	36,193,150	3.6
2,001-2,500	19,915	7.0	44,801,488	4.4
2,501-3,000	18,295	6.5	50,259,487	5.0
3,001-3,500	17,009	6.0	55,196,425	5.5
3,501-4,000	15,118	5.3	56,609,539	5.6
4,001-4,500	13,335	4.7	56,569,166	5.6
4,501-5,000	11,665	4.1	55,333,718	5.5
5,001-5,500	9,852	3.5	51,679,842	5.1
5,501-6,000	8,337	2.9	47,876,496	4.7
6,001-6,500	6,916	2.4	43,205,366	4.3
6,501-7,000	5,912	2.1	39,869,182	3.9
7,001-7,500	4,979	1.8	36,066,329	3.6
7,501-8,000	4,117	1.5	31,868,413	3.2
8,001-8,500	3,530	1.2	29,098,719	2.9
8,501-9,000	2,989	1.1	26,143,992	2.6
9,001-9,500	2,620	0.9	24,221,559	2.4
9,501-10,000	2,176	0.8	21,210,131	2.1
10,001+	16,361	5.8	254,819,452	25.2

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. 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 2005.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 TENNESSEE, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 129,868
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$535,848,733
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,126

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	13,358	10.3	0	0.0
1-500	14,861	11.4	2,955,525	0.6
501-1,000	8,865	6.8	6,610,175	1.2
1,001-1,500	8,107	6.2	10,120,821	1.9
1,501-2,000	7,765	6.0	13,577,372	2.5
2,001-2,500	7,544	5.8	16,967,860	3.2
2,501-3,000	7,047	5.4	19,368,645	3.6
3,001-3,500	6,640	5.1	21,561,257	4.0
3,501-4,000	6,273	4.8	23,506,838	4.4
4,001-4,500	5,850	4.5	24,827,853	4.6
4,501-5,000	5,228	4.0	24,809,631	4.6
5,001-5,500	4,512	3.5	23,667,282	4.4
5,501-6,000	3,909	3.0	22,449,689	4.2
6,001-6,500	3,453	2.7	21,572,188	4.0
6,501-7,000	3,124	2.4	21,066,603	3.9
7,001-7,500	2,665	2.1	19,302,629	3.6
7,501-8,000	2,289	1.8	17,720,986	3.3
8,001-8,500	2,050	1.6	16,904,069	3.2
8,501-9,000	1,805	1.4	15,794,592	2.9
9,001-9,500	1,598	1.2	14,779,105	2.8
9,501-10,000	1,362	1.0	13,278,509	2.5
10,001+	11,563	8.9	185,007,104	34.5

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. 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 2005.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 TENNESSEE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 145,562
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$443,131,949
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$3,044

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	10,365	7.1	0	0.0
1-500	15,477	10.6	3,599,559	0.8
501-1,000	13,174	9.1	9,880,806	2.2
1,001-1,500	12,759	8.8	15,899,606	3.6
1,501-2,000	12,352	8.5	21,612,572	4.9
2,001-2,500	11,871	8.2	26,703,985	6.0
2,501-3,000	10,769	7.4	29,572,775	6.7
3,001-3,500	9,932	6.8	32,220,470	7.3
3,501-4,000	8,411	5.8	31,475,305	7.1
4,001-4,500	7,162	4.9	30,368,072	6.9
4,501-5,000	6,126	4.2	29,051,349	6.6
5,001-5,500	5,034	3.5	26,407,499	6.0
5,501-6,000	4,192	2.9	24,068,432	5.4
6,001-6,500	3,236	2.2	20,216,386	4.6
6,501-7,000	2,593	1.8	17,484,638	3.9
7,001-7,500	2,141	1.5	15,511,734	3.5
7,501-8,000	1,712	1.2	13,248,000	3.0
8,001-8,500	1,375	0.9	11,331,891	2.6
8,501-9,000	1,081	0.7	9,449,596	2.1
9,001-9,500	941	0.6	8,693,348	2.0
9,501-10,000	736	0.5	7,171,590	1.6
10,001+	4,123	2.8	59,164,336	13.4

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. 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 2005.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 TENNESSEE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 77,265
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$239,345,519
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,097

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	5,682	7.4	0	0.0	
1-500	8,161	10.6	1,861,258	0.8	
501-1,000	6,748	8.7	5,077,227	2.1	
1,001-1,500	6,637	8.6	8,277,750	3.5	
1,501-2,000	6,519	8.4	11,410,004	4.8	
2,001-2,500	6,246	8.1	14,060,271	5.9	
2,501-3,000	5,727	7.4	15,729,145	6.6	
3,001-3,500	5,260	6.8	17,075,950	7.1	
3,501-4,000	4,501	5.8	16,836,285	7.0	
4,001-4,500	3,816	4.9	16,178,855	6.8	
4,501-5,000	3,330	4.3	15,791,642	6.6	
5,001-5,500	2,665	3.4	13,972,731	5.8	
5,501-6,000	2,232	2.9	12,825,222	5.4	
6,001-6,500	1,711	2.2	10,689,444	4.5	
6,501-7,000	1,370	1.8	9,236,482	3.9	
7,001-7,500	1,139	1.5	8,251,487	3.4	
7,501-8,000	944	1.2	7,299,064	3.0	
8,001-8,500	733	0.9	6,042,166	2.5	
8,501-9,000	568	0.7	4,964,654	2.1	
9,001-9,500	499	0.6	4,612,543	1.9	
9,501-10,000	391	0.5	3,809,836	1.6	
10,001+	2,386	3.1	35,343,503	14.8	

