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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
TENNESSEE

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TENNESSEE, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1479366 (A)	294831 (E)	1184535 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1422019 (B)	244359 (F)	1177660 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1422019 (C)	244359 (G)	1177660 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	19677 (D)	17980 (H)	1697 (L)

Source: Data for this table are from the MAX 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for Tennessee in 2006 was $631,910,262, of which $5,480,395 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.
Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
TENNESSEE, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**1,422,019**	**76,911**	**331,141**	**286,206**	**724,800**	**2,961**	**14,771,998**	**741,269**	**3,757,980**	**2,771,911**	**7,476,858**	**23,980**
Age												
5 and younger	270,845	0	7,788	1	263,056	0	2,692,371	0	85,026	2	2,607,343	0
6-14	311,560	1	20,133	10	291,416	0	3,361,435	7	234,137	32	3,127,259	0
15-20	185,120	5	17,765	824	166,484	42	1,926,657	30	206,560	2,573	1,717,275	219
21-44	354,214	11	98,787	250,356	3,844	1,216	3,633,556	114	1,137,059	2,463,223	24,981	8,179
45-64	180,795	440	144,368	34,353	0	1,634	1,927,116	2,272	1,607,736	302,144	0	14,964
65-74	58,411	26,546	31,176	622	0	67	605,906	240,896	360,811	3,605	0	594
75-84	37,986	28,675	9,271	38	0	2	395,455	288,819	106,297	315	0	24
85 and older	23,088	21,233	1,853	2	0	0	229,502	209,131	20,354	17	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	827,808	54,439	169,166	234,960	366,286	2,957	8,566,430	541,515	1,924,601	2,295,516	3,780,859	23,939
Male	594,209	22,472	161,975	51,246	358,512	4	6,205,552	199,754	1,833,379	476,395	3,695,983	41
Unknown	2	0	0	0	2	0	16	0	0	0	16	0
Race												
White	864,651	56,716	196,878	186,772	422,693	1,592	8,820,508	532,337	2,217,534	1,756,950	4,301,641	12,046
African American	430,866	13,649	79,912	91,559	245,396	350	4,619,054	135,812	918,897	945,764	2,616,081	2,500
Other/unknown	126,502	6,546	54,351	7,875	56,711	1,019	1,332,436	73,120	621,549	69,197	559,136	9,434
Use of Nursing Facilities[c]												
Entire year	19,677	14,940	4,735	2	0	0	202,764	150,834	51,926	4	0	0
Part year	13,027	9,968	3,038	18	2	1	129,719	97,488	32,021	181	24	5
None	1,389,315	52,003	323,368	286,186	724,798	2,960	14,439,515	492,947	3,674,033	2,771,726	7,476,834	23,975
Maintenance Assistance Status												
Cash	689,435	24,905	307,806	118,104	238,620	0	7,548,771	282,327	3,551,786	1,163,272	2,551,386	0
Medically needy	104,654	10,523	9,131	44,112	40,888	0	990,077	48,112	59,657	509,046	373,262	0
Poverty-related	306,117	15,091	5,661	28,249	254,155	2,961	2,879,910	153,750	60,842	192,898	2,448,440	23,980
Other/unknown	321,813	26,392	8,543	95,741	191,137	0	3,353,240	257,080	85,695	906,695	2,103,770	0
Dual Medicare Status[d]												
Full dual, all year	221,836	58,366	158,302	4,961	38	169	2,393,532	549,976	1,796,694	44,818	379	1,665
Full dual, part year	22,523	16,437	5,978	108	0	0	234,679	169,122	64,374	1,183	0	0
Non-dual, all year	1,177,660	2,108	166,861	281,137	724,762	2,792	12,143,787	22,171	1,896,912	2,725,910	7,476,479	22,315
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,422,019	76,911	331,141	286,206	724,800	2,961	14,771,998	741,269	3,757,980	2,771,911	7,476,858	23,980
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 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
TENNESSEE, 2006

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	**57.7**	**7.3**	**$441**	**$60**	**$3,875**	**11.4**	**1,422,019**
Age							
5 and younger	67.3	4.1	255	62	1,966	13.0	270,845
6-14	61.4	4.7	349	75	1,667	21.0	311,560
15-20	66.1	6.3	374	60	2,772	13.5	185,120
21-44	66.1	10.2	557	55	4,428	12.6	354,214
45-64	44.6	15.5	950	61	7,385	12.9	180,795
65-74	9.5	2.4	124	51	4,682	2.7	58,411
75-84	5.5	1.0	49	47	9,521	0.5	37,986
85 and older	7.0	1.2	48	40	17,607	0.3	23,088
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	8.1	1.5	71	47	10,849	0.7	76,911
Disabled	41.9	12.2	939	77	7,957	11.8	331,141
Adults	72.1	10.3	450	44	2,954	15.2	286,206
Children	64.4	4.4	245	55	1,608	15.3	724,800
Unknown	81.5	17.4	1,110	64	10,117	11.0	2,961
Gender							
Female	60.8	8.2	435	53	4,062	10.7	827,808
Male	53.3	6.0	448	75	3,614	12.4	594,209
Unknown	50.0	28.0	2,679	96	3,172	84.5	2
Race							
White	60.0	8.2	483	59	4,203	11.5	864,651
African American	54.4	5.3	292	56	3,047	9.6	430,866
Other/unknown	52.6	7.6	659	86	4,448	14.8	126,502
Use of Nursing Facilities[f]							
Entire year	15.6	9.3	517	56	35,591	1.5	19,677
Part year	18.1	7.6	390	51	24,567	1.6	13,027
None	58.6	7.3	440	61	3,232	13.6	1,389,315
Maintenance Assistance Status							
Cash	55.6	9.2	611	66	4,641	13.2	689,435
Medically needy	57.0	7.9	406	51	2,329	17.4	104,654
Poverty related	60.6	4.1	206	50	1,879	11.0	306,117
Other/unknown	59.5	5.9	310	52	4,636	6.7	321,813

Source: Data for this table are from the MAX 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
a. Table 3 includes beneficiaries represented by Cell C of Table 1.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
TENNESSEE, 2006

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	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 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	**0.7**	**$42**	**11.4**	**42.3**	**43.5**	**6.2**	**6.7**	**1.1**	**0.1**	**$373**	**1,422,019**	**14,771,998**
Age												
5 and younger	0.4	26	13.0	32.7	62.6	3.5	1.1	0.1	0.0	198	270,845	2,692,371
6-14	0.4	32	21.0	38.6	54.3	4.2	2.6	0.3	0.0	155	311,560	3,361,435
15-20	0.6	36	13.5	33.9	55.2	6.6	3.7	0.5	0.0	266	185,120	1,926,657
21-44	1.0	54	12.6	33.9	42.5	11.2	11.4	0.9	0.1	432	354,214	3,633,556
45-64	1.5	89	12.9	55.4	12.8	6.9	18.9	5.5	0.4	693	180,795	1,927,116
65-74	0.2	12	2.7	90.5	4.0	1.6	3.0	0.8	0.1	451	58,411	605,906
75-84	0.1	5	0.5	94.5	2.8	0.8	1.3	0.5	0.1	915	37,986	395,455
85 and older	0.1	5	0.3	93.0	3.7	1.0	1.6	0.6	0.2	1,771	23,088	229,502
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	0.2	7	0.7	91.9	4.1	1.2	1.9	0.7	0.2	1,126	76,911	741,269
Disabled	1.1	83	11.8	58.1	17.4	6.4	13.9	3.7	0.3	701	331,141	3,757,980
Adults	1.1	46	15.2	27.9	47.4	12.3	11.7	0.7	0.0	305	286,206	2,771,911
Children	0.4	24	15.3	35.6	58.2	4.2	1.8	0.1	0.0	156	724,800	7,476,858
Unknown	2.2	137	11.0	18.5	32.2	16.2	29.4	3.6	0.0	1,249	2,961	23,980
Gender												
Female	0.8	42	10.7	39.2	44.3	7.2	7.9	1.2	0.1	393	827,808	8,566,430
Male	0.6	43	12.4	46.7	42.5	4.8	5.0	0.9	0.1	346	594,209	6,205,552
Unknown	3.5	335	84.5	50.0	0.0	0.0	50.0	0.0	0.0	397	2	16
Race												
White	0.8	47	11.5	40.0	43.3	7.3	8.1	1.3	0.1	412	864,651	8,820,508
African American	0.5	27	9.6	45.6	45.5	4.5	3.6	0.6	0.1	284	430,866	4,619,054
Other/unknown	0.7	63	14.8	47.4	38.6	4.9	7.2	1.8	0.1	422	126,502	1,332,436
Use of Nursing Facilities[f]												
Entire year	0.9	50	1.5	84.4	3.8	1.3	3.0	4.3	3.3	3,454	19,677	202,764
Part year	0.8	39	1.6	81.9	5.1	2.3	5.1	4.2	1.5	2,467	13,027	129,719
None	0.7	42	13.6	41.4	44.5	6.3	6.7	1.0	0.0	311	1,389,315	14,439,515
Maintenance Assistance Status												
Cash	0.8	56	13.2	44.4	37.3	6.8	9.5	1.9	0.1	424	689,435	7,548,771
Medically needy	0.8	43	17.4	43.0	40.0	7.6	8.3	1.1	0.0	246	104,654	990,077
Poverty related	0.4	22	11.0	39.4	53.9	4.6	2.0	0.1	0.0	200	306,117	2,879,910
Other/unknown	0.6	30	6.7	40.5	48.3	6.1	4.6	0.5	0.1	445	321,813	3,353,240

Source: Data for this table are from the MAX 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
TENNESSEE, 2006

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.7**	**$42**	**$60**	**0.2**	**$31**	**$155**	**0.0**	**$2**	**$93**	**0.5**	**$10**	**$20**
Age												
5 and younger	0.4	26	62	0.1	21	144	0.0	1	44	0.3	4	17
6-14	0.4	32	75	0.2	27	136	0.0	1	63	0.2	5	21
15-20	0.6	36	60	0.2	27	153	0.0	2	82	0.4	7	18
21-44	1.0	54	55	0.2	37	170	0.0	3	102	0.7	15	19
45-64	1.5	89	61	0.4	59	163	0.1	6	125	1.0	24	23
65-74	0.2	12	51	0.1	8	124	0.0	1	114	0.2	3	19
75-84	0.1	5	47	0.0	3	111	0.0	0	86	0.1	1	17
85 and older	0.1	5	40	0.0	3	97	0.0	0	66	0.1	1	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.2	7	47	0.0	5	111	0.0	1	92	0.1	2	17
Disabled	1.1	83	77	0.3	61	203	0.0	4	119	0.7	17	23
Adults	1.1	46	44	0.2	29	131	0.0	3	97	0.8	15	18
Children	0.4	24	55	0.2	18	120	0.0	1	58	0.3	5	18
Unknown	2.2	137	64	0.6	98	166	0.1	11	124	1.5	29	20
Gender												
Female	0.8	42	53	0.2	29	142	0.0	3	93	0.6	11	19
Male	0.6	43	75	0.2	33	173	0.0	2	94	0.4	8	22
Unknown	3.5	335	96	3.1	327	107	0.0	0	0	0.4	7	17
Race												
White	0.8	47	59	0.2	33	147	0.0	3	93	0.6	11	21
African American	0.5	27	56	0.1	20	152	0.0	1	89	0.3	6	18
Other/unknown	0.7	63	86	0.2	50	209	0.0	3	99	0.5	10	22
Use of Nursing Facilities[e]												
Entire year	0.9	50	56	0.3	35	140	0.0	3	74	0.6	12	19
Part year	0.8	39	51	0.2	26	135	0.0	3	78	0.5	10	19
None	0.7	42	61	0.2	31	155	0.0	2	94	0.5	10	20
Maintenance Assistance Status												
Cash	0.8	56	66	0.2	40	174	0.0	3	105	0.6	12	21
Medically needy	0.8	43	51	0.2	29	137	0.0	3	93	0.6	11	19
Poverty related	0.4	22	50	0.1	16	119	0.0	1	67	0.3	5	17
Other/unknown	0.6	30	52	0.2	21	127	0.0	1	74	0.4	7	18

Source: Data for this table are from the MAX 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Tennessee, 0.1 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.medi-span.com/master-drug-database.aspx
d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
TENNESSEE, 2006

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	$11	$6	$0	$4	$46	$187	$55	$22	1,564,677	$72,073,276	589,513	41.5	6,587,182
Biologicals	0.3	0.3	0.0	0.0	346	345	0	0	1237	1,243	818	252	17,560	21,727,379	6,078	0.4	62,861
Antineoplastic Agents	0.5	0.2	0.0	0.3	132	118	1	13	292	696	64	48	26,647	7,775,247	5,353	0.4	58,902
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	20	14	1	5	52	116	46	19	1,059,991	55,014,394	250,187	17.6	2,790,513
Cardiovascular Agents	0.9	0.2	0.0	0.7	30	14	7	10	34	79	131	15	1,295,837	44,456,617	130,366	9.2	1,457,823
Respiratory Agents	0.3	0.2	0.0	0.1	19	17	0	2	59	94	35	17	1,195,570	70,913,390	330,903	23.3	3,721,195
Gastrointestinal Agents	0.3	0.1	0.0	0.2	17	13	1	3	55	142	209	15	517,745	28,418,389	145,627	10.2	1,627,296
Genitourinary Agents	0.2	0.0	0.0	0.1	8	4	1	3	45	88	71	23	116,145	5,182,081	60,933	4.3	675,990
CNS Drugs	0.5	0.2	0.0	0.3	55	44	4	7	103	219	99	24	1,087,808	112,144,239	180,673	12.7	2,029,211
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	67	62	0	4	106	118	186	39	294,838	31,242,696	41,198	2.9	469,488
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	151	151	0	1	377	385	106	58	18,304	6,900,114	4,213	0.3	45,567
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	12	5	1	6	33	213	232	19	1,574,776	51,801,744	381,061	26.8	4,251,406
Neuromuscular Agents	0.4	0.1	0.0	0.3	35	26	1	9	79	183	100	30	655,387	51,642,818	129,583	9.1	1,462,911
Nutritional Products	0.3	0.0	0.0	0.2	3	1	0	2	12	28	13	10	177,786	2,063,257	64,852	4.6	690,622
Hematological Agents	0.4	0.2	0.0	0.2	104	96	0	8	251	595	32	32	124,048	31,180,994	27,316	1.9	298,469
Topical Products	0.2	0.1	0.0	0.1	8	5	0	2	44	102	65	19	598,282	26,351,204	292,876	20.6	3,298,682
Miscellaneous Products	0.2	0.1	0.0	0.0	34	30	2	3	216	244	283	91	34,359	7,430,627	18,966	1.3	216,454
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	32	0	0	0	3,499	111,401	1,986	0.1	22,618
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.	10,363,259	626,429,867	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
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, 0.1 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.medi-span.com/master-drug-database.aspx.
e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
TENNESSEE, 2006

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$74,822,663	57,164	4.0	654,283	0.4	$259	$114
ANTIASTHMATIC	51,100,808	262,490	18.5	2,977,442	0.2	74	17
ANTICONVULSANT	45,127,762	68,034	4.8	774,523	0.5	126	58
ANALGESICS - Narcotic	32,361,514	426,984	30.0	4,793,733	0.2	30	7
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	31,243,328	48,677	3.4	557,048	0.5	106	56
ANTIDEPRESSANTS	29,729,985	155,286	10.9	1,747,998	0.4	48	17
ANTIDIABETIC	25,293,767	61,813	4.3	695,071	0.5	71	36
ANTIVIRAL	25,242,274	31,331	2.2	354,694	0.2	343	71
MISC. HEMATOLOGICAL	21,689,144	9,271	0.7	103,631	0.5	433	209
PASSIVE IMMUNIZING AGENTS	21,576,273	4,958	0.3	50,146	0.3	1,325	430
Total	358,187,518	1,126,008	n.a.	12,708,569	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Tennessee, released by CMS in 10/2009. This table was produced on 02/12/2010.
a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
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.