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. 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 2005.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 TENNESSEE, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 44,101
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$136,105,626
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,086

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,115	7.1	0	0.0
1-500	4,316	9.8	1,010,019	0.7
501-1,000	3,921	8.9	2,934,974	2.2
1,001-1,500	3,758	8.5	4,685,524	3.4
1,501-2,000	3,705	8.4	6,492,428	4.8
2,001-2,500	3,564	8.1	8,013,573	5.9
2,501-3,000	3,394	7.7	9,324,677	6.9
3,001-3,500	3,155	7.2	10,224,535	7.5
3,501-4,000	2,608	5.9	9,763,387	7.2
4,001-4,500	2,236	5.1	9,476,530	7.0
4,501-5,000	1,840	4.2	8,726,027	6.4
5,001-5,500	1,607	3.6	8,432,343	6.2
5,501-6,000	1,312	3.0	7,524,112	5.5
6,001-6,500	1,012	2.3	6,326,811	4.6
6,501-7,000	820	1.9	5,530,577	4.1
7,001-7,500	687	1.6	4,981,794	3.7
7,501-8,000	503	1.1	3,896,193	2.9
8,001-8,500	432	1.0	3,562,380	2.6
8,501-9,000	337	0.8	2,945,088	2.2
9,001-9,500	297	0.7	2,743,446	2.0
9,501-10,000	218	0.5	2,126,188	1.6
10,001+	1,264	2.9	17,385,020	12.8

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. 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 2005.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 TENNESSEE, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 24,196
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$67,680,804
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,797

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	1,568	6.5	0	0.0
1-500	3,000	12.4	728,282	1.1
501-1,000	2,505	10.4	1,868,605	2.8
1,001-1,500	2,364	9.8	2,936,332	4.3
1,501-2,000	2,128	8.8	3,710,140	5.5
2,001-2,500	2,061	8.5	4,630,141	6.8
2,501-3,000	1,648	6.8	4,518,953	6.7
3,001-3,500	1,517	6.3	4,919,985	7.3
3,501-4,000	1,302	5.4	4,875,633	7.2
4,001-4,500	1,110	4.6	4,712,687	7.0
4,501-5,000	956	4.0	4,533,680	6.7
5,001-5,500	762	3.1	4,002,425	5.9
5,501-6,000	648	2.7	3,719,098	5.5
6,001-6,500	513	2.1	3,200,131	4.7
6,501-7,000	403	1.7	2,717,579	4.0
7,001-7,500	315	1.3	2,278,453	3.4
7,501-8,000	265	1.1	2,052,743	3.0
8,001-8,500	210	0.9	1,727,345	2.6
8,501-9,000	176	0.7	1,539,854	2.3
9,001-9,500	145	0.6	1,337,359	2.0
9,501-10,000	127	0.5	1,235,566	1.8
10,001+	473	2.0	6,435,813	9.5

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. 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 2005.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	283,400	101,325	173,933	8,035	35	72	3,135,425	1,050,832	2,003,010	80,372	370	841
Age												
5 and younger	9	0	7	0	2	0	81	0	73	0	8	0
6-14	26	0	21	0	5	0	311	0	252	0	59	0
15-20	349	0	324	0	25	0	3,956	0	3,671	0	285	0
21-44	44,646	3	41,791	2,843	3	6	517,602	36	486,965	30,511	18	72
45-64	92,808	686	87,725	4,359	0	38	1,054,574	7,842	1,003,838	42,450	0	444
65-74	77,265	43,814	32,638	787	0	26	836,204	451,240	377,768	6,895	0	301
75-84	44,101	34,641	9,413	45	0	2	478,509	369,900	108,079	506	0	24
85 and older	24,196	22,181	2,014	1	0	0	244,188	221,814	22,364	10	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	168,058	70,530	93,008	4,431	17	72	1,860,218	741,192	1,073,379	44,635	171	841
Male	115,342	30,795	80,925	3,604	18	0	1,275,207	309,640	929,631	35,737	199	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	205,425	78,669	119,962	6,725	29	40	2,250,890	806,274	1,377,083	66,753	302	478
African American	52,690	16,698	34,787	1,188	5	12	593,108	178,095	402,421	12,398	56	138
Other/unknown	25,285	5,958	19,184	122	1	20	291,427	66,463	223,506	1,221	12	225
Use of Nursing Facilities^c												
Entire year	19,075	15,411	3,664	0	0	0	194,102	152,690	41,412	0	0	0
Part year	11,373	9,363	2,007	3	0	0	113,881	91,992	21,857	32	0	0
None	252,952	76,551	168,262	8,032	35	72	2,827,442	806,150	1,939,741	80,340	370	841
Maintenance Assistance Status												
Cash	168,253	25,587	141,268	1,397	1	0	1,960,249	292,151	1,652,604	15,482	12	0
Medically needy	41,935	26,295	13,412	2,213	15	0	476,058	298,553	152,231	25,104	170	0
Poverty related	20,063	13,217	6,707	59	8	72	205,500	130,892	73,149	546	72	841
Other/unknown	53,149	36,226	12,546	4,366	11	0	493,618	329,236	125,026	39,240	116	0
Dual 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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	283,400	101,325	173,933	8,035	35	72	3,135,425	1,050,832	2,003,010	80,372	370	841
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 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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^a
 DUAL ELIGIBLE BENEFICIARIES, TENNESSEE, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	283,400	3,135,425	283,400	3,135,425	0	0
Fee-for-service (FFS) all year	283,400	3,135,425	283,400	3,135,425	0	0
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 2005 file for Tennessee, released by CMS in 12/2008. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